

Department of Human Services  
Bureau of Human Service Licensing

September 28, 2022

[REDACTED]  
GREYSTONE COUNTRY ESTATES INC  
424 DELAWARE ROAD  
FREDONIA, PA, 16124

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/17/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
[REDACTED]

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: *05/04/2023*  
Address: *424 DELAWARE ROAD, FREDONIA, PA 16124*  
County: *MERCER* Region: *WESTERN*

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

Name: *GREYSTONE COUNTRY ESTATES INC*  
Address: *424 DELAWARE ROAD, FREDONIA, PA, 16124*  
Phone: [REDACTED] 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: *32* Waking Staff: *24*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *03/17/2022*

**Inspection Dates and Department Representative**

03/17/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *45* Residents Served: *31*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *1*

**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: *4*  
Have Mobility Need: *1* Have Physical Disability: *0*

**Inspections / Reviews**

**03/17/2022 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/10/2022*

Inspections / Reviews (*continued*)

05/02/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/09/2022*

05/10/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/13/2022*

05/26/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *07/06/2022*

09/28/2022 - Document Submission

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

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Care Facility Carbon Monoxide Alarms Standards Act, enacted 6/23/2016, requires carbon monoxide alarms to be "installed in close proximity of, but not less than 15 feet from, any fossil fuel device or appliance." There are no carbon monoxide alarms near the gas furnace on the 3rd floor and the gas dryers in the laundry rooms of the home.

Plan of Correction

Accept

Carbon monoxide monitors were purchased and placed in close proximity of, but not less than 15 feet from, the gas furnace on the 3rd floor and the gas dryers of both laundry rooms in the facility the day of the inspection, 3/17/2022. A monthly sign off form was made for each carbon monoxide monitor by the administrator. The maintenance director will check each carbon monoxide monthly and will initial that it is in correct working order. If the maintenance director finds that one of the monitors is not working correctly it will be replaced that day by the maintenance director. Documentation records will be kept by the maintenance director.

Monitoring will be done monthly with no end date.

Start date - 3/17/2022

Pictures are attached.

Completion Date: 05/05/2022

Document Submission

Implemented

SEE ATTACHED-- ACCEPTED PLAN

60a - Staff/Support Plan

1. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

According to the home's schedule and multiple interviews, only 1 staff person regularly works between 11:00 p.m. to 7:00 a.m. On 3/17/22, the home serves 31 residents, including resident #3 who has a [REDACTED]. [REDACTED] In the event of an emergency, the home's overnight staffing is inadequate to meet the needs of the residents.

Plan of Correction

Accept

A new policy was written that at no time will a [REDACTED] used at Greystone. If a resident is assessed to need a [REDACTED] the resident will immediately be transferred to a Skilled Nursing Facility. It is also the policy of Greystone we will not admit any new resident that is in need of a [REDACTED]. Resident #3 died [REDACTED].

General Manager will assess any new prospective residents using the Pre Admission Screening Form if is determined that they are in need of a [REDACTED] they will not be admitted to Greystone.

General Manager, Administrator and/or residents doctor will assess the needs of current residents by using the

60a - Staff/Support Plan (continued)

DME and RASP. If it is determined that any current resident is in need of a [REDACTED] that resident will be transferred to facility that can fulfill their needs.

Start date 4/01/2022 and ongoing

New policy attached.

Completion Date: 05/05/2022

Document Submission

Implemented

SEE ATTACHED [REDACTED] POLICY.

91 - Telephone Numbers

1. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers on or near the cordless phone in resident #4's bedroom.

Plan of Correction

Accept

A sticker with emergency telephone numbers was put on the phone of resident #4 the day of the inspection, 3/17/2022. The Administrator will conduct monthly room audits to assure that emergency phone numbers are on or near each phone. Monthly room audits will be ongoing with no end date. Upon each new admission the Direct Care Coordinator will put a sticker with the emergency telephone number on or near the phone of the new admission. This will also be ongoing.

Picture of phone is attached.

Start date - 3/17/2022

Completion Date: 05/05/2022

Document Submission

Implemented

SEE RESIDENT 4 PHONE STICKER

132b - Safety Inspection/Fire Drill

1. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The last fire safety inspection and fire drill conducted by a fire safety expert was on 6/4/2019.

132b - Safety Inspection/Fire Drill (continued)

Plan of Correction

Accept

The annual fire safety inspection and fire drill has been scheduled for Tuesday, April 19, 2022. Administrator will put a reminder in Tabula to alert us two months in advance each year to schedule the fire inspection and fire drill. Documentation will be kept by Administrator.

Completion Date: 4/19/2022 and yearly

Responsible Party - Administrator

Fire drill/fire inspection was completed April 19, 2022 by the Fredonia Volunteer Fire Department. Signed Forms by the Assistant Fire Chief is included.

Completion Date: 05/05/2022

Document Submission

Implemented

SEE ATTACHED DOCUMENTATION OF COMPLETED SUPERVIED FIRE DRILL

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.

Description of Violation

Resident #4 is ordered [redacted] The [redacted] on [redacted] however, the March 2022 medication administration record (MAR) indicated [redacted]

Resident #5 is ordered [redacted] reading [redacted]

Plan of Correction

Accept

Administrator or Direct Care Coordinator will review all [redacted] weekly for four weeks and then monthly ongoing. Documentation will be kept by the Administrator.

If mistakes are found on the [redacted] Administrator or Direct Care Coordinator will document error and re-educate the Direct Care Staff member. Documentation of re-education will be kept by the Administrator in separate file.

Responsible Party - Administrator and/or Direct Care Coordinator

Start date - 4/01/2022 and ongoing

Completion Date: 05/05/2022

Document Submission

Implemented

SEE ATTACHED PHOTOS OF [redacted] AND OBERSERVATIONS FROM STAFF

190a - Completion Medication Course

1. Requirements

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person A, who has not successfully completed the Department-approved medications administration annual practicum course, administered medications to resident #4 to include the following:

On [redacted]

Plan of Correction

Directed

As I explained to the Inspector the day of our inspection we do not at this time have a certified Medication Trainer our previous trainer abruptly quit. General Manager [redacted] is registered to take the Medication Train the Trainer course. As soon as [redacted] is certified [redacted] we will get DCS members updated on annual practicum courses. Administrator or General Manager will fax the Department all paperwork as proof of completion. All paperwork will be kept in employee files by the Administrator.

Responsibility - Medication Train the Trainer class was started [redacted] by the General Manager. Completion date of the course is tentatively scheduled for [redacted]

Certificate of completion of the class will be faxed to the department by either General Manager or Administrator. Proof of completion of employee training will completed and faxed to the department at least four weeks after completion of the Medication Train the Trainer course is complete by either the GM or Administrator.

Ongoing - all employees training will be done in the appropriate time frame by the General Manager.

As per our conversation on Monday, May 16th I am searching for a med trainer to get all of our staff training updated. I will keep you up to date. Does DHS know of anyone that could do it for us?

(Directed)-

By 6/6/22, the administrator will review all staff training records to ensure all staff administering medications are qualified to administer medications and documentation is present. Any staff who have not completed the Department-approved medication annual practicum course will not be permitted to administer medications. Documentation of current medication training and a staff schedule for all medication passers will be submitted to the Department. ( [redacted] 5/26/22)

Completion Date: 05/18/2022

Document Submission

Implemented

Attached you will find a list of all DCS employees that administer medications and copy of the certificate that they received from the Modified Medication Administration Training. General Manager [redacted] is registered to take his final exam for Train the Trainer Program on June 9th. Going forward all DCS training will be done by [redacted] Administrator [redacted] will verify that it was completed by initialing training forms. Training forms will be faxed the Department for three months to verify training is being completed. All paperwork will be

190a - Completion Medication Course (continued)

kept in employee files.

Responsibility - [REDACTED] - DCS training and forms

[REDACTED] - Verification of training being completed and retention of files.

Start date - 5/19/2022

End Date - Ongoing

[REDACTED] HAS COMPLETED MEDICATION ADMINISTRATION TRAIN THE TRAINER-- SEE ATTACHED CERTIFICATE. ALL STAFF HAS SINCE COMPLETED THE TRAINING AS WELL. SEE CERTIF.

225c - Additional Assessment

1. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 1. Annually.
- 2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident #3 was admitted to [REDACTED] on [REDACTED] however, the resident's assessment was completed for a significant change on [REDACTED]

Resident #7's current assessment was completed [REDACTED] however, the previous assessment was completed on [REDACTED]

Plan of Correction

Accept

General Manager and/or Direct Care Coordinator schedule appointments for residents annual assessment or they make families aware of the time frame for appointments to be scheduled. Going forward the Administrator will compile a list of all residents assessment dates and will check with the General Manager or Direct Care Coordinator one month in advance if assessments have been scheduled. If at that time appointments have not been made, General Manager or Direct Care Coordinator will have one week to schedule the appointment or have family schedule the appointment. Documentation of assessment dates and scheduled appointment dates will be kept by the Administrator on an ongoing basis.

Form for resident annual assessment dates was completed on 4/02/22 by the Administrator and given to the General Manager and DCC. Administrator will monitor assessment form monthly or as needed on an ongoing basis.

When a significant change assessment (RASP) needs to be completed General Manager and/or Direct Care Coordinator will inform the Administrator that assessment needs to be completed. Administrator will complete the new assessment within the five day time frame. RASP's are kept in resident files.

225c - Additional Assessment (continued)

General Manager or Direct Care Coordinator will initial the significant change RASP as verification that it was completed in correct time frame.

Time started 4/02/2022

Completion Date: 05/05/2022

Document Submission

Implemented

THIS RESIDENT #3 HAS [REDACTED].

RESIDENT #7 HAS AN [REDACTED] T