

Department of Human Services  
Bureau of Human Service Licensing

September 27, 2022

[REDACTED]

THE GREENBRIAR INDEPENDENT AND ASSTD LIVING COMMUNITY, INC  
4244 MEMORIAL HIGHWAY  
DALLAS, PA, 18612

RE: THE VILLAGE AT GREENBRIAR  
4244 MEMORIAL HIGHWAY  
DALLAS, PA, 18612  
LICENSE/COC#: 21332

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/12/2022, 07/13/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]

Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

**Facility Information**

Name: *THE VILLAGE AT GREENBRIAR* License #: *21332* License Expiration: *07/30/2023*  
Address: *4244 MEMORIAL HIGHWAY, DALLAS, PA 18612*  
County: *LUZERNE* Region: *NORTHEAST*

**Administrator**

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

**Legal Entity**

Name: *THE GREENBRIAR INDEPENDENT AND ASSTD LIVING COMMUNITY, INC*  
Address: *4244 MEMORIAL HIGHWAY, DALLAS, PA, 18612*  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *06/23/2004* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *NaN* Waking Staff: *NaN*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal, Complaint* Exit Conference Date: *07/13/2022*

**Inspection Dates and Department Representative**

07/12/2022 - On-Site: [REDACTED]  
07/13/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *78* Residents Served: *69\**

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *69*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

07/12/2022 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *08/04/2022*

08/09/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *08/16/2022*

09/27/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted] Resident #1 was found lying by the chair on the floor. Resident stated that Resident #1 got dizzy and fell. Resident complained of left hip pain and was sent to the hospital for evaluation. It was not reported to the Department until [redacted]

Plan of Correction

Accept

Resident #1 incident report was submitted within 48hrs. This was an oversight as to reporting. Going forward, Administrator will try to be more mindful of reporting.

Completion Date: 08/03/2022

Update: 08/09/2022

Document Submission

Implemented

Resident #1 incident report was submitted within 48hrs. This was an oversight as to reporting. Going forward, Administrator will try to be more mindful of reporting.

25b - Contract Signatures

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident’s designated person if any, if the resident agrees.

Description of Violation

Resident #2 moved in on [redacted] The contract in the record for resident #2 was not signed by the resident.

Plan of Correction

Accept

Contract for Resident #2 was signed by Residents son/POA at her request due to difficulty writing related to arthritis. Going forward, Administrator will encourage Resident to sign/initial or mark contract.

Administrator will monitor for ongoing compliance

Completion Date: 08/03/2022

Update: 08/09/2022

Please send Resident 2's contract.

Document Submission

Implemented

Contract for Resident #2 was signed by Residents son/POA at her request due to [redacted] Going forward, Administrator will encourage Resident to sign/initial or mark contract. Administrator will monitor for ongoing compliance

132a - Monthly Fire Drill

1. Requirements

2600.

132.a. An unannounced fire drill shall be held at least once a month.

**132a - Monthly Fire Drill (continued)****Description of Violation**

*The home did not conduct an unannounced fire drill during the months of December 2021.*

**Plan of Correction****Accept**

*Due to Covid 19, fire drills were suspended. During Covid, this Administrator did simulate fire drills with staff and Residents. Apparently, an email from DHS was sent(?) to homes in December 2021 referring to this regulation to resume beginning December 6th, 2021. This Administrator may not have received(?) or notice said referenced resumption of fire drills possibly due to the amount of emails received from DHS, CDC, DOH and other Covid related information along with contact to/from Resident families. A simulated fire drill was conducted on December 28th, 2021.*

*In January 2022, this Administrator was then aware of monthly fire drills to resume.*

*Monthly fire drill is conducted and will continue to be conducted as per regulation unless otherwise directed. Administrator does monitor fire drills.*

**Completion Date:** 08/03/2022

**Update:** 08/09/2022

*Please send fire drill log for December 2021 to current.*

**Document Submission****Implemented**

*Due to Covid 19, fire drills were suspended. During Covid, this Administrator did simulate fire drills with staff and Residents. Apparently, an email from DHS was sent(?) to homes in December 2021 referring to this regulation to resume beginning December 6th, 2021. This Administrator may not have received(?) or notice said referenced resumption of fire drills possibly due to the amount of emails received from DHS, CDC, DOH and other Covid related information along with contact to/from Resident families. A simulated fire drill was conducted on December 28th, 2021.*

*In January 2022, this Administrator was then aware of monthly fire drills to resume.*

*Monthly fire drill is conducted and will continue to be conducted as per regulation unless otherwise directed. Administrator does monitor fire drills.*

**141a 1-10 Medical Evaluation Information****1. Requirements**

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

141a 1-10 Medical Evaluation Information (continued)

Description of Violation

Resident #3's initial Medical evaluation, completed on [redacted] does not contain the medical professionals name or license number.

Plan of Correction

Accept

Resident #3 medical evaluation was signed by physician. Physician did not write in license number. Going forward, Administrator will monitor medical evaluations for physician license number.

Completion Date: 08/03/2022

Update: 08/09/2022

Please send current DME for resident 3.

Document Submission

Implemented

Resident #3 medical evaluation was signed by physician. Physician did not write in license number. Going forward, Administrator will monitor medical evaluations for physician license number.

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

The home did not properly maintain the Medication Administration Record (MAR) of the indicated resident due to staff incorrectly transcribing of the [redacted] in the [redacted] Resident #4 - At [redacted] the reading on the [redacted] but was incorrectly transcribed [redacted] Resident #5 - At [redacted] the reading on the [redacted]

Plan of Correction

Accept

Resident #4- [redacted] was misread. [redacted] are digital and at times a 6 may appear as an 8 or vice versa. Medication /diabetic trained staff and nurse instructed to recheck numbers on [redacted] a number that can be misread.

Resident #5- [redacted] and nurse instructed by this Administrator to be more aware of transferring/transcribing [redacted]

Going forward, Director of Wellness nurse will monitor for ongoing compliance.

Completion Date: 07/13/2022

Update: 08/09/2022

Please send proof of staff retraining.

Document Submission

Implemented

Resident #4- [redacted] was misread. [redacted] are digital and at times a 6 may appear as an 8 or vice versa. Medication / [redacted] staff and nurse instructed to recheck numbers on [redacted] if a number that can be misread.

Resident #5- [redacted] nurse instructed by this Administrator to be more aware of transferring/transcribing [redacted]

Going forward, Director of Wellness nurse will monitor for ongoing compliance.

187d - Follow Prescriber's Orders

1. Requirements

2600.  
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #5 is prescribed [REDACTED]

Plan of Correction

Accept

Med trained staff and nurse instructed to be more mindful of [REDACTED].  
Director of Wellness nurse will monitor for ongoing compliance.

Completion Date: 07/13/2022

Update: 08/09/2022

Please send proof of staff training.

Document Submission

Implemented

Med trained staff and nurse instructed to be more mindful of [REDACTED].  
Director of Wellness nurse will monitor for ongoing compliance.