



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFICATE OF COMPLIANCE**

This certificate is hereby granted to **GREYSTONE COUNTRY ESTATES INC**  
LEGAL ENTITY

To operate **GREYSTONE COUNTRY ESTATES**  
NAME OF FACILITY OR AGENCY

Located at **424 DELAWARE ROAD, FREDONIA, PA 16124**  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE

To provide **Personal Care Homes**  
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **45**  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

**55 Pa.Code Chapter 2600: Personal Care Homes**  
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **November 25,** **2015** until **February 25,** **2016**,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **470981**

*Robert E. Robinson*  
ISSUING OFFICER

*[Signature]*  
DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: NOV 25 2015**

Ms. Monica Powell, GM  
Greystone Country Estates, Inc.  
424 Delaware Road  
Fredonia, Pennsylvania 16124

RE: Greystone Country Estates  
License #: 470981

Dear Ms. Powell:

As a result of the Department of Human Services' (Department) licensing inspections on April 1, 2015, September 18, 2015 and September 23, 2015 of the above facility, the violations specified on the enclosed Licensing Inspection Summary were found.

Based on violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), your current license #470980 dated April 16, 2015 to April 16, 2016 is REVOKED. A FIRST PROVISIONAL license is being issued based on your plan to correct the violations as specified on the Licensing Inspection Summary. This FIRST PROVISIONAL license replaces all previously issued licenses and is effective for three months from the date of issuance. The license dated April 16, 2015 to April 16, 2016 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. 1026(b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation.) Your FIRST PROVISIONAL license is enclosed.

All violations specified on the Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Pursuant to 62 P.S. 1085-1087 and 55 Pa.Code §§ 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violations unless fully corrected on or before the mandated correction date.

55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection X	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
224a	II	42	\$5	\$210	5 calendar days from mailing date of this letter

A fine will be assessed on a daily basis beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Jacob Herzing, Enforcement Manager  
Human Services Licensing  
Department of Human Services  
Room 631 Health and Welfare Building  
625 Forster Street  
Harrisburg, Pennsylvania 17120

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,



Matthew J. Jones  
Director

Enclosures  
License  
Licensing Inspection Summary

**VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: GREYSTONE COUNTRY ESTATES		License Number: 47098
Address: 424 DELAWARE ROAD, FREDONIA, PA 16124		County: Mercer
Administrator: Monica Powell		Region: WEST
Legal Entity Name: GREYSTONE COUNTRY ESTATES INC		
Legal Entity Address: 424 DELAWARE ROAD, FREDONIA, PA 16124		<b>RECEIVED</b>
<b>Certificate(s) of Occupancy</b> C-2 LP 10/17/1993 Dept L&I		AUG 21 2015 WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 38	Waking Staff: 29
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Incident		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
04/01/2015: Pfaff, Vicki; Breuer, Patricia		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
05/12/2015: Pfaff, Vicki 06/05/2015: Pfaff, Vicki 06/08/2015: Pfaff, Vicki 06/09/2015: Pfaff, Vicki 06/10/2015: Pfaff, Vicki		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 45 Number of Residents Served: 35 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 6	<b>Number of Residents who:</b> Receive Supplemental Security Income: 6 Are 60 Years of Age or Older: 35 Have Mental Illness: 3 Have an Intellectual Disability: 2 Have a Mobility Need: 3 Have a Physical Disability: 0	

AUG 31 2015

Violation Report: 47098 - 04/01/2015 - Pfaff, Vicki  
PCH Name: GREYSTONE COUNTRY ESTATES

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On [redacted] 15, video recording footage inside the home indicated resident #1 exited the home at 1:54 a.m. through the B hallway East exit door. The outside temperature was 13 degrees Fahrenheit and there was snow on the ground. The resident was only wearing a shirt, pants and socks.

At approximately 5:45 a.m., direct care staff person B arrived at the home and discovered resident #1 was not in his/her room. Direct care staff persons A, B and C conducted a search of the home. At approximately 6:08 a.m., resident #1 was found lying in the snow under the steps leading to the second floor office. Resident #1 was unresponsive, breathless and pulseless. The resident was moved by staff persons A, E and F into the home. At 6:17 a.m., 911 was contacted. The resident was pronounced deceased by the Mercer County Coroner at 7:05 a.m. According to the resident's certificate of death, the causes of death were cardiac arrest, hypothermia, and exposure to extreme cold.

