

Department of Human Services
Bureau of Human Service Licensing

June 9, 2021

██████████ ADMINISTRATOR
GREYSTONE COUNTRY ESTATES INC
424 DELAWARE ROAD
FREDONIA, PA 16124

RE: GREYSTONE COUNTRY ESTATES
424 DELAWARE ROAD
FREDONIA, PA, 16124
LICENSE/COC#: 47098

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/03/2021, 02/04/2021, 02/05/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Suzy Quinn

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

Facility Information

Name: GREYSTONE COUNTRY ESTATES **License #:** 47098 **License Expiration Date:** 05/04/2021
Address: 424 DELAWARE ROAD, FREDONIA, PA 16124
County: MERCER **Region:** WESTERN

Administrator

Name: [REDACTED] **Phone:** 7244754237 **Email:** [REDACTED]

Legal Entity

Name: GREYSTONE COUNTRY ESTATES INC
Address: 424 DELAWARE ROAD, FREDONIA, PA, 16124
Phone: 7244754237 **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 10/17/1997 **Issued By:** L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 30 **Waking Staff:** 23

Inspection

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 02/05/2021

Inspection Dates and Department Representative

02/03/2021 - On-Site: [REDACTED]
02/04/2021 - On-Site: [REDACTED]
02/05/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 45 **Residents Served:** 30

Secured Dementia Care Unit

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

Hospice

Current Residents: 5

Number of Residents Who:

Receive Supplemental Security Income: 4 **Are 60 Years of Age or Older:** 30
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 5
Have Mobility Need: 0 **Have Physical Disability:** 0

Inspections / Reviews

02/03/2021 - Full

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow-Up Date: *04/04/2021*

4/9/2021 POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/14/2021*

5/4/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *05/12/2021*

6/9/2021 - Document Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Not Required*

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

Resident #1's glucometer was used to measure resident #2's blood glucose levels on 1/26/21 at 6:23 pm and on 2/1/21 at 6:44 pm.

Plan of Correction

Directed

The doctors of both resident #1 and #2 were both made aware of the glucometer sharing via fax the afternoon that it was brought to our attention. Resident #1's glucometer was immediately discarded. A new glucometer was ordered that afternoon from our pharmacy and was received that evening for resident #1. Resident #1 used her extra glucometer until the new one arrived that evening. Each of our diabetic residents has their own extra glucometer. A new policy was written by Administrator concerning proper use of resident glucometers each DCS member that is diabetic certified read and signed that they understand this new policy. A copy of the policy will be kept in Greystone's Policy Manual. Going forward the Administrator will have all new employees that are diabetic certified sign that they are aware and understand the policy. The policy will be kept in the new employees personnel file. Documentation of employee discipline will be kept in employees personnel file by Administrator. If glucometer sharing does occur again the specific glucometers will be discarded and new ones will be ordered immediately at the cost of the facility by the Administrator. All glucometers will be monitored weekly by the

Administrator for four weeks than monthly ongoing. All glucometers have the residents name on it.

Retention of documentation of employee discipline - ongoing - Administrator

Documentation of employee discipline - ongoing - Administrator

Completion date for weekly glucometer checks - 4/30/2021

Monthly checks ongoing

Reeducation - March 29, 2021 and March 30, 2021

The following are attached - faxes from each doctor /signatures of employees for new policy/form for new employees/weekly and monthly glucometer checks

Directed-

Within 5 days of receipt, weekly thereafter for 3 months, and monthly thereafter for 3 months, the administrator or designated staff person qualified to administer medication who has successfully completed of a Department-approved diabetes patient education program within the past 12 months shall observe each staff responsible for diabetic care perform blood glucose checks to ensure each resident glucometer is used only for the resident to whom it belongs.

Documentation of observations shall be kept.

S.Q. 5/4/21

Completion Date: 04/30/2021

Document Submission

Implemented

Administrator or designated approved staff person will will observe each staff member responsible for diabetic care perform blood glucose checks to ensure that each resident glucometer is used only for that specific resident.

