



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUL 10 2018

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's Bureau of Human Services Licensing annual inspection on May 2, 2018 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, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 21332 - 05/02/2018 - OHaire, Anne
 PCH Name: THE VILLAGE AT GREENBRIAR

1. REGULATION 55 Pa.Code §2600
 2600.29a(b)(10) - The resident's assessment and support plan are to be kept current and specify the requirements of this section as it relates to the specific resident.

2a. DESCRIPTION OF VIOLATION
 Resident # 1's RASP dated 10/13/17 does not address the resident not being evacuated during fire drills due to the resident actively dying and receiving hospice services. The resident was not evacuated during the fire drill on 4/26/18 at 12:55pm.

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 RASP has the following noted
 Assessment - mobility - total immobile - total assist
 to evacuate safely. Staff will provide assistance
 in emergency to safely evacuate. Page 1 of RASP
 notes Hospice services.
 Due to inability to evacuate during a fire drill
 Family and Physician Acknowledgement forms
 signed 4/20/2018 and 4/24/2018, respectively.
 4/26/2018 - Annual fire drill with local fire dept
 fire dept was notified of Hospice service, and
 Acknowledgment forms signed by above.
 Evacuation of Resident was simulated by staff
 as per regulation.
 At time of inspection addendum was added
 to RASP as to instruction how to evacuate simulation.
 Administrator will monitor Hospice Residents evacuation
 status to ensure 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** Date **5/30/2018**

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

The above plan of correction is approved as of <u>6/12/18</u> (Date)	Plan of correction implementation status as of <u>6/12/18</u> (Date)
The above plan of correction was approved by <u><i>M</i></u> (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 - 05/02/2018 - OHaire, Anne
PCH Name: THE VILLAGE AT GREENBRIAR

1. REGULATION 55 Pa.Code §2600

2600.29a(b)(11) - Documentation of compliance with this section is to be kept in the fire drill record, as well as in the resident's record. The documentation is to include the following:

- (i) A copy of the Department of Health license for the hospice agency.
- (ii) Written certification by the physician as specified in § 2600.29a(b)(1).
- (iii) Written informed consent as specified in § 2600.29a(b)(2).
- (iv) Written documentation of the home's consideration of relocation of the resident's bedroom as specified in § 2600.29a(b)(3).

2a. DESCRIPTION OF VIOLATION

A copy of the hospice agency's license was not kept with the fire drill records for Resident #1.

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 Hospice license placed in fire drill record at time of inspection.

Going forward, Administrator will ensure a copy is filed with fire drill records to maintain compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative <i>(Required on EVERY Page)</i> <i>Ceryl Howatch</i>	
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Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i> <i>CHERYL HOWATCH</i>	Date <i>5/30/2018</i>
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(Date)

Plan of correction implementation status as of 6/12/18
(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 - 05/02/2018 - O'Haire, Anne
PCH Name: THE VILLAGE AT GREENBRIAR

1. REGULATION 55 Pa.Code §2600
2600.224(c) - The preadmission screening shall be completed by the administrator or designee.

2a. DESCRIPTION OF VIOLATION
Resident # 2's pre-admission screening dated 3/27/18 does not have anything noted for mobility 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.

Resident # 2 preadmission screening mobility need section corrected at time of inspection. Area was an oversight at time of screening.

Going forward, Administrator and Director of Wellness will check prescreenings for any possible omitted areas to ensure 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* Date *5/30/2018*

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(Date)

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

Plan of correction implementation status as of 6/12/18
(Date)

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- Partially Implemented - Inadequate Progress
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Violation Report: 21332 - 05/02/2018 - O'Haire, Anne
 PCH Name: THE VILLAGE AT GREENBRIAR

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

Resident # 3's RASP dated 12/29/17 does not address that the resident independently self-medicates. The RASP notes that the home manages the resident's 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 #3 - At time initial RASP completed the home was administering Resident's medications. On 2/26/2018, new order received by Resident PCP of ability to self administer medications.

RASP addendum updated at time of inspection as to self administering of medication.

Director of Wellness will monitor changes and addendums to RASPs.

Administrator will also monitor for compliance.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/27/2017
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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) **CHERYL HOWATCH** Date **5/30/2018**

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