



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail: [greysacres@windstream.net](mailto:greysacres@windstream.net)  
[kwgreysr@gmail.com](mailto:kwgreysr@gmail.com)

MAILING DATE: March 13, 2020

Mr. Ken Grey  
Administrator  
Greys Colonial Acres, LLC  
272 Colonial Road  
Kittanning, PA 16201

RE: Greys Colonial Acres  
License / COC #: 446400

Dear Mr. Grey:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on November 26, 2019, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Jody Garvey".

Jody Garvey  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

## Violation Report

### Facility Information

Name: GREY'S COLONIAL ACRES License Number: 44640  
Address: 272 COLONIAL ROAD, KITTANNING, PA 16201  
County: ARMSTRONG Region: WESTERN

### Administrator

Name: Kenneth Grey Phone: 7247832121 Email: GREYSACRES@WINDSTREAM.NET

### Legal Entity

Name: GREY'S COLONIAL ACRES LLC  
Address: 272 COLONIAL ROAD, KITTANNING, PA, 16201

### Certificate(s) of Occupancy

Type: C-2 LP Date: 02/26/1996 Issued By: Labor and Industry

### Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 40 Waking Staff: 30

### Inspection

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

### Inspection Dates and Department Representative

11/26/2019 - On-Site: Laurie Garrigan, Jody Garvey, Michael Marini, Thomas Smith

### Resident Demographic Data as of Inspection Dates

#### General Information

License Capacity: 38 Residents Served: 32

#### Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

#### Hospice

Current Residents: 0

#### Number of Residents Who:

Receive Supplemental Security Income: 4 Are 60 Years of Age or Older: 31  
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
Have Mobility Need: 8 Have Physical Disability: 0

65f - Training Topics

Regulations

2600.

- 65.f. Training topics for the annual training for direct care staff persons shall include the following:
  2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.

Description of Violation

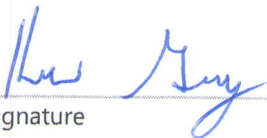
Direct care staff persons A and B, both hired on 1/1/15, did not receive training on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan during the 1/1/18-12/31/18 annual training year.

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.)

Training on reg 2600.65.f was included in 2019 Training Plan and completed by employees A & B in June 2019. Future Annual Staff Training will include the training topic, it is scheduled for June 2020. Future Staff Training Plans will be reviewed by both Administrators using Reg. 2600.65.f during QMR in October each year to ensure the trainings as required by Reg. 2600.65.f are included and completed by all employees annually. Staff training records will be checked quarterly By the Administrator to ensure trainings are being completed. Electronic reminder set in Administrator calendar.

Legal Entity Representative

  
Signature


Ken Gray Administrator 2-12-2020  
Printed Name and Title Date

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The above plan of correction is approved as of 3/11/20  
(Date)

Plan of correction implementation status as of 3/11/20  
(Date)

Fully Implemented

The above plan of correction was approved by   
(Initials)

Not Implemented

81b - Resident Personal Equipment

Regulations

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

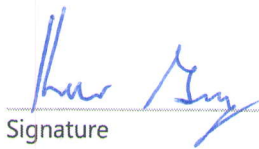
At 10:46 a.m., resident #1's bed had an uncovered enabler with an enclosed handle area that had an opening that was approximately 8"X 7", presenting a potential entrapment hazard to the resident.

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.)

Enabler was removed from Resident's bed 1-2-2020 and a covered "cane" style enabler was installed. All enablers were checked 1-2-2020 to ensure none were uncovered. Future enablers will be covered cane style to reduce any potential entrapment hazards. Enablers will only be used for residents who are aware of potential hazards, request an enabler, and have physician approval to use. Staff was notified 2-11-2020 and a reminder was posted for staff to, check enablers each time the go into the resident's room, to make sure covers are in place. Administrator will install all enablers, and check them monthly as well. Electronic reminder added to Administrator calendar.

Legal Entity Representative

  
Signature

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**85a - Sanitary Conditions**

**Regulations**

2600.

85.a. Sanitary conditions shall be maintained.

**Description of Violation**

At 10:53 a.m., there were no paper towels, hand dryer or other sanitary means to dry hands next to the sink in the west common shower room.