Weekly for three months

Monthly for three months

Documentation will be kept by Administrator

88a - Surfaces

1. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

The lower wall behind 2 dryers in the 100 hall laundry is unfinished, exposing pink wall insulation that is covered with 1/2" layer of dryer lint.

Plan of Correction

Accept

The lower wall behind the two dryers in the 100 hall was fixed on April 2, 2021 by maintenance. Maintenance will check that specific area and clean any lint that may have accumulated monthly. A form has been made for them to initial each month that it has been completed. Maintenance was educated 4/09/21 by Administrator that they must check monthly behind the dryer to assure that there is no issues. If any issues are found they must be addressed immediately.

Completion date that wall was fixed - 04/02/2021 - maintenance

Monthly checks - ongoing - maintenance

Attached - picture of the fixed wall/maintenance sign off sheet

Completion Date: 04/02/2021

Document Submission

Implemented

No new plan needed - plan previously accepted

100b - Removal Snow/Obstructions

1. Requirements

2600.

100.b. The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

Description of Violation

On 2/3/21 at 9:00 am until 2/4/21 at 12:30 pm, the outside landing and steps leading from the side driveway emergency exit doors was covered with 2" of snow and ice.

Plan of Correction

Accept

Maintenance has been educated by the Administrator that that specific landing and steps need to be maintained along with all others. During inclement weather Administrator and/or Assistant General Manager will monitor that specific exit and all other entrances/exits to confirm that they are clear of any debris.

Maintenance was educated on 2/3/21 and 2/4/2021.

Monitored on an ongoing basis.

Completion Date: 03/04/2021

Document Submission

Implemented

No new plan needed - plan previously accepted

121a - Unobstructed Egress

1. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 2/3/21 and 2/4/21, a handwritten sign stating "This is not an exit" was taped to the emergency exit double doors off of the lounge.

On 2/3/21, egress through the emergency exit double doors off the lounge was blocked by a chair in the interior landing that prevented the doors from opening.

On 2/3/21 and 2/4/21, egress through the interior landing to the side driveway emergency exit doors was blocked by 7 bags of Snow Melt, 2 folding tables, a wooden chair and multiple pieces of drywall.

On 2/4/21, egress from the 2nd floor office to the side driveway emergency exit doors was blocked by a stack of chairs at the bottom of the stairway.

Plan of Correction**Directed**

On 02/04/2021 a new sign stating NO RE ENTRY LOCKS FROM THE INSIDE was put on the emergency exit double doors by the Administrator. All items were removed form the egress through the interior landing to the side driveway before the inspector left the building on 02/05/21 by maintenance and the administrator. The chair that was blocking the emergency exit double doors off the lounge were removed immediately by maintenance. Administrator will daily inspections to assure no fire exits are blocked. Any issues will be addressed immediately.

New sign - 02/04/21

All items were removed form the egress through the interior landing to the side driveway before the nspector left the building - 02 05/21 - maintenance and the administrator.

The chair that was blocking the emergency exit double doors off the lounge were removed immediately - 02/03/21 - maintenance.

Daily inspections - ongoing - Administrator/Maintenance

Documentation of daily inspections will be kept by Administrator/Maintenance

Directed:

Within 7 days of receipt, all staff shall be reeducated regarding the requirement that stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Any deficiencies discovered shall immediately be addressed and corrected. Documentation of education shall be kept.

S.Q. 5/4/21

Completion Date: 02/05/2021

121a - Unobstructed Egress (*continued*)**Document Submission****Implemented**

All staff was reeducated regarding the requirements that stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Signature of employees included

123c - Evacuation Diagrams

1. Requirements

2600.

- 123.c. For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

Description of Violation

The home currently serves 28 residents. However, the emergency evacuation diagram posted in the 200 hallway does not include the line of travel to the exit doors off of the lounge.

Plan of Correction**Accept**

The emergency diagram posted in the 200 hallway was updated on 3/26/2021 by the Administrator to include the line of travel to the exit doors off of the lounge. Administrator will do monthly checks to assure that all emergency evacuation diagrams are hung correctly. Documentation will be kept by Administrator. Education of staff on 04/16/21 and 04/19/21.

