



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

SEP 12 2017

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 April 27, 2017 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](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, appearing to read "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



Violation Report: 21332 - 04/27/2017 - Harvey, Jason  
 PCH Name: THE VILLAGE AT GREENBRIAR

1. REGULATION 55 Pa.Code §2600

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION

On 4/27/17 the home's copy of 55 Pa.Code Chapter 2600, and the interim licensing inspection summary from 5/16/16 was not posted in a conspicuous and public place in the home.

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.

Copy of 55 Pa. Code Chapter 2600 posted date of inspection.  
 Annual inspection summary from 5/4/2016 was posted entrance of lobby.  
 Interim inspection 5/16/2016 relating to Act 56 of 2007 and 62 P.S. 1057.3(a) pertained to the Homos website advertisement of "assisted living". Website was revised by 6/1/2016.  
 Interim summary was posted day of inspection.  
 Administrator will monitor for ongoing compliance to ensure posting of any interim inspection summary.

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 6/12/2017

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The above plan of correction is approved as of 7/6/17  
 (Date)

Plan of correction implementation status as of 7-6-17  
 (Date)

The above plan of correction was approved by

*[Signature]*  
 (Initials)

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

Violation Report: 21332 - 04/27/2017 - Harvey, Jason  
 PCH Name: THE VILLAGE AT GREENBRIAR

**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 2/1/17, resident #1 fell in their room, hitting their head, and was sent out to the hospital. The hospital discharge summary stated the resident had a head injury. The home did not submit an incident report to the Department.

Resident #2 was seen in the hospital emergency room on 4/6/17. The hospital discharge paperwork indicates that the resident had a fall 4/5/17 and the resident was diagnosed with a head injury. The home did not submit an incident report to the Department.

**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 all ER Transports and discharge summaries. See attached form.  
 Administrator will ensure any incident of possible head injury reported to DHS.*


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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Cheery Howatch Administrator</i>	Date <i>6/12/2017</i>
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Violation Report: 21332 - 04/27/2017 - Harvey, Jason  
 PCH Name: THE VILLAGE AT GREENBRIAR

**1. REGULATION 55 Pa.Code §2600**

2600.107(b) - The home shall have written emergency procedures that include the following:

- (1) Contact information for each resident's designated person.
- (2) The home's plan to provide the emergency medical information for each resident that ensures confidentiality.
- (3) Contact telephone numbers of local and State emergency management agencies and local resources for housing and emergency care of residents.
- (4) Means of transportation in the event that relocation is required.
- (5) Duties and responsibilities of staff persons during evacuation, transportation and at the emergency location. These duties and responsibilities shall be specific to each resident's emergency needs.
- (6) Alternate means of meeting resident needs in the event of a utility outage.

**2a. DESCRIPTION OF VIOLATION**

The home did not do a review of their written emergency procedures annually for the 2016-2017.

**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.

*Review of written emergency procedures was completed on 5/4/2016. Copy of Emergency Preparedness Plan was sent to Luzerne County EMA for review see attached documentation. Notification was misfiled at time of inspection. Copy of notification review is currently attached to Emergency Preparedness Plan. 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 Howatch*

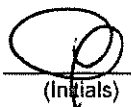
Printed Name and Title of Legal Entity Representative  
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*CHERYL HOWATCH / Administrator*

Date *6/12/2017*

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Violation Report: 21332 - 04/27/2017 - Harvey, Jason  
 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**  
 During the overnight fire drills on 5/25/2016 at 5:25 am and 11/15/2016 at 11:30pm, 5 staff members participated in the drill. According to staff schedule, the number of staff members on duty during third shift is 4 staff members.

**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.

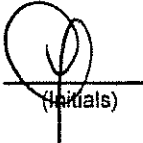
*At times, the Home does have 5 staff persons on overnite shift.  
 Going forward, the Home will ensure only 4 members participate and not at a time when additional staff present.  
 Administrator will monitor for ongoing compliance.*

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

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Cheryl Howatch / Administrator*      Date *6/12/2017*

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The above plan of correction was approved by  (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

Violation Report: 21332 - 04/27/2017 - Harvey, Jason  
 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 initial medical evaluation for resident #1, dated [redacted]/17, does not include weight, pulse rate, blood pressure, temperature, and the resident's ability to 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.

*Resident #1 medical eval was an oversight. Medical eval completed. Administrator will monitor all medical evaluations to ensure completion and maintain 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 / Administrator*

Date *6/12/2017*

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Violation Report: 21332 - 04/27/2017 - Harvey, Jason  
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1. REGULATION 55 Pa.Code §2600  
 2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION  
 Resident #6's 1000 MCG of Folic Acid was found loose in the bottom of the 4th drawer of the medication cart.

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.

*Med trained PCA's instructed to check and observe Medication Carts during Med Pass for any loose medication in drawer.  
 Director of Wellness Nurse to monitor for ongoing compliance.  
 Adm will oversee to ensure ongoing compliance. ☺  
 7-6-17*

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 *6/12/2017*

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Violation Report: 21332 - 04/27/2017 - Harvey, Jason  
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**1. REGULATION 55 Pa.Code §2600**

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

**2a. DESCRIPTION OF VIOLATION**

Resident #7 has a physician's order for Tramadol HCL 50mg as needed. This medication was not available in the home for 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.

*Resident #7 - Tramadol was supplied. Medication was destroyed as per protocol 4/19/17. See attached. Physician and Pharmacy notified. Pharmacy awaiting new order prescription. New order finally obtained and med sent to home on 4/27/2017. See attached. Resident did not request medication during time of reorder. Director of Wellness Nurse will continue to monitor reordered medications. Administration will ensure ongoing 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 / Administration* Date *6/12/2017*

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**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**

On 2/3/17, resident #1 was admitted to Comprehensive Home Health for PT/OT services 2-3 times per week after the resident had falls. The resident's support plan, dated 2/1/17, does not address how the home will assist the resident in meeting these needs.

From 2/8/17 through 2/28/17 resident #2 received services from Geisinger Home Care for nursing and PT services. The resident's support plan, dated 2/21/17, was not updated to address how the home will assist the resident in meeting these needs. Resident #2 also is currently receiving PT/OT services from Bayada 2-3 times weekly. The resident's support plan does not address how the home will assist the resident in meeting these needs.

From 6/25/16 through 8/3/16 resident #3 received services from Bayada for nursing, wound care, PT and OT. The resident's support plan, dated 10/1/15, was not updated to address how the home will assist the resident in meeting these needs.

From 2/11/17 through 4/4/17 resident #4 received services from Bayada for nursing, PT, OT and speech therapy. The resident's support plan, dated 2/20/17, was not updated to address how the home will assist the resident in meeting these needs.

Resident #5's RASP, dated 4/6/17, indicates the resident is receiving services from Associated Family Home Care however it does not include the frequency and types of services and how the home will assist the resident in meeting these 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.*

*Since inspection, all residents receiving services by Home Health Agency have been revised and updated.  
 Going forward, nurse and administrator to ensure ongoing compliance*

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *CHERYL Hawatch / Administrator* Date *6/12/2017*

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