

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

May 3, 2023

[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 03/09/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: GREYSTONE COUNTRY ESTATES License #: 47098 License Expiration: 05/04/2024
 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: 33 Waking Staff: 25

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 03/09/2023

Inspection Dates and Department Representative

03/09/2023 On Site [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 45 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: 32
 Diagnosed with Mental Illness: 3 Diagnosed with Intellectual Disability: 3
 Have Mobility Need: 1 Have Physical Disability: 0

Inspections / Reviews

03/09/2023 - Full
 Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 03/31/2023

04/07/2023 - POC Submission
 Submitted By: [Redacted] Date Submitted: 05/03/2023
 Reviewer: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 04/14/2023

Inspections / Reviews *(continued)*

04/19/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/03/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 04/26/2023

04/28/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/03/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 05/05/2023

05/03/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/03/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

92 - Windows

1. Requirements

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

There was no screen on the functioning window in bedroom # [REDACTED].

Plan of Correction

Accept [REDACTED] - 04/19/2023)

IN VIOLATION OF 2600.92. A SCREEN HAS BEEN PLACE IN ALL RESIDENTS ROOMS AND IT SECURED WHILE THE RESIDENTS WINDOW IS OPEN. SEE ATTACHED PHOTO OF BEDROOM # [REDACTED]. ALSO WE HAVE HADDED TO OUT MONTHLY ROOM ADUIT TO ENSURE ALL ROOMS WILL MEET DEPARTMENT STANDARDS. PLEASE SEE ATTACHED. IT WILL BE STORED IN THE ADMINISTRATORS OFFICE. THE MONTHLY BUILDING AUDITS ARE COMPLETED BY THE MAINTENCE SUPERVIORS, [REDACTED] ON THE FIRST WEEK OF EVERY MONTH. THE DATE THAT AUDITS BEGAN ARE 4/1/23. THE MAINTENCE SUPERVISOR [REDACTED] PLACED THE SCREEN INTO THE WINDOWS. THE PART OF THE AUDIT THAT TALKS ABOUT THE SCREEN WAS COMPOSED BY THE ADMINISTRATOR [REDACTED].

Licensee's Proposed Overall Completion Date: 04/12/2023

Implemented [REDACTED] - 05/03/2023)

125a - Combustible Storage

2. Requirements

2600.

- 125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

Furnace paperwork was stored directly on top of the furnace.

Plan of Correction

Accept [REDACTED] 04/19/2023)

PLEASE SEE ATTACHED PHOTO OF THE AREA WHERE THE FURNACES IS LOCATED. THIS HAS BEEN ADDED TO THE MONTHLY BUILDING AUDIT CONDUCTED BY THE MAINTANCE SUPERVISOR AND CHECKED BY OWNER AND GENERAL MANAGER. PLEASE SEE ATTACHED. THE AUDIT WILL BE STORED IN THE ADMINISTRATOR'S OFFICE. AUDITS WILL BE DONE MONTHLY. THE BUILDING AUDIT SPECIFICALLY THE COMBUSTABLE / FURNACE AREA WAS ADDED 4/1/23, THAT WAS ALSO THE DATE THAT THE AUDITS BEGAN. THE ADMINISTRAOTR ADDED COMBUSTABLE / FURNACE SECTION TO THE AUDITS ON 4/1/23. CHECKING FOR COMPLETION AND COMPLINACE FOR THE AUDIT BEGAN 4/1/23.

Licensee's Proposed Overall Completion Date: 04/12/2023

Implemented [REDACTED] - 05/03/2023)

144c2 - Smoking Area Distance

3. Requirements

2600.

- 144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:
2. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following: Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

144c2 - Smoking Area Distance (continued)

Description of Violation

The home's designated smoking area is located at the covered rear entrance to the home. However this area is directly in front of the rear door.