Resident #1 was admitted to the home on [redacted] 14. According to the resident's primary care physician, the resident was diagnosed with Dementia in 2009. Upon admission the resident was prescribed Donepezil 5mg Tab, take one tablet by mouth at bedtime for Dementia. On 2/27/15 the resident's physician increased the Donepezil 10mg Tab, take one tablet by mouth at bedtime and also prescribed Namenda XR Titration pack 7, 14, 21, and 28mg oral for Dementia. Resident #1's assessment, dated 7/22/14, indicates moderate supervision needs. The resident's support plan, dated 8/6/14, indicates the resident "requires some supervision while in the home. He/she would also need attendance in an unfamiliar place. DCS will check on him/her while in his/her hallway, at meal times, and when they are checking on his/her roommate."

The home's policy is for direct care staff to check on resident #1 at 12:30 a.m. and 3:30 a.m. On [redacted] 15, direct care staff person A failed to check the resident #1 at 12:30 a.m. and 3:30 a.m. in accordance with the home's policy. Direct care staff person A also failed to check on resident #1 when he/she checked on resident #1's roommate at approximately 5:30 a.m. The home did not report the incident to the Department until 3/30/15.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Immediately: The administrator will review all reportable incidents and conditions at least weekly to ensure all reportable incidents and conditions are reported to the Department on the Department's form within 24 hours in accordance with regulation 2600.16c. 11-13-15

Within 30 days of receipt of the approved plan of correction: All staff persons will be educated on the home's policy and procedures for reportable incidents and conditions including the reporting requirements. Documentation of education will be kept. 11-13-15

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page) *AK Howell*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Alicia Howell* Date *8-28-15*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>11-13-15</u> (Date)	Plan of correction implementation status as of <u>11-18-15</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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Page 2A of 9

AUG 31 2015

WEST REGION FIELD OFFICE  
Human Services Licensing

Lisc 470980  
Greystone Country Estates  
Violation 2600.16 C

**Reporting**

I made a report to the Department via the Emergency Reporting Line on [REDACTED] and left a message on the voice mail.

On Monday [REDACTED] called again to make a full report and faxed in the written report to the Department on the Incident Reporting Form.

[REDACTED] from the Mercer County Agency on Aging was also notified via phone call from the owner [REDACTED] in the am while the State Police, County Coroner [REDACTED], and Local Fire Department were still conducting the investigation. A follow up phone call was made again on Saturday( the [REDACTED] evening and Sunday afternoon the [REDACTED]

The home will notify the Department of any incidents via phone call to the department and document who they spoke with and if leaving a message will also document the voicemail they left the message on with date and time within 24hrs of any incident that happens in the home. The home will then follow up the report with a phone call and written correspondence to a human and document date and time of this response. All in accordance with the departments regulations.

Signed

*Monica Powell*

Monica Powell

8-28-15

11-13-15

Violation Report: 47098 - 04/01/2015 - Pfaff, Vicki  
PCH Name: GREYSTONE COUNTRY ESTATES

AUG 31 2015

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

On [redacted] 15, video recording footage inside the home indicated resident #1 exited the home at 1:54 a.m. through the B hallway East exit door. The outside temperature was 13 degrees Fahrenheit and there was snow on the ground. The resident was only wearing a shirt, pants and socks.

At approximately 5:45 a.m., direct care staff person B arrived at the home and discovered resident #1 was not in his/her room. Direct care staff persons A, B and C conducted a search of the home. At approximately 6:08 a.m., resident #1 was found lying in the snow under the steps leading to the second floor office. Resident #1 was unresponsive, breathless and pulseless. The resident was moved by staff persons A, E and F into the home. At 6:17 a.m., 911 was contacted. The resident was pronounced deceased by the Mercer County Coroner at 7:05 a.m. According to the resident's certificate of death, the causes of death were cardiac arrest, hypothermia, and exposure to extreme cold.

Resident #1 was admitted to the home on [redacted] 14. According to the resident's primary care physician, the resident was diagnosed with Dementia in 2009. Upon admission the resident was prescribed Donepezil 5mg Tab, take one tablet by mouth at bedtime for Dementia. On 2/27/15 the resident's physician increased the Donepezil 10mg Tab, take one tablet by mouth at bedtime and also prescribed Namenda XR Titration pack 7, 14, 21, and 28mg oral for Dementia. Resident #1's assessment, dated 7/22/14, indicates moderate supervision needs. The resident's support plan, dated 8/6/14, indicates the resident "requires some supervision while in the home. He/she would also need attendance in an unfamiliar place. DCS will check on him/her while in his/her hallway, at meal times, and when they are checking on his/her roommate."