Monthly checks ongoing Administrator

Education of staff - 04/16/21 and 04/19/21 - Administrator

Documentation ongoing Administrator

Completion Date 03/26/2021

Document Submission**Implemented**

No new plan needed - plan previously accepted

185a - Implement Storage Procedures

1. Requirements

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.

185a - Implement Storage Procedures (continued)

Description of Violation

Resident #1's January 2021 medication administration record (MAR) indicates a blood glucose reading of 254 on 1/19/21 at 4:30 pm; however, this blood glucose reading is not on [REDACTED] glucometer.

Resident #1's January 2021 MAR indicates a blood glucose reading of 350 on 1/20/21 at 4:30 pm; however, this blood glucose reading is not on [REDACTED] glucometer.

Resident #2's January 2021 MAR indicates a blood glucose reading of 138 on 1/29/21 at 8:00 pm; however, this blood glucose reading is not on [REDACTED] glucometer.

Plan of Correction**Directed**

DCS has been reeducated regarding our facilities policy for recording blood sugar levels by the Administrator. Policy was signed by each DCS member that is diabetic certified. That policy will be kept in Greystone's Policy Manual. Going forward the Administrator will have all new employees that are diabetic certified sign that they are aware and understand the policy. The copy of the policy will be kept in the new employee personnel file. All glucometers will be audited weekly for four weeks and then monthly ongoing by the Administrator. Documentation will be kept of all audits. All glucometers are marked with each residents name.

Staff reeducation - 04/29/21 and 04/30/21

Weekly glucometer checks - end date 04/30/2021 - Administrator

Monthly glucometer checks - ongoing - Administrator

New employee education and signature - ongoing - Administrator

Documentation of all audits - ongoing - Administrator

Documentation retention - ongoing - Administrator

The following are attached - signatures of employees for policy/form for new employees/weekly and monthly glucometer checks

Directed-

Within 5 days of receipt, weekly thereafter for 3 months, and monthly thereafter for 3 months, the administrator or designated staff person qualified to administer medication who has successfully completed of a Department-approved diabetes patient education program within the past 12 months shall observe each staff responsible for diabetic care perform blood glucose checks to ensure blood glucose readings are accurately documented.

Documentation of observations shall be kept.

S.Q. 5/4/21

Completion Date: 04/30/2021

185a - Implement Storage Procedures *(continued)***Document Submission****Implemented**

Administrator or designated approved staff person will observe each staff member responsible for diabetic care perform blood glucose checks to ensure that each resident glucometer is used only for that specific resident.

Weekly for three months

Monthly for three months

Documentation will be kept by Administrator

Department of Human Services
Bureau of Human Service Licensing

June 9, 2021

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424 DELAWARE ROAD
FREDONIA, PA 16124

RE: GREYSTONE COUNTRY ESTATES
424 DELAWARE ROAD
FREDONIA, PA, 16124
LICENSE/COC#: 47098

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 05/27/2021 of the above facility, no regulatory citations have been identified as a result of this inspection.

Sincerely,
Suzy Quinn

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY**

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Administrator

Name: [REDACTED] **Phone:** 7244754237 **Email:** [REDACTED]

Legal Entity

Name: GREYSTONE COUNTRY ESTATES INC
Address: 424 DELAWARE ROAD, FREDONIA, PA, 16124
Phone: 7244754237 **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 10/17/1997 **Issued By:** L&I

Staffing Hours

Re ident Support Staff: 0 **Total Daily Staff:** 29 **Waking Staff:** 22

Inspection

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Monitoring **Exit Conference Date:** 05/27/2021

Inspection Dates and Department Representative

05/27/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 45 **Residents Served:** 28

Secured Dementia Care Unit

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

Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 1 **Are 60 Years of Age or Older:** 28
Diagnosed with Mental Illness: 2 **Diagnosed with Intellectual Disability:** 2
Have Mobility Need: 1 **Have Physical Disability:** 1

Inspections / Reviews

05/27/2021 - Partial

Lead In pector: [REDACTED]

Follow Up Type: *Not Required*

No Deficiencies Identified