Plan of Correction

Accept (████ - 04/19/2023)

A POLICY HAS BEEN UPDATED SEE ATTACHED. SMOKING AREA HAS BEEN INDENFITED 20FT FROM THE DOOR SIGNS HAVE BEEN POSTED AND CLEARLY NOTED ON IN AREA. PLEASE SEE ATTACHED PICTURES AND DOCUMENTS. RESIDENTS WERE ISSUED A THIRTY DAYS NOTICE AS TO THE NEW SMOKING REGULATION ERBALLY, AND THEN THE LIST OF SIGNATURES WILL BE COMPLETE BY 4/30/23. THE ADMINISTRATOR AND OWNER WILL CONDUCT ONE ON ONE CONVERSATIONS WITH STAFF AND RESDIENTS TO EXPLAIN AND ANSWERE ANY QUESTIONS. OWNER: ██████████, ADMINISTRATOR: ██████████. MONITORING WILL HAVE 24/7 VIA CAMERA FOOTAGE THAT WAS PLACED THERE ON 3/15/23. THE AREA WAS ESTABLISHED BY THE ADMINISTRATOR AND THE OWNER, IN CONJUNCTION WITHT HE MAINTENCE SUPERVISOR ██████████.

Licensee's Proposed Overall Completion Date: 04/12/2023

Implemented (████ - 05/03/2023)

162c - Menus Posted

4. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's menu for the week of 3/9/23 was not posted.

Plan of Correction

Accept (████ 04/19/2023)

N VIOLATION OF 2600.162C A MENU WAS TAKEN DOWN AT THE TIME OF INSPECTION AND TAKEN FOR COPIES. SEE ATTACHED MENUS, AND PHOTO OF POSTINGS. THE DATE THAT THE MENU WAS PLACED WAS 3/9/23. THE MENU WAS PLACED BACK IN PLACE BY THE ADMINISTRATOR ██████████. THE CORRECTIVE ACTION THAT IS TAKING PLACE IS DURING HAND OFF BETWEEN MED TECHS AND STAFF THAT THEY MUST NOTE IN THE NOTES ABOUT IF THE MENU IS PRESENT. THE FREQUENCY IS DAILY, ON EACH SHIFT.

Licensee's Proposed Overall Completion Date: 04/12/2023

Implemented (████ 04/28/2023)

224a - Preadmission Screen Form

5. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #1's preadmission screening form, dated ██████████/22, does not include a determination that the needs of the resident can be met by the services provided by the home.

224a - Preadmission Screen Form (continued)

Plan of Correction

Accept (SQ - 04/19/2023)

N VIOLATION OF 2600.224.A. NEEDS SCREEN COMPLETED ENTIRELY. PLEASE SEE ATTCHED POLICY NOW IN PLACE TO ENSURE THAT THE ADMINISTRATOR AND OWNER HAVE SIGNED OFF ON ALL DOCUMENTS. SEE ATTACHED OF THE DOCUMENT IN QUESTION FOR RESIDENT ONE THAT IT HAS BEEN UPDATED. THIS WAS COMPLETE ON 3/31/23 BY THE ADMINISTRATOR [REDACTED]. THE OWNER AND THE ADMINISTRATOR WILL INITIAL THE BOTTOM OF ALL DOCUMENTATION REQUIRE TO BE IN FILES GOING FORWARD AS OF 4/1/23. FREQUENCY WILL BE AS NEEDED WHEN NEW DOUCMENTATION OR ADMISSIONS OCCUR. EX: YEALRY ON DME AND AS NEEDED AS STATUS CHANGES.

Licensee's Proposed Overall Completion Date: 04/12/2023

Implemented ([REDACTED] - 05/03/2023)

227g -Support Plan Signatures

6. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #2's current support plan was not signed by the resident nor does it indicate the resident was unable to participate, declined to participate, refused to sign or was unable to sign.

Plan of Correction

Accept [REDACTED] - 04/19/2023)

N VIOLATION OF 2600.224.A. NEEDS SCREEN COMPLETED ENTIRELY. PLEASE SEE ATTCHED POLICY NOW IN PLACE TO ENSURE THAT THE ADMINISTRATOR AND OWNER HAVE SIGNED OFF ON ALL DOCUMENTS. SEE ATTACHED OF THE DOCUMENT IN QUESTION FOR RESIDENT ONE THAT IT HAS BEEN UPDATED. THE FREQUENCY WILL BE AS STATUS CHANGES, OR ANNUALLY AS NEW DOCUMENTS HAPPEN. THE ADMINISTRATOR [REDACTED] AND THE OWNER [REDACTED] WILL REVIEW DOCUMENTS ON AS NEEDED BASIS.

Licensee's Proposed Overall Completion Date: 04/12/2023

Implemented ([REDACTED] - 05/03/2023)