The home's policy is for direct care staff to check on resident #1 at 12:30 a.m. and 3:30 a.m. On 3/28/15, direct care staff person A failed to check the resident #1 at 12:30 a.m. and 3:30 a.m. in accordance with the home's policy. Direct care staff person A also failed to check on resident #1 when he/she checked on resident #1's roommate at approximately 5:30 a.m.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
(Required on EVERY Page) *M. Powell*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Mona Powell* Date *8-28-15*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>11-13-15</u> (Date)	Plan of correction implementation status as of <u>11-13-15</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

See pages 3A and 3B of 4

AUG 31 2015

WEST REGION FIELD OFFICE  
Human Services Licensing

Lisc 470980  
Greystone Country Estates  
Violation 2600.42(b)

**Neglect**

My direct care staff did not follow procedure for checking this resident or any residents that particular evening.

There is a procedure in place for checking residents during sleeping hours and it was not followed.

A new policy for Head Count and General Welfare checks was instituted on 3-30-2015. Each employee was given the policy and asked to read and sign of their acknowledgment by Thursday 4-2-15. See attached policy.

A call was made by the owner [REDACTED] to our security paging company Systems Technologies to purchase alarms for all doors that exit to the outside of the facility. The purpose is to alarm all exits to the base module located in the nurses' station and all pagers that all staff carry while on shift. The alarms have been installed and are working properly. They are checked weekly by myself and our maintenance staff to ensure they are in working order.

A Staff meeting for all direct care staff workers was conducted on 4-3-15 to go over the policy and procedures for each shift and make sure everyone is aware of the new policy and after the installation of the alarms how they would work and how they would show on pagers and base module.

11-18-15

A review was conducted of all shift schedules and updates were made to include the new policy and procedures for each shift and documentation of all of these new procedures on going.

A review of the security footage by the owner will be conducted weekly for all shifts when he is not present in the building to ensure staff is conducting the necessary checks to ensure the safety of all residents.

Signed  
Monica Powell

*Monica Powell*

8-28-15

*11-13-15*

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WEST REGION FIELD OFFICE  
Human Services Licensing

Immediately: The administrator or designee will review all resident medical evaluations, assessments and support plans to ensure proper documentation of all resident diagnoses, needs, care and services including behavioral problems, exit seeking behaviors and the proper level of supervision to protect each resident. The review will include a determination if the home can meet the needs of each resident based on the resident's diagnosis, needs and the care and services the home is capable of providing. Any inaccurate assessments or support plans will be immediately updated. If there is a determination that the home cannot meet the needs of any resident, the resident will be discharged in accordance with regulation 2600.228. *11-13-15*

Immediately: The administrator will ensure the proper level of staffing is provided to meet the supervision needs of all residents at all times. The proper level of staffing will be determined by the current number of residents being served in the home in accordance with regulation 2600.57(a)(b)(c)(d) and the specific needs addressed in each resident's assessment and support plan in accordance with regulation 2600.60(a). *11-13-15*

Within 30 days of receipt of the accepted plan of correction: All direct care staff persons will review all resident's assessment and support plans, for residents who have been identified as having behavioral problems or exit seeking behaviors, and the individual care and services the home and direct care staff will provide to meet the individual resident's behavioral needs at the time the problem occurs. *11-13-15*

Violation Report: 47098 - 04/01/2015 - Pfaff, Vicki  
PCH Name: GREYSTONE COUNTRY ESTATES

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION  
The home video records with ten cameras throughout the home including Hallway B which records the hallway and entrances to resident rooms.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Immediately: Video recording is permitted in areas completely inaccessible to residents. Video recording of the homes entrances and exits, as well as interior corridors leading to the entrances and exits is also permitted, provided the residents are informed these areas are subject to video recording and signs are posted in the areas indicating they are being recorded. All other areas of the home are prohibited from being recorded. 11-13-15

Immediately: The administrator will check weekly to ensure there is no video recording in the home except areas specified above. 11-13-15

Immediately: All new residents shall be educated on the approved areas in which the home is video recording. Documentation of education shall be kept. 11-13-15

Within 30 days of receipt of the accepted plan of correction: If the home continues to video record in any of the approved areas, all current residents shall be notified, in writing, of the areas that are being video recorded. All residents shall sign an acknowledgement they have been educated on the areas that are being video recorded. Documentation shall be kept. 11-13-15

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*M. Powell*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

*Melissa Powell*

Date: 11-13-15

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 11-13-15  
(Date)

Plan of correction implementation status as of 11-13-15  
(Date)

The above plan of correction was approved by *[Signature]*  
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented *[Signature]*

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AUG 21 2015

WEST REGION FIELD OFFICE  
Human Services Licensing

Lisc 470980  
Greystone Country Estates  
Violation 2600.42(s)

**Privacy**

The Security Camera in Hallway B has been adjusted so that it does not show into any resident rooms or inside entrances to resident rooms.

 the owner monitors those cameras daily and will adjust as necessary.

Signed

  
Monica Powell

8-28-15

11-13-15

Violation Report: 47098 - 04/01/2015 - Pfaff, Vicki

PCH Name: GREYSTONE COUNTRY ESTATES

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION

Direct care staff person C only received 10 hours of the required 12 hours of annual training during the 2014 training year.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Within 30 days of receipt of the approved plan of correction: The administrator will review all staff current training and records to ensure all direct care staff have received the required 12 hours of annual training in accordance with regulation 2600.65(e) during the 2014 training year and documentation is maintained in each staff record. 11-13-15

Immediately: The administrator or designated staff person will monitor all direct care staff training through the quality management review process to ensure all staff persons receive the required 12 hours of annual training during each established training year. 11-13-15

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *AL Powell*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Alanna Powell* Date *8-28-15*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>11-13-15</u> (Date)	Plan of correction implementation status as of <u>11-13-15</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress ✓ <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

See page 5009

Lisc 470980  
Greystone Country Estates  
Violation 2600.65 (e)  
Training

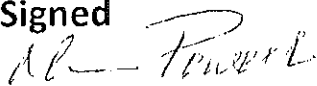
Our previous administrator was in charge of the training for all staff persons. Before her last day of work in November 2014 she and I went over the staff training records and she assured me all the training had been completed. I took her for her word and did no further investigation, my error.

Staff person C will add 2 hrs to her annual training for 2015 due to her missing two hours in 2014. She is our LPN and is currently enrolled in the "train the trainer" course for medication administration on line and will also have to do a physical on site training in October or November. She has already completed more than two hours of additional time due to her on line course.

Attached you will find the staff training to be completed in 2015 and attached are the handouts given at those monthly meetings.

The new administrator [REDACTED] will ensure that all staff meet the Departments requirements for 12 hrs of continued education and documentation of all the training topics required in the regulations. She will review all the training for each staff member quarterly to ensure everyone is in compliance.

Signed



Monica Powell 9-23-15

11/13/15

Violation Report: 47098 - 04/01/2015 - Pfaff, Vicki  
PCH Name: GREYSTONE COUNTRY ESTATES

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person C did not receive training in safe management techniques during the 1/1/14 through 12/31/14 staff training year.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Within 30 days of receipt of the approved plan of correction: The administrator will review all staff current training and records to ensure all direct care staff has received the required training on all topics in accordance with regulation 2600.65(f) during the 2014 training year. The review will include interviewing all staff persons to measure which training topics were actually provided to each staff person. If any staff has not completed the required training topics in accordance with regulation 2600.65(f), the training will be completed within 30 days of receipt of the approved plan of correction. 11-17-15 ✓

Immediately: The administrator or designated staff person will monitor all direct care staff training through the quality management review process to ensure all staff persons receive the required trainings in accordance with regulation 2600.65(f) during each established training year. 11-17-15 ✓

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
(Required on EVERY Page) *A Powell*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Alicia Powell* Date *8-28-15*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>11-17-15</u> (Date)	Plan of correction implementation status as of <u>11-17-15</u> (Date)
The above plan of correction was approved by <u>S</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress ✓ <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

See page 6 of 9

Lisc 470980  
Greystone Country Estates  
Violation 2600.65 (f)  
Training

Our previous administrator was in charge of the training for all staff persons. Before her last day of work in November 2014 she and I went over the staff training records and she assured me all the training had been completed. I took her for her word and did no further investigation, my error.

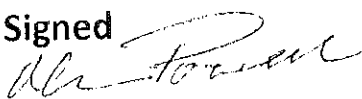
Staff person C will add 2 hrs to her annual training for 2015 due to her missing two hours in 2014. She is our LPN and is currently enrolled in the "train the trainer" course for medication administration on line and will also have to do a physical on site training in October or November. She has already completed more than two hours of additional time due to her on line course.

Attached you will find the staff training to be completed in 2015 and attached are the handouts given at those monthly meetings.

Also included are the planned staff training topics to be presented in 2015 and as you can see Staff Person C has already completed the training she missed in 2014, that being Safe Management Tech. in June of 2015.

The new administrator [REDACTED] will ensure that all staff meet the Departments requirements for 12 hrs of continued education and documentation of all the training topics required in the regulations.

Signed



Monica Powell 9-23-15

11-13-15

AUG 5 2015

WEST REGION HEALTH CARE  
Human Services Licensing

Violation Report: 47098 - 04/01/2015 - Pfaff, Vicki  
PCH Name: GREYSTONE COUNTRY ESTATES

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Direct care staff person C did not receive training in the Older Adult Protective Services Act during the 1/1/14 through 12/31/14 staff training year.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Within 30 days of receipt of the approved plan of correction: Direct care staff person C will complete training in the Older Adult Protective Services Act. Documentation of training shall be kept in the staff record. 11-13-15 ✓

Within 30 days of receipt of the approved plan of correction: The administrator will review all staff current training and records to ensure all direct care staff has received the required training on all topics in accordance with regulation 2600.65(g) during the 2014 training year. The review will include interviewing all staff persons to measure which training topics were actually provided to each staff person. If any staff has not completed the required training topics in accordance with regulation 2600.65(g), the training will be completed within 30 days of receipt of the approved plan of correction. 11-13-15 ✓

Immediately: The administrator or designated staff person will monitor all direct care staff training through the quality management review process to ensure all staff persons receive the required trainings in accordance with regulation 2600.65(g) during each established training year. 11-17-15 ✓

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Maria Powell*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Maria Powell* Date *8/28/15*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>11-13-15</u> (Date)	Plan of correction implementation status as of <u>11-13-15</u> (Date)
The above plan of correction was approved by <u>Y</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress ✓ <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Lisc 470980  
Greystone Country Estates  
Violation 2600.65 (g)  
Training

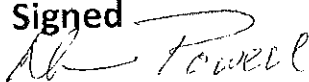
Our previous administrator was in charge of the training for all staff persons. Before her last day of work in November 2014 she and I went over the staff training records and she assured me all the training had been completed. I took her for her word and did no further investigation, my error.

(1) The Fire Safety completed by a fire safety expert was not done in 2014. In April of 2015 see attached list the fire safety was completed for all staff by a fire safety expert.

(6) The OAPSA training that was missed by Staff person C is scheduled for October of 2015 to be done by MCAAA.

The new administrator for the facility [REDACTED] will ensure that all staff meet the Departments requirements for 12 hrs of continued education and that the staff is trained yearly by fire safety expert meeting the requirement for departments Fire safety training. She will review all training for all staff quarterly to ensure all staff a properly trained.

Signed



Monica Powell

9-23-15

11-13-15,

Violation Report: 47098 - 04/01/2015 - Pfaff, Vicki  
PCH Name: GREYSTONE COUNTRY ESTATES

AUG 31 2015

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

WEST REGION FIELD OFFICE  
Human Services License #

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the home on [redacted] 14. According to the resident's primary care physician, the resident was diagnosed with Dementia in 2009. Upon admission the resident was prescribed Donepezil 5mg Tab, take one tablet by mouth at bedtime for Dementia. On 2/27/15 the resident's physician increased the Donepezil 10mg Tab, take one tablet by mouth at bedtime and also prescribed Namenda XR Titration pack 7, 14, 21, and 28mg oral for Dementia, however; resident #1's initial assessment dated 7/22/14 does not include the diagnosis of dementia.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident #1 ceased to breathe on [redacted] 15.

Immediately: The administrator or designee will review all resident medical evaluations, assessments and support plans to ensure proper documentation of all resident diagnoses, needs, care and services including behavioral problems, exit seeking behaviors and the proper level of supervision to protect each resident. The review will include a determination if the home can meet the needs of each resident based on the resident's diagnosis, needs and the care and services the home is capable of providing. Any inaccurate assessments or support plans will be immediately updated. If there is a determination that the home cannot meet the needs of any resident, the resident will be discharged in accordance with regulation 2600.228. 11-12-15

Within 30 days of receipt of the accepted plan of correction: All direct care staff persons will review all resident's assessment and support plans, for residents who have been identified as having behavioral problems or exit seeking behaviors, and the individual care and services the home and direct care staff will provide to meet the individual resident's behavioral needs at the time the problem occurs. 11-13-15

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*M. Powell*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

*M. Powell*

Date

*8-28-15*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 11-17-15  
(Date)

Plan of correction implementation status as of 11-17-15  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress ✓
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by [initials]  
(Initials)

Lisc 470980  
Greystone Country Estates  
Violation 2600.225 (a)

### Assessments

Greystone must be fully aware of all diagnosis for each resident. Any resident who comes to us on initial admission from the hospital, a review of that DME and all medications will be done by the Administrator [REDACTED] and General Manager [REDACTED]. After review a call will be made to the resident's PCP and they will be faxed the DME from the hospital and a current medication list. We will also ask for a follow up appointment to any hospitalization be made at this time. The PCP will need to sign off on the medication list and the new DME for the resident and fax back to us. The administrator and the general manager will then review the DME for changes and or updates to diagnosis and the medication list. A new or updated rasp will then be done by the administrator. Staff will be updated via staff notes of changes in diagnosis or plans of care.

A review of all medications and diagnosis will done on each resident during the admission process and annual medical exam to ensure we have the correct diagnosis for each resident and each med that is listed on the current medication list.

A letter to all Dr's with patients at Greystone will be attached to all yearly medical evaluations (see attached) asking that they review the current medication list and diagnosis for that resident and make changes to the permanent record at that time. We will also send this letter to each resident Dr's appointment PCP and specialist asking that they review all the diagnosis and medications for that particular resident at the time of the appointment. When the resident returns the administrator and gm will review those documents and make

RECEIVED

SEP 1 2016

*Page 98 of 9*

WEST REGION FIELD OFFICE  
Human Services Licensing

necessary changes to the medical record, emars, rasp, and medication lists at that time.

We will also ask that when a Dr prescribes a new medication that they include a diagnosis on the script for that medication, and the administrator and gm will again review to make sure this is updated on the resident's list of diagnosis and rasp.

Greystone uses Tabula so this information will be entered by the Administrator and or GM and updated automatically in Tabula from Quick Mar.

As a side note—when Greystone changed pharmacies in June a current med list with all diagnosis was faxed to each resident physician for review and signature.

Signed

*Monica Powell*

Monica Powell

9-1-15

*11-17-15*

AUG 31 2015

Violation Report: 47098 - 04/01/2015 - Pfaff, Vicki  
PCH Name: GREYSTONE COUNTRY ESTATES

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the home on [redacted] 14. According to the resident's primary care physician, the resident was diagnosed with Dementia in 2009. Upon admission the resident was prescribed Donepezil 5mg Tab, take one tablet by mouth at bedtime for Dementia. On 2/27/15 the resident's physician increased the Donepezil 10mg Tab, take one tablet by mouth at bedtime and also prescribed Namenda XR Titration pack 7, 14, 21, and 28mg oral for Dementia, however; resident #1's initial support plan, dated 8/6/14, does not include the care and services the home will provide including the proper level of supervisor to protect the resident related to the residents diagnosis of Dementia.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident #1 ceased to breathe on [redacted] 15. 11-17-15

Immediately: The administrator or designee will review all resident medical evaluations, assessments and support plans to ensure proper documentation of all resident diagnoses, needs, care and services including behavioral problems, exit seeking behaviors and the proper level of supervision to protect each resident. The review will include a determination if the home can meet the needs of each resident based on the resident's diagnosis, needs and the care and services the home is capable of providing. Any inaccurate assessments or support plans will be immediately updated. If there is a determination that the home cannot meet the needs of any resident, the resident will be discharged in accordance with regulation 2600.228. 11-18-15

Within 30 days of receipt of the accepted plan of correction: All direct care staff persons will review all resident's assessment and support plans, for residents who have been identified as having behavioral problems or exit seeking behaviors, and the individual care and services the home and direct care staff will provide to meet the individual resident's behavioral needs at the time the problem occurs. 11-13-15

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*M. Powell*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

*M. Powell*

Date

*8-28-15*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

11-13-15  
(Date)

Plan of correction implementation status as of

11-18-15  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

[initials]  
(initials)

*See page 9 of 9*

RECEIVED

*Page 2 of 4*

SEP 1 2015

**Lisc 470980  
Greystone Country Estates  
Violation 2600.227 (b)**

WEST REGION FIELD OFFICE  
Human Services Licensing

**Assessments**

**A RASP review will be conducted upon the return of a resident from the hospital and or doctor appointment by the administrator to insure all the diagnosis are recorded and a proper plan of care is in place for each resident.**

**A monthly RASP review will be conducted by the administrator to insure that each resident RASP is up to date and staff is aware of any changes in care for that particular resident via daily staff notes and recorded signatures of their acknowledgment.**

**The administrator will initial each progress report given to her from the resident doctor visit and or hospital discharge to insure she has seen the report and by her signature she acknowledges that report has been viewed and the RASP updated as necessary.**

**Signed**

*Monica Powell*

**Monica Powell**

**9-1-15**

*11-13-15*

**VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600**

PCH Name: GREYSTONE COUNTRY ESTATES		License Number: 47098
Address: 424 DELAWARE ROAD, FREDONIA, PA 16124		County: Mercer
Administrator: Monica Powell		Region: WEST
Legal Entity Name: GREYSTONE COUNTRY ESTATES INC		
Legal Entity Address: 424 DELAWARE ROAD, FREDONIA, PA 16124		
Certificate(s) of Occupancy C-2 LP 10/17/1983 Dept: L&I		OCT 23 2015 WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 43	Working Staff: 32
Type of Inspection: Interim - POC	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Interim		
<b>On-Site Inspection Dates and Department Representatives On-Site</b> 09/18/2015: Pfaff, Vicki; Filmer-Alman, Lisa 09/23/2015: Pfaff, Vicki; Filmer-Alman, Lisa		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 45	Number of Residents who:	
Number of Residents Served: 42	Receive Supplemental Security Income: 5	
Secured Dementia Care Unit in Home: No	Are 50 Years of Age or Older: 42	
Area:	Have Mental Illness: 3	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 4	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 1	
Number of Current Hospice Residents: 1	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 4		

OCT 23 2015

Violation Report: 47088 - 09/18/2015 - Plan, Vicki  
PGH Name: GREYSTONE COUNTRY ESTATES

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

2800.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudeman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2. DESCRIPTION OF VIOLATION

On 9/18/15 at 12:15 p.m., all of the residents' records including medical evaluations, assessments and support plans were unlocked, unattended and accessible in the staff office behind the nurse's station.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Immediately: A designated staff person will check the home on a daily basis to ensure all resident records and documentation are maintained in a confidential manner in accordance with regulation 2600.17.

Immediately: The administrator will check the home at least weekly to ensure all resident records and documentation are maintained in a confidential manner in accordance with regulation 2600.17. 11-18-15 ✓

Within 30 days of receipt of the accepted plan of correction: All staff persons will be educated on maintaining resident records in a confidential manner and the home's procedures for maintaining resident records in a confidential manner in accordance with regulation 2600.17. Documentation of education shall be kept. 11-18-15 ✓

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*M. Powell*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

MARILYN POWELL

Date 10-23-15

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 11-18-15  
(Date)

Plan of correction implementation status as of 11-18-15  
(Date)

The above plan of correction was approved by [Signature]  
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress ✓
- Partially Implemented - Inadequate Progress
- Not Implemented

See page 2B of 5

OCT 23 2015

WESTERN REGIONAL HEALTH CARE  
Human Services Licensing

Lisc Number 470980  
Violation 2600.17

A new lock has been purchased for the cabinet left open by our administrator. (Sent picture to [redacted] email address.)  
The filing cabinet with medical records and medical evaluations was left unlocked by the administrator, [redacted] in error.

A conversation and reprimand was given to [redacted] and to our facility secretary about leaving the office accessible to residents and a new policy for keeping the cabinets locked at all times and to make sure the doors to the office remain closed when unattended.

It was an error made in haste and [redacted] will be more attentive to these matters in the future.

Signed

*Monica Powell*  
Monica Powell  
10-23-15

11-17-15

Violation Report: 47098 - 09/18/2015 - Fran, Vicki  
PCH Name: GREYSTONE COUNTRY ESTATES

007-93-2015

1. REGULATION 88 Pa.Code §2600  
2600.123(c) - For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

2a. DESCRIPTION OF VIOLATION  
The emergency evacuation diagram posted to the left of room #204 in the hallway behind the activity and dining rooms does not indicate the accurate orientation to exits, location of pull signals and fire extinguishers.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Immediately: The administrator or designated staff person will check all emergency evacuation diagrams to ensure all required items specified in regulation 2600.123(a) are designated including fire extinguishers, pull stations and accurate exit routes are present on each diagram. 11-17-15

Immediately: Should there be any change to the location of fire extinguishers, pull stations or exit routes, all emergency evacuation diagrams affected by the change shall immediately be updated and posted in a conspicuous and public place. 11-17-15

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page) *Monica Powell*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Monica Powell*      Date *10/23/15*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 11-17-15  
(Date)

Plan of correction implementation status as of 11-17-15  
(Date)

The above plan of correction was approved by \_\_\_\_\_  
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

See page 2 & 4 of 5

OCT 23 2015

Lisc Number 470980  
Violation 2600.123©

DEPARTMENT OF HEALTH SERVICES  
Public Services Licensing

The emergency evacuation plan was clarified by [REDACTED] with [REDACTED] BMSL  
[REDACTED] before they left the facility and it was my understanding that no  
violation would be submitted.

Attached you will find the diagram in question.

The exit sign has been uncovered and will be in use a photograph was  
submitted to [REDACTED] email address prior to this report.  
BMSL

Signed



Monica Powell

10-23-15

11-13-15

Violation Report: 47088 - 09/18/2015 - Pfaff, Vicki  
PCH Name: GREYSTONE COUNTRY ESTATES

OCT 23 2015

1. REGULATION 55 Pa.Code §2600  
2600.144(c) - A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include 2600.144(c)1-3.

2a. DESCRIPTION OF VIOLATION

Staff person A, the home's owner, stated he/she smokes in the office located on the upper level of the home. On 9/23/15, at 4:00 p.m., there was an ash tray with six cigarette butts on the desk in the office. There were ashes on the desk and on the desk blotter calendar. There were other papers on the desk and the floor is carpeted. There was no fire extinguisher located in the office.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Within 30 days of receipt of the accepted plan of correction: All residents, staff persons, volunteers and substitute personnel will be educated on the home rules for smoking and the homes policy and procedures for smoking including the proper fire and safety measures and the importance of keeping combustible materials out of the smoking area. No combustible chairs, cushions or other items will be permitted in the smoking area. Documentation of education will be kept. 11-13-15

Immediately: A designated staff person will monitor the home on a daily basis to ensure the home's smoking policy and procedures are being followed. 11-13-15

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page) *A. Powell*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Amanda Powell*      Date *10-23-15*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 11-13-15  
(Date)

The above plan of correction was approved by *[Signature]*  
(Initials)

Plan of correction implementation status as of 11-13-15  
(Date)

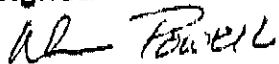
- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Lisc Number 470980  
Violation 2600.144 ©

██████████ the owner of the home no longer will smoke cigarettes in his office he has switched to electronic cigarettes.

There is a fire policy in place in the home for smoking in the designated areas only and was approved by the Department at a previous inspection.  
See attached.

Signed

  
Monica Powell  
10-23-15

OCT 23 2015

ARISTARQUE ISACSON  
Chief Service Technician

11-17-15/

Violation Report: 47028 - 09/18/2015 - Pfar, Vicki  
PCH Name: GREYSTONE COUNTRY ESTATES

OCT 23 2015

WEST VIRGINIA TITLE OFFICE  
Human Services Licensing

1. REGULATION 58 Pa.Code §2600

2800.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

Resident #1's preadmission screening, dated [redacted] 15, did not indicate the home could meet the needs of the resident.

Resident #2's preadmission screening, dated [redacted] 15, did not indicate the home could meet the needs of the resident.

Resident #3's preadmission screening, dated [redacted] 15, did not indicate the home could meet the needs of the resident.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Immediately: The administrator or designated staff person shall assess residents #1, #2 and #3 to ensure the home can meet the needs of the residents. Documentation shall be kept in the resident's record. 11-13-15

Within 30 days of receipt of the accepted plan of correction: The administrator or designated staff person will create and implement a new resident documentation system to ensure all residents being admitted to the home have a preadmission screening completed in its entirety, to include an indication the home can meet the resident's needs, within 30 days of admission. The home shall use the Department's form and maintain a copy in each resident's record. 11-13-15

Repeat Violation: Yes Date(s) of Previous Violation(s): 2/25/14

Signature of Legal Entity Representative (Required on EVERY Page) *Monica Fowell*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Monica Fowell* Date 10-23-15

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 11-17-15 (Date)

Plan of correction implementation status as of 11-17-15 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by [Signature] (Initials)

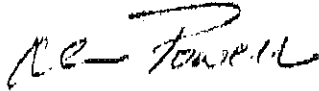
See page 5 of 5

**Lisc Number 470980  
Violation 2600.224(a)**

**A review of the preadmission screen, DME, Rasp, and Medication list will be conducted by the Administrator, the facility secretary and the General Manager and each will sign off on any new admission.**

**A review of all current resident records has been conducted by the administrator and facility secretary to make certain all of the above paperwork is in order. That review is now complete.**

**Signed**



**Monica Powell  
10-23-15**

*11-17-15*

OCT 23 2015

APPROVED BY: [Signature]  
ADMINISTRATOR