



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Ms. Paula Grey  
Administrator  
Greys Colonial Acres, LLC  
272 Colonial Road  
Kittanning, PA 16201

APR 23 2018

RE: Greys Colonial Acres Personal Care Home  
Certificate #: 446400

Dear Ms. Grey:

As a result of the Department of Human Services' annual licensing inspection on October 5, 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  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: GREY S COLONIAL ACRES		License Number: 44640
Address: 272 COLONIAL ROAD, KITTANNING, PA 16201		County: Armstrong
Administrator: Kenneth Grey		Region: WEST
Legal Entity Name: GREY'S COLONIAL ACRES LLC		
Legal Entity Address: 272 COLONIAL ROAD, KITTANNING, PA 16201		<b>RECEIVED</b>
Certificate(s) of Occupancy C-2 LP 01/26/1996 Labor and Industry		FEB 21 2018 WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 34	Waking Staff: 26
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site 10/05/2017: Garrigan, Laurie; Winters, Lynn		
Off-Site Inspection Dates and Inspectors, if Applicable		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 38 Number of Residents Served: 30 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: 3 Number of Hospice Residents in past year: 3		Number of Residents who: Receive Supplemental Security Income: 3 Are 60 Years of Age or Older: 29 Have Mental Illness: 0 Have an Intellectual Disability: 1 Have a Mobility Need: 4 Have a Physical Disability: 0

Violation Report: 44640 - 10/05/2017 - Garrigan, Laurie  
PCH Name: GREY S COLONIAL ACRES

FEB 21 2018

WEST PENNSYLVANIA FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION

At 10:40 a.m., the first aid kit in the medication room did not include tweezers.

At 10:45 a.m., the first aid kit in the food cupboard did not include tape and tweezers.

At 10:46 a.m., the first aid kit in the pantry did not include eye coverings.

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 added Tweezers and Eye Coverings to First Aid Kits on 10-5-17. First Aid Inventory List has been attached to First Aid Kits and all Employees are being notified of what to do to ensure required items are in the kits. Copy of Notice and List included.

Immediately: A designated staff person shall monitor the home's first aid kits to ensure all items specified in 2600.96(a) are present.

*[Signature]*  
2/21/18

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*[Signature]*

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

Kenneth Grey Administrator

Date 2-19-18

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

The above plan of correction is approved as of

2/21/18  
(Date)

Plan of correction implementation status as of

2/21/18  
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *[Signature]*

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

*[Signature]*  
(Initials)

Violation Report: 44640 - 10/05/2017 - Garrigan, Laurie  
PCH Name: GREY S COLONIAL ACRES

FEB 21 2018

WEST HANOVER HILL OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION  
Resident #1, admitted on \_\_\_\_\_, had an undated photograph in his/her record, therefore it is unable to be determined if it is less than 2 years old.  
Resident #2, admitted on \_\_\_\_\_, had an undated photograph in his/her record, therefore it is unable to be determined if it is less than 2 years old.

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 went through all Resident Files to check photographs for dates. undated photos were replaced with new photos that were dated when taken. Administrators will date photos when they are taken in the future. Dates will be checked when RASL forms are completed annually.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kenneth Grey*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kenneth Grey Administrator*      Date *2-19-18*

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

The above plan of correction is approved as of 2/21/18 (Date)

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

Plan of correction implementation status as of 2/21/18 (Date)

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