

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

February 28, 2024

[REDACTED], JR., MANAGER/PRESIDENT  
GREY'S COLONIAL ACRES LLC  
272 COLONIAL ROAD  
KITTANNING, PA, 16201

RE: GREY'S COLONIAL ACRES  
272 COLONIAL ROAD  
KITTANNING, PA, 16201  
LICENSE/COC#: 44640

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/16/2023 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:** GREY'S COLONIAL ACRES      **License #:** 44640      **License Expiration:** 01/16/2024

**Address:** 272 COLONIAL ROAD, KITTANNING, PA 16201

**County:** ARMSTRONG      **Region:** WESTERN

**Administrator**

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

**Legal Entity**

**Name:** GREY'S COLONIAL ACRES LLC

**Address:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** C 2 LP      **Date:** 02/26/1996      **Issued By:** Dept L & I

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 38      **Waking Staff:** 29

**Inspection Information**

**Type:** Full      **Notice:** Unannounced      **BHA Docket #:**

**Reason:** Renewal, Complaint, Incident      **Exit Conference Date:** 11/20/2023

**Inspection Dates and Department Representative**

11/16/2023    On Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 38      **Residents Served:** 29

**Secured Dementia Care Unit**

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

**Hospice**

**Current Residents:** 0

**Number of Residents Who:**

**Receive Supplemental Security Income:** 1      **Are 60 Years of Age or Older:** 29

**Diagnosed with Mental Illness:** 4      **Diagnosed with Intellectual Disability:** 0

**Have Mobility Need:** 9      **Have Physical Disability:** 0

**Inspections / Reviews**

11/16/2023 - Full

**Lead Inspector:** [REDACTED]      **Follow Up Type:** POC Submission      **Follow Up Date:** 12/16/2023

Inspections / Reviews *(continued)*

12/19/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/27/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 02/29/2024

02/28/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/27/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

At 10:00 a.m., previous residents' records, which included Resident #1's physician orders and nursing notes, were unlocked, unattended, and accessible in the East record storage room, as the lock on the door was broken, allowing access to stored records.

Plan of Correction

Accept (█ - 12/19/2023)

Administrator Replaced the Lock on record storage room on 11/16/2023 securing the records. Administrator will check the lock on the storage room monthly for 6 months, then Quarterly thru 2024 to ensure it is in working order and former resident records are secured. Reminders were added to the Administrators electronic calendar on 12/16/23 to check the lock monthly, and then quarterly.

Licensee's Proposed Overall Completion Date: 12/15/2023

Implemented (█ - 02/28/2024)

65i - Training Record

2. Requirements

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

The home's annual training documentation from 1/1/22 to 12/31/22 for multiple staff, including Direct Care Staff Person A, did not include the dates that each of the trainings were completed.

Plan of Correction

Accept (█ - 12/19/2023)

Administrator will review all Staff training records for 2022 by 12/29/2023, to ensure the day is included in the date, and not just the Month and Year. Administrator added a reminder for Employees to the Training Binder about properly dating their training materials. The Administrator will check all training materials for 2023 prior to filing them in the Employees files to ensure that they were properly dated. 2024 Trainings will be reviewed by the Administrator for proper dates.

Proposed Overall Completion Date: 01/31/2024

Licensee's Proposed Overall Completion Date: 01/31/2024

Implemented (█ - 02/28/2024)

92 - Windows

3. 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.

92 - Windows (continued)

**Description of Violation**

At 10:15 a.m., multiple windows in the home to include Resident Bedrooms #400, #402, and #406 were either missing or in ill repair with tears that were greater than 4" x 7" at the bottom of the screens.

**Plan of Correction**

Accept (█) - 12/19/2023)

Administrator replaced screens in rooms 400 and 402 and patched the screen in room 406 on 11/16/2023. the screen for room 406 was professionally repaired on 12/06/2023. Administrator checked all screens on 11/17/2023 to ensure they were in good repair. Administrator will check screens Quarterly in 2024 beginning on 2/15/2024, and semi-annually beginning in 2025. Reminders were added to Administrators electronic calendar beginning 2/15/2024 to inspect the screens, and any damaged screens will be replaced by the Administrator with extra screens which are kept on hand.

Licensee's Proposed Overall Completion Date: 02/15/2024

Implemented (█) - 02/28/2024)

132b - Safety Inspection/Fire Drill

**4. 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**

On 11/16/23, the most recent fire safety inspection and supervised fire drill completed by the fire safety expert was on 9/8/22.

