



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 07 2017

Ms. Monica Shoup,
Administrator
Greystone Country Estates, Inc.
424 Delaware Road
Fredonia, Pennsylvania 16124

RE: Greystone Country Estates
License #: 470980

Dear Ms. Shoup:

As a result of the Department of Human Services' annual licensing inspection on December 13, 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License 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 Shoup		Region: WEST
Legal Entity Name: GREYSTONE COUNTRY ESTATES INC		
Legal Entity Address: 424 DELAWARE ROAD, FREDONIA, PA 16124		RECEIVED
Certificate(s) of Occupancy C-2 LP 10/17/1997 Dept. of Labor & Industry		JAN 19 2017 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Dally Staff: 40	Waking Staff: 30
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 12/13/2016: Hultquist, Cliff; Mulick, Cindy		
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: 45	Number of Residents who:	
Number of Residents Served: 39	Receive Supplemental Security Income: 7	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 39	
Area:	Have Mental Illness: 1	
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: 1		

Violation Report: 47098 - 12/13/2016 - Hultquist, Cliff
 PCH Name: GREYSTONE COUNTRY ESTATES

JAN 19 2017

1. REGULATION 55 Pa.Code §2600
 2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

WEST REGION FIELD OFFICE
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION
 The home's fire drill record does not contain the exit route used for the drills conducted on 1/26/16, 2/29/16, 3/25/16, 4/8/16, 4/12/16, 5/31/16, 6/30/16, 7/19/16, 8/15/16, 9/20/16, 10/21/16 or 11/19/16.

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.

Please see attached
 See page 2^a of 2

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Monica Orsini, Administrator</i>	Date <i>1/16/17</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>1/24/17</u> (Date)	Plan of correction implementation status as of <u>1/24/17</u> (Date)
The above plan of correction was approved by <u>J.N.</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>J.N.</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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JAN 19 2017

WEST REGION FIELD OFFICE
Human Services Licensing

January 16, 2017

Regulation 55 Pa. Code 2600

2600. 132(c)

Exit route used will be written on the Personal Care Home Fire Drill Record by the Administrator Monica Shoup and verified by General Manager Monica Powell. General Manager Monica Powell will initial the fire drill record each month for six months as verification.

Thank you,

Monica Shoup

Monica Shoup, Administrator

The fire drill record for the drill conducted on 1/23/17 at 2:38 pm contains all of the requirements of 2600.132c. *MW. 1/24/17.*