At 10:58 a.m., there were no paper towels, hand dryer or other sanitary means to dry hands next to the sink in the east common shower room.

**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.)

Paper towels and holders were put in shower rooms on 11/26/2019 while inspector were present. Extra rolls of paper towels were put in shower room closets. Employees will replace paper towels as needed to maintain availability. Administrators will check to ensure paper towels are in shower rooms, and in supply room accessible to employees on a monthly basis for 2020. Automatic reminder was added to Administrators Monthly calendar.

**Legal Entity Representative**

Signature 

Ken Grey Administrator  
Printed Name and Title

1-6-2020  
Date

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92 - Windows

Regulations

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

At 10:10 a.m., there was no screen in the left side of the double window in the dining area and there was a tear across the bottom of the screen in the right-side of the double window in the living room that was approximately 3ft wide and detached.

At 10:17 a.m., there was no screen in the window in bedroom #402.

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.)

Both screens installed in windows on 11/26/2019 while inspector were present. The detached screen was replaced in living room. Employee will notify administrator of any missing screens prior to opening any windows. All windows were checked 11/26/19. Administrator will check windows monthly to ensure all windows have screens and the the screens are in good repair. Automatic reminder was added to Administrators monthly calendar for 2020.

Legal Entity Representative


Signature 

Ken Grey Administrator 1-6-2020  
Printed Name and Title Date

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**95 - Furniture and Equipment**

**Regulations**

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

**Description of Violation**

At 10:05 a.m., the bathroom sink in the common bathroom off the kitchen was clogged and contained approximately 3"-4" of water that was not draining.

**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.)

Bathroom sink was unclogged 11/26/2019 while inspectors were present. Notice was posted to remind employee to notify administrators so repairs can be made as soon as possible. All sinks were checked on 11/27/19. Administrator will check monthly to ensure sinks are in working order. Automatic reminder added to Administrators Monthly Calendar for 2020.

**Legal Entity Representative**

  
Signature

Ken Grey Administrator  
Printed Name and Title


1-6-2020  
Date

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187a - Medication Record

Regulations

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

- 8. Frequency of administration.

Description of Violation


Resident #2 was prescribed Warfarin 4 mg tablet- take 1 tablet orally daily; however, the resident's November 2019 medication administration record indicated Warfarin 4 mg tablet- take 1 tablet orally every other day.

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.)

MAR was corrected 11/26/2019 while inspectors were present. Future med changes will be reviewed by the administrator to ensure they are written correctly on the MAR prior to use. Residents bubble card was correct and resident had received the correct medication as prescribed. Administrator reviewed the entire MAR on 11/27/2019. A medication change checklist has been implemented on 2/11/2020, and Administrator is reviewing documentation training, and checklist training with all med employees to be completed by 2/18/20. Administrator will continue to review any MAR changes thru February to ensure medication change checklist works, then review changes weekly thru May, then during med employee observation checks.

Legal Entity Representative



Signature

Ken Gray Administrator 2-12-2020

Printed Name and Title

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 dated 4/2/19 indicated that the resident requires some physical assistance transferring in/out of her bed or chair. The resident uses an enabler to assist her; however, the resident's support plan, dated 4/2/19, did not address the use of the assistive device.

Resident #3 assessment dated 4/4/19, indicated that the resident has a diagnosis of polyneuropathy and uses an overhead trapeze grab bar to assist him to transfer in/out of his bed or chair. However, the resident's support plan dated 4/4/19, did not address the use of this assistive device.

Plan of Correction (POC)

Note was added to residents #1 and #3 RASP form 11/26/2019, to include the use of assistive devices. Administrator reviewed all RASP forms 12/10/2019 to ensure any assistive devices were included on the forms. When Administrator does any RASP forms going forward, any assistive device used by a resident will be included. Any devices required by Residents during the year will be added to the Resident's RASP when the Resident requires one. Administrators will review RASP forms quarterly beginning March 2020 to ensure they are included. Electronic reminder added to Administrator calendar.

Legal Entity Representative

*Ken Gray*

Signature

Ken Gray Administrator 2-12-2020

Printed Name and Title

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