

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

December 3, 2024

[REDACTED], 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 10/30/2024 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: GREY'S COLONIAL ACRES License #: 44640 License Expiration: 01/16/2025
 Address: 272 COLONIAL ROAD, KITTANNING, PA 16201
 County: ARMSTRONG Region: WESTERN

Administrator

Name: [REDACTED]

Legal Entity

Name: GREY'S COLONIAL ACRES LLC
 Address: 272 COLONIAL ROAD, KITTANNING, PA, 16201
 Phone: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 01/26/1996 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 31 Waking Staff: 23

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal, Complaint Exit Conference Date: 10/30/2024

Inspection Dates and Department Representative

10/30/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 38 Residents Served: 25
 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: 25
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 6 Have Physical Disability: 0

Inspections / Reviews

10/30/2024 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/15/2024

11/13/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 11/29/2024
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/20/2024

Inspections / Reviews *(continued)*

11/14/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/29/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/30/2024

12/03/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/29/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

51 - Criminal Background Check

1. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Direct care staff A, hired [REDACTED] does not have a criminal background check completed within 90 days of hire.

Direct care staff Bs, hired [REDACTED], does not have a criminal background check completed within 90 days of hire.

Plan of Correction

Accept [REDACTED] - 11/14/2024)

Administrator Completed Criminal History Checks on [REDACTED] on rehired Direct Care Staff A and B. Staff person A is within 30 days of being hired. Administrator updated New Employee checklist on 11/12/24 to include Employees rehired after a 90-day break in employment. Administrator will check all employee files by 11/22/2024 to ensure record checks are completed on New and Re-hired employees. A monthly reminder was added to Administrator's electronic calendar on 11/12/24.

Licensee's Proposed Overall Completion Date: 11/22/2024

Implemented [REDACTED] - 12/03/2024)

63a - First Aid/CPR Training

2. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On 10/27/24, 10/28/24 and 10/29/24, 25 residents were present in the home. During this time there were no staff persons present in the home who were certified in First Aid/CPR.

Plan of Correction

Accept [REDACTED] - 11/14/2024)

CPR and First Aid class was done on 10/31/2024. Both Administrators and Ten Direct care Staff are currently certified through October of 2026. Reminders were added to the Administrators electronic calendar on 11/12/2024, reminding Administrator to get a class scheduled up to 12 weeks prior (8/1/2026) to recommended renewal date of 10/31/26 to ensure at least one certified staff person is in the home at all times. As new employees are trained in CPR and First Aid reminders will be added to Administrators electronic calendar for their future renewal dates.

Licensee's Proposed Overall Completion Date: 11/14/2024

Implemented [REDACTED] - 12/03/2024)

65a - FS Orientation 1st Day

3. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- 1. Evacuation procedures.

65a FS Orientation 1st Day (continued)

- 2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- 3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- 4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- 5. The location and use of fire extinguishers.
- 6. Smoke detectors and fire alarms.
- 7. Telephone use and notification of emergency services.

Description of Violation

Direct care staff A was hired on [REDACTED]. However, did not receive training on the following topics on the first day of employment: Evacuation procedures, Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable. The designated meeting place outside the building or within the fire safe area in the event of an actual fire. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable. The location and use of fire extinguishers. Smoke detectors and fire alarms. Telephone use and notification of emergency services

Direct care staff B was hired on [REDACTED]. However, did not receive training on the following topics on the first day of employment: Evacuation procedures, Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable. The designated meeting place outside the building or within the fire safe area in the event of an actual fire. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable. The location and use of fire extinguishers. Smoke detectors and fire alarms. Telephone use and notification of emergency services

Plan of Correction

Accept [REDACTED] - 11/14/2024)

Administrator completed 2600.65a training on Rehired Staff A and B on 10/30/2024. Administrator updated New Employee Checklist on 11/12/24 to include Employees rehired after 90 days to ensure training and paperwork are completed as required by 2600.65a. Administrator will check all employee files by 11/22/2024 for 2600.65a training form completeness. A monthly reminder was added to Administrator's electronic calendar on 11/12/24 regarding employees rehired after 90 day break in employment paperwork requirements.

Licensee's Proposed Overall Completion Date: 11/22/2024

Implemented [REDACTED] - 12/03/2024)

65b - Rights/Abuse 40 Hours

4. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- 1. Resident rights.
- 2. Emergency medical plan.
- 3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § 10225.101—10225.5102).
- 4. Reporting of reportable incidents and conditions.

Description of Violation

Direct care staff B was hired on [REDACTED]. However, did not receive training on the following topics on the first day of

65b - Rights/Abuse 40 Hours (continued)

employment: Resident rights. Emergency medical plