pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUL 2 5 2016

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' annual licensing inspection on May 4, 2016 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.

Sincerely,

Jay Bausch
Deputy Secretary

Enclosure
License Inspection Summary

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

PCH Name: THE VILLAGE AT GREENBRIAR	**License Number:** 21332
Address: 4244 MEMORIAL HIGHWAY, DALLAS, PA 18612	**County:** Luzerne
Administrator: Cheryl Howatch	**Region:** NORTHEAST

Legal Entity Name: THE GREENBRIAR INDEPENDENT AND ASSTD LIVING COMMUNITY INC

Legal Entity Address: 4244 MEMORIAL HIGHWAY, DALLAS, PA 18612

Certificate(s) of Occupancy

C-2 LP
06/23/2004
PA DEPT OF L7I

Staffing Hours

Resident Support: 9 **Total Daily Staff:** 88 **Waking Staff:** 66

Type of Inspection: Full **BHA Docket Number:** **Notice:** Unannounced

Reason(s) for Inspection(s)

Renewal

On-Site Inspections Dates and Department Representatives On-Site

05/04/2016: Yellenic, Cindy; Dumas, Gerald

Off-Site Inspection Dates and Inspectors, If Applicable

Other Details

Partial or Full Triggers: **Random Indicators:**

Resident Demographic Data as of Inspection Dates

Licensed Capacity: 78	**Number of Residents who:**
Number of Residents Served: 70	**Receive Supplemental Security Income:** 0
Secured Dementia Care Unit in Home: No	**Are 60 Years of Age or Older:** 69
Area:	**Have Mental Illness:** 0
Secured Dementia Unit Capacity, If Applicable:	**Have an Intellectual Disability:** 1
Number of Residents Served in Secured Dementia Care Unit, if applicable:	**Have a Mobility Need:** 9
Number of Current Hospice Residents: 4	**Have a Physical Disability:** 3
Number of Hospice Residents in past year: 8	

Violation Report: 21332 - 05/04/2016 - Yellenic, Cindy
PCH Name: THE VILLAGE AT GREENBRIAR

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 A received only 9.75 hours of annual training in training year 2015.

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.

Direct Care Staff Person A was counseled on importance of attending annual training. Monthly inservices are scheduled as well as a second date for staff unable to attend. Administrator Assistant will monitor staff attendance to reschedule trainings as needed. Administrator will monitor for ongoing compliance.

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

Signature of Legal Entity Representative (Required on EVERY Page) Cheryl Howarth

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) CHERYL HOWARTH / Administration — **Date** 5/25/2016.

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

The above plan of correction is approved as of 6/1/16 (Date)

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

Plan of correction implementation status as of 6/1/16 (Date)

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

Violation Report: 21332 - 05/04/2016 - Yellenic, Cindy
PCH Name: THE VILLAGE AT GREENBRIAR

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 A did not complete the following mandatory topics for the 2015 training year: Medication self-administration, Care for residents with dementia, Infection control and hygiene, Personal care service needs, and Safe Management techniques.

Direct Care Staff Person B did not complete the following mandatory topics for the 2015 training year: Medication self-administration, Pre-Admit, DME, RASP, Care for residents with MI and ID.

Direct Care Staff Person C did not complete the following mandatory topics for the 2015 training year: Medication self-administration, Care for residents with dementia, Infection control and hygiene, and Personal care service needs.

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.

Staff persons A, B, C were counciled on importance of attending all annual trainings.
Monthly in services are scheduled. as well as an second date for staff unable to attend.
Administrator Assistant will monitor staff attendance to reschedule trainings as needed. and report to Administrator
Administrator will monitor for ongoing compleance.

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Violation Report: 21332 - 05/04/2016 - Yellenic, Cindy
PCH Name: THE VILLAGE AT GREENBRIAR

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 A did not receive training in: Fire Safety, Emergency preparedness and procedures, Residents rights, Older Adults Protective Services, and Falls and accident prevention for the 2015 training year.

Direct Care Staff Person B did not receive training in: Older Adults Protective Services, and New population groups for the 2015 training year.

Direct Care Staff Person C did not receive training in Older Adults Protective Services for the 2015 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.

All staff

* The administrator will monitor all staff training and assure that all staff complete annual traing in the requred areas.
The administrator will develope and implement the plan + Compliance with the plan will be kept in accordance with 2600.65 a and 2600.66 c.

Repeat Violation: No	Date(s) of Previous Violation(s):			6/1/16

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Violation Report: 21332 - 05/04/2016 - Yellenic, Cindy
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
Resident #1's DME, dated 1/29/16, and Resident #2's DME, dated 2/9/16, did not include the resident's weight.

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 - on DME dated 1/29/16, a line (—) placed thru "weight". Resident is on Hospice Services. Unable to obtain weight due to Mobility needs. assessment noted as total Immobile. Health status Poor. Body position / movement noted as Bed / reposition. as well as a diagnosis of multiple sclerosis & spinal stenosis. Therefore Resident is incapable of standing on a scale to obtain weight. Physicians cons to Home to monitor Resident.

Resident #2 - on DME dated 2/9/16. a line (—) placed thru "Weight. Resident is noted on DME as a Mobility need / Body positioning / movement - utilizes a Motorized wheelchair. Resident does self-transfer. Resident cannot use or stand on legs due to a diagnosis of a genetic familial disease.

* The administrator shall monitor all medical evaluations for completeness and be responsible for ongoing Compliance.

Repeat Violation: Yes	Date(s) of Previous Violation(s): 05/13/2015		

Signature of Legal Entity Representative (Required on EVERY Page) Cheryl Howatch 6/1/16

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Violation Report: 21332 - 05/04/2016 - Yellenic, Cindy
PCH Name: THE VILLAGE AT GREENBRIAR

1. REGULATION 55 Pa.Code §2600
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
Resident #1's annual medical evaluation (DME) dated 1/29/16 did not include hospice services, which started on [redacted]16.

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 admitted to Hospice Services on [redacted]/15 with medical evaluation (DME)
Next annual medical evaluation (DME) on 1/29/16.
Resident status unchanged and continued on Hospice Services.
*Going forward, administrator will inform the IDT of any Resident admitting to or continuing Hospice Services to document such on the DME.

*Administrator will monitor for ongoing compliance.

On 4/13/16. Physician + Family signed acknowledgement form relating to an activity during Resident fire drills as per Regulation 2600.29 a-b1, b2.
(See attached form)

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Violation Report: 21332 - 05/04/2016 - Yellenic, Cindy
PCH Name: THE VILLAGE AT GREENBRIAR

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

(1) Resident's name.
(2) Drug allergies.
(3) Name of medication.
(4) Strength.
(5) Dosage form.
(6) Dose.
(7) Route of administration.
(8) Frequency of administration.
(9) Administration times.
(10) Duration of therapy, if applicable.
(11) Special precautions, if applicable.
(12) Diagnosis or purpose for the medication, including pro re nata (PRN).
(13) Date and time of medication administration.
(14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

The medication administration record master key did not include the staff's signatures and initials of Direct Care Staff D, E, F, and G, who administer medications.

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.

All Medication trained staff re-educated on importance of signing and initialing medication administration Master Key monthly. Administrator will monitor for ongoing Compliance.

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Violation Report: 21332 - 05/04/2016 - Yellenic, Cindy
PCH Name: THE VILLAGE AT GREENBRIAR

1. REGULATION 55 Pa.Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
Resident #3 has a physician's order to have a blood glucose (BG) test to be administered 1 x day and at bedtime, alternating between breakfast and lunch. The staff are completing a BG test at breakfast and lunch and not at bedtime.

Resident #4 has a physician's order for a BG test 2 x day. On 5/1/16 at 5:00pm there was no reading in the resident's glucometer and 193 was recorded in the MAR. The resident has a physician's order for insulin to be administered according to a sliding scale for insulin coverage. The resident then received 2 units of insulin based on the 193.

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.

All medication/diabetic trained staff were re-educated as to proper documentation and glucometer use and following physician orders. Staff were instructed to monitor that correct date and time displayed on glucometers. Wellness Director Nurse will monitor glucometer readings, insulin administration and orders on MARs weekly.

* Administrator will monitor for ongoing compliance.

Resident #3 - Please see attached blood glucose flow sheet. Readings are correct. Time of testing was incorrect. Time has been corrected.

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Violation Report: 21332 - 05/04/2016 - Yellenic, Cindy
PCH Name: THE VILLAGE AT GREENBRIAR

1. REGULATION 55 Pa.Code §2600
2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION
Resident #5's, date of admission [redacted]15, assessment and support plan (RASP), dated 11/23/15, does not include any of the resident's behaviors exhibited or documented by staff such as the resident's moods or screaming at staff. There is no written direction for staff in the resident's assessment or support plan how to address these behaviors.

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 #5 addendum to RASP completed on 5/6/2016. Behavior and mood addressed along with direction for staff to manage such behaviors. (See attached)
* Director of Wellness Nurse will ensure RASP addendums are updated for any resident exhibiting behavior issues.
Nurse will notify administrator when an addendum is required.
*Administrator will monitor for ongoing compliance.

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