**Plan of Correction**

Accept (█) - 12/19/2023)

The Fire Safety Inspection and supervised drill were completed on 12/13/2023 by the Fire Companys Safety Officer. Administrator will add reminders to Administrator's electronic calendar to ensure the drill and inspection are completed in the proper time frame. The Fire Company will be contacted in September 2024, if Safety Officer is unavailable Administrator will contact alternative Fire Safety Experts from, the Fire extinguisher company or the Fire Sprinkler System inspection company, to ensure the tasks are completed on time.

Licensee's Proposed Overall Completion Date: 12/14/2023

Implemented (█) - 02/28/2024)

132g - Fire Drills Days/Times

**5. Requirements**

- 2600.
- 132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

**Description of Violation**

The home's fire drill record for the drills conducted during sleeping hours for 2022 and 2023, indicated that these emergency evacuation drills were completed during the same months and at the same approximate times. The fire drills were held on 2/8/22 at 5:01 a.m. and 2/24/23 at 4:59 a.m.; and on 8/11/22 at 5:10 a.m. and 8/25/23 at 5:28 a.m.

132g - Fire Drills Days/Times (continued)

Plan of Correction

Accept [REDACTED] - 12/19/2023)

Administrator will vary times of sleeping hour fire drills to include drill times between 11:00 pm and 4:00 am. Regulation 2600.132(e) requires "A fire drill shall be held during sleeping hours once every 6 months" which currently is February and August. the RCG allows for ("In order to cause minimal disruption to the residents, the sleeping-hour fire drill may be held within 30 minutes after residents are asleep or within 30 minutes before they normally wake. However, it is strongly recommended that the sleeping-hour drill be held between 2:00 AM and 4:00 AM."). Drill times between 2:00am and 4:00 am will be considered when the Administrator is working during those times.

Licensee's Proposed Overall Completion Date: 02/28/2024

Implemented [REDACTED] - 02/28/2024)

141b1 - Annual Medical Evaluation

6. Requirements

2600. 141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #2's medical evaluation completed [REDACTED] is blank in sections for weight, pulse rate, and blood pressure.

Plan of Correction

Accept [REDACTED] - 12/19/2023)

Administrator will review all resident's DME forms by 12/31/2023 to ensure that they have been completely filled out. Resident #2s medical evaluation will be completed by the resident's Doctor by 12/31/2023. Administrator will review DME forms prior to placing them in the residents file to ensure that they have been completed properly by their Doctors.

Proposed Overall Completion Date: 12/31/2023

Licensee's Proposed Overall Completion Date: 12/31/2023

Implemented [REDACTED] - 02/28/2024)

187d - Follow Prescriber's Orders

7. Requirements

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

Description of Violation

Resident #3 is ordered [REDACTED] . Sliding scale indicates [REDACTED] and greater than [REDACTED].

However, on the following dates and times, the resident was not administered the medication as prescribed:

[REDACTED]

187d Follow Prescriber's Orders (continued)



**Plan of Correction**

Accept [redacted] - 12/19/2023)

Administrator provided training to Med pass staff on sliding scale insulin dosage and documentation on 11/17, 11/18, and 11/19. Administrator reviewed Resident #3s MAR daily from 11/17 through 11/30/2023 to ensure directions were being followed. Administrator is reviewing resident #3s MAR weekly through 12/31/2023, and then bi weekly through 1/31/2024. Administrator will continue to review Resident #3s MAR Monthly 7/31/2024, and then Quarterly through 12/31/2024. In the future the Administrator will incorporate sliding scale insulin reviews (provided a resident in the PCH is currently receiving sliding scale insulin) into the Semi annual MAR checks that are done on all Med pass Employees.

Licensee's Proposed Overall Completion Date: 12/31/2023

Implemented [redacted] - 02/28/2024)

225c - Additional Assessment

**8. 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.
3. At the request of the Department upon cause to believe that an update is required.

**Description of Violation**

Resident #4's Resident Assessment Support Plan (RASP) to address the resident's care needs, completed [redacted], did not include the resident's care need for home health/ skilled nursing services or a [redacted] injection.

**Plan of Correction**

Accept [redacted] - 12/19/2023)

Administrator will review all Residents RASP forms by [redacted] to ensure residents care needs are included and documented on the forms. Administrator will update RASP forms as residents needs change including when residents require Home health nursing services.

Proposed Overall Completion Date: 01/19/2024

Licensee's Proposed Overall Completion Date: 01/19/2024

Implemented [redacted] - 02/28/2024)