

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

September 17, 2024

[REDACTED], ADMINISTRATOR  
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 08/28/2024 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**

Type: *C-2 LP* Date: *02/03/2004* Issued By: *L & I*

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 74 Waking Staff: 56

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint, Incident* Exit Conference Date: *08/28/2024*

**Inspection Dates and Department Representative**

08/28/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: 78 Residents Served: 68

**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: 68  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 6 Have Physical Disability: 0

**Inspections / Reviews**

08/28/2024 - Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/20/2024*

09/17/2024 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: *09/17/2024*  
 Reviewer: [REDACTED] Follow-Up Type: *Bypass Document Submission*

Inspections / Reviews (*continued*)

09/17/2024 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/17/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

Resident 1's has an order of Clopidrogel 75MG once daily that was discontinued on 4/9/24. The Resident was given this medication after it was discontinued from 4/9/24 to 4/15/24.

Plan of Correction

Accept ( [redacted] - 09/17/2024)

In reviewing records with family and pharmacy statements it was noted that [redacted]

[redacted] Resident #1 received medication of Clopidrogel on 4/10/2024 to 4/15/2024. Resident #1 had an appointment on 4/15/2024 with [redacted] PCP. Medication was discontinued on 4/15/2024 by PCP.

In reviewing [redacted] records, medication was discontinued on 4/9/2024 as per [redacted] orders.

Prior to [redacted] faxed information and nurse reviewed those orders/ records that showed Clopidrogel as an active medication.

Upon [redacted] medication was discontinued and nurse did not notice the change.

Nurses counceled as to error and the oversight of discontinued medication on [redacted] papers.

Going forward, this Nurse /Administrator will also review and initial medication [redacted] orders.

This will ensure a two step verification for [redacted] orders/ medications.

[redacted] orders are reviewed and verified by Nurse/Administrator and Director of Wellness Nurse. Signatures will be noted on [redacted] /Physician orders as well as MARs checked with [redacted] medications and signed by both Director of Wellness Nurse and Nurse/Administrator. See attached form for file.

Licensee's Proposed Overall Completion Date: 09/16/2024

Implemented ( [redacted] - 09/17/2024)