pennsylvania
DEPARTMENT OF HUMAN SERVICES

October 7, 2019

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, 2019 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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,

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: *THE VILLAGE AT GREENBRIAR* **License Number:** *213320*
Address: *4244 MEMORIAL HIGHWAY, DALLAS, PA 18612*
County: *LUZERNE* **Region:** *NORTHEAST*

Administrator

Name: *CHERYL HOWATCH* **Phone:** *5706751300* **Email:** *CHERYL@VILLAGEATGREENBRIAR NET*

Legal Entity

Name: *THE GREENBRIAR INDEPENDENT AND ASSTD LIVING COMMUNITY INC*
Address: *4244 MEMORIAL HIGHWAY, DALLAS, PA, 18612*

Certificate(s) of Occupancy

Type: *C-2 LP* **Date:** *06/23/2004* **Issued By:** *LABOR & INDUSTRY*

Staffing Hours

Resident Support Staff: *8* **Total Daily Staff:** *83* **Waking Staff:** *62*

Inspection

Type: *Full* **BHA Docket #:** **Notice:** *Unannounced*
Reason: *Renewal*

Inspection Dates and Department Representative

05/02/2019 - On-Site: Gerald Dumas, Jason Harvey

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *78* **Residents Served:** *67*

Secured Dementia Care Unit

In Home: *No* **Area:** **Capacity:** **Residents Served:**

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older:** *66*
Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability:** *1*
Have Mobility Need: *8* **Have Physical Disability:** *2*

29a SOPb10 - Hospice Care: Resident Assessment and Support Plan

Regulations

2600.
29.a.b. A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met:

Description of Violation

Resident 1's assessment and support plan do not address the resident's exclusion from evacuation during fire drills due to status in an active dying process and the special evacuation needs.

Resident 2's assessment and support plan do not address the resident's exclusion from evacuation during fire drills due to status in an active dying process and the special evacuation needs.

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 and Resident #2 assessment and support plan updated on 5/3/2019 to address exclusion from evacuation during fire drills due to status in an active dying process + special evacuation needs. Administrator will ensure compliance.

Legal Entity Representative

Cheryl Howatch — CHERYL HOWATCH — 8/14/2019

Signature — Printed Name and Title ADMINISTRATOR — Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 8-19-19 (Date)

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

Plan of correction implementation status as of 8-19-19 (Date)

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

132f - Alternate Exit Routes

Regulations

2600.
132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

132f
The home's fire drill record indicates the home is not alternating exit routes during monthly fire drills. The home fire drill log indicates the home used the front, back and side exits during monthly fire drills on the following dates:

2/25/19, 3/13/19, and 4/24/19.

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.)

Going forward, Administrator will ensure the home alternates exit routes during monthly fire drills

Legal Entity Representative

Cheryl Howatch — Signature

CHERYL HOWATCH ADMINISTRATOR — Printed Name and Title

8/14/2019. — Date

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185a - Implement Storage Procedures

Regulations

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.

Description of Violation

Resident # 3 blood glucose reading is prescribed to be checked 4 times a day. Resident # 3's glucometer on 4/29/19 at 11:30 a.m. read 165. Resident # 3's resident's documented reading was recorded as 162.

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 diabetic trained / medication trained personal care aides and nurses instructed to closely observe that numbers on digital glucometers are read correctly. Blood glucose / insulin flow sheet has been modified to note this additional check (see attached) yes
Director of Wellness nurse to monitor readings
Administrator will ensure ongoing compliance.

Legal Entity Representative

Cheryl Howatch — Signature
CHERYL HOWATCH, ADMINISTRATOR — Printed Name and Title
8/14/2019 — Date

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227d - Support Plan Medical/Dental

Regulations

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. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident 1's assessment and support plan dated 10/12/18 indicated the resident was receiving Hospice services, but did not indicate the frequency of the hospice service and who is responsible for ensuring the visit and if services were provided.

Repeat Violation 5/2/18

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 assessment and support plan has been updated on 5/3/2019 to address frequency of hospice services. Director of Wellness nurse will monitor and ensure visits. Administrator will ensure ongoing compliance.

Legal Entity Representative

Cheryl Howatch — Signature

CHERYL HOWATCH, ADMINISTRATOR — Printed Name and Title

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