Department of Human Services
Bureau of Human Service Licensing

# LICENSING INSPECTION SUMMARY PUBLIC

February 10, 2025

[redacted]
THE GREENBRIAR INDEPENDENT AND ASSTD LIVING COMMUNITY, INC
[redacted]

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

[redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/02/2025 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**: *THE VILLAGE AT GREENBRIAR* **License #**: *21332* **License Expiration**: *07/30/2025*

**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**: [redacted]

**Phone**: [redacted] **Email**: [redacted]

## Certificate(s) of Occupancy

## Staffing Hours

**Resident Support Staff**: *0* **Total Daily Staff**: *69* **Waking Staff**: *52*

## Inspection Information

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

**Reason**: *Incident* **Exit Conference Date**: *01/02/2025*

## Inspection Dates and Department Representative

*01/02/2025 - On-Site:* [redacted]

## Resident Demographic Data as of Inspection Dates

### General Information

**License Capacity**: *78* **Residents Served**: *65*

### Secured Dementia Care Unit

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

### Hospice

**Current Residents**: *2*

### Number of Residents Who:

**Receive Supplemental Security Income**: *0* **Are 60 Years of Age or Older**: *65*

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

**Have Mobility Need**: *4* **Have Physical Disability**: *2*

## Inspections / Reviews

### 01/02/2025 Partial

**Lead Inspector**: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *02/03/2025*

### 02/10/2025 - POC Submission

**Submitted By**: [redacted] **Date Submitted**: *02/10/2025*

**Reviewer**: [redacted] **Follow-Up Type**: *Bypass Document Submission*

## Inspections / Reviews *(continued)*

**02/10/2025 Bypass Document Submission**

**Submitted By:** [redacted] **Date Submitted:** *02/10/2025*

**Reviewer:** [redacted] **Follow Up Type:** *Not Required*

## 225c - Additional Assessment

**1. Requirements**

2600.
225.c. The resident shall have additional assessments as follows:
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 [redacted] has had 9 falls between [redacted] and [redacted] 3 of those falls resulted in being taken to the hospital for evaluation by EMS services, 1 of which resulted in a laceration that needed sutures. The Resident's Resident Assessment and Support Plan dated [redacted] does not identify the resident is a fall risk or what the facility will do to ensure the resident's safety.*

**Plan of Correction** ***Accept [redacted] - 02/10/2025)***

*Resident [redacted] Resident Assessment and Support Plan ( RASP ) updated on 1/2/2025.*
*(see attached)*
*Resident is alert and oriented to person, place and time. Resident is aware that [redacted] is a fall risk and should use her walker at all times for safety. [redacted] is aware that [redacted] does lose [redacted] balance at times with or without walker. Residents [redacted] is also aware of safety and does encourage and remind mother to use walker. Resident does have a code alert emergency pendant and is instructed to use if requires assist with walker if needed. Any fall that occurred was reported to PCP and [redacted]. Resident has received therapy from CIP Rehabilitation for physical therapy from 8/13/2024 to 11/12/2024. Physical therapy was completed. On 12/15/2024 Resident went to hospital due to an unrelated health issue, then was transferred to Maple Ridge Rehabilitation and Healthcare center for rehab. Resident returned to facility on 1/6/2025 and was referred to Homebound Home Health Services for PT/OT and nursing services. Services began on 1/7/2025. (See attached). Resident also has a wheelchair and encouraged to use or ask for assistance if needed. Director of Wellness nurse will continue to update RASP as needed. Administrator will monitor for ongoing compliance.*

**Licensee's Proposed Overall Completion Date:** *01/31/2025*

***Implemented [redacted] 02/10/2025)***