



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

JUN 29 2015

Ms. Cheryl Howatch, Administrator  
The Greenbriar Independent and Asstd Living Community, Inc.  
4244 Memorial Highway  
Dallas, Pennsylvania 18612

RE: The Village at Greenbriar  
License #: 213320

Dear Ms. Howatch:

As a result of the Department of Human Services' licensing inspection on May 13, 2015 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

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

Your regular license for the period July 30, 2015 to July 30, 2016 was issued on May 5, 2015. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew Jones".

Matthew J. Jones  
Director *AM*

Enclosure  
License Inspection Summary



Violation Report: 21332 - 05/13/2015 - OHaire, Anne  
 PCH Name: THE VILLAGE AT GREENBRIAR

**1. REGULATION 55 Pa.Code §2600**

2800.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

**2a. DESCRIPTION OF VIOLATION**

The Frigidaire Commercial freezer located in the closet area of the home's kitchen had a reading of +4 degrees at time of inspection. Documentation provided by the kitchen staff shows that reading have been taken and recorded for dates 05/01/15 through 05/13 /15 at 6:00AM. The reading for these dates indicate that the freezer had reading of +5 and + 6 degrees Fahrenheit on various dates.

**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.*

*Freezer temp adjusted Day of Inspection to Reflect 0°F OR below. ALL Dietary staff - cooks / dietary aides inserviced as to above Regulation. Dietary manager will ensure compliance. Administrator will monitor compliance.*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *CHERYL HOWATCH / Administrator.* Date *6/3/2015*

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

The above plan of correction is approved as of 6/8/15  
 (Date)

Plan of correction implementation status as of 6/8/15  
 (Date)

The above plan of correction was approved by m  
 (Initials)

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

Violation Report: 21332 - 05/13/2015 - O'Haire, Anne  
 PCH Name: THE VILLAGE AT GREENBRIAR

**1. REGULATION 55 Pa.Code §2600**

2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

**2a. DESCRIPTION OF VIOLATION**

The home's fire drill logs reflect that the home was consistently conducting their fire drills during the last week of each month. The following drills reflect this issue: 05/29/14;06/25/14,08/29/14;09/30/14;10/30/14;11/20/14;12.30/14;0130/15;02/27/15 and 03/27/15.

**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.

*Administrator will monitor dates Firedrills are conducted to ensure ongoing compliance of above Regulation.*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Cheryl Howatch*

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

*Cheryl Howatch / Administrator*

Date

*6/3/2015*

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 (Date)

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*m*  
 (Initials)

Violation Report: 21332 - 05/13/2015 - O'Haire, Anne  
 PCH Name: THE VILLAGE AT GREENBRIAR

1. REGULATION 55 Pa.Code §2600  
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION  
 The medical evaluation for resident #2 dated 10-22-2014 signed by Dr. [REDACTED] was incomplete. Section #9, Health Status and Cognitive Functioning were not completed and were left blank.

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.

*Administrator will monitor medical evaluations for compliance.*

*The administrator shall Audit all medical evaluations and assure forms are correct & complete. The Audit shall be completed by July 17, 2015. Documentation of the Audit shall be maintained by the home and available for review by the Department.*

*M*  
 6/8/15

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *CERYL HOWATCH / ADMINISTRATOR* Date: *6/3/2015*

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Violation Report: 21332 - 05/13/2015 - O'Haire, Anne  
 PCH Name: THE VILLAGE AT GREENBRIAR

**1. REGULATION 55 Pa.Code §2600**

2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

**2a. DESCRIPTION OF VIOLATION**

Several cigarette butts were observed in a trash can located adjacent to the home's front outside resident smoking area. This trash can contained combustible paper, plastic products and a disposable plastic liner.

**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.*

*Outside trash can is emptied daily by House Keeping.  
 Sign placed on top and side of TRASHCAN -  
 "Please do not throw cigarette botts in can"  
 TRASH can also moved to opposite side of smoking area.  
 Administrator will monitor for compliance.*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Cheryl Howatch*

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

*Cheryl Howatch / Administrator*

Date *6/3/2015*

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Violation Report: 21332 - 05/13/2015 - O'Haire, Anne  
 PCH Name: THE VILLAGE AT GREENBRIAR

**1. REGULATION 55 Pa.Code §2600**

2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

**2a. DESCRIPTION OF VIOLATION**

The home had a menu posted outside of the dining room that indicated "Kitchen Copy- week 1." This menu was not dated to indicate if it was a menu for the current week. No menu was posted for the upcoming week's menu.

**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.*

Home has a 5 week menu plan.  
 Menu plans were posted on Bulletin Board near Dining Room  
 But stapled together for the 5 weeks.  
 Weeks were not dated at the time of inspection.  
 Dietary manager inserviced as to Regulation.  
 Going forward weekly menu's will reflect the date  
 for each day/meal.  
 Dietary manager will ensure compliance.  
 Administrator will monitor for ongoing compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*[Handwritten Signature]*

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

CHERYL HOWARTH / ADMINISTRATOR

Date

6/3/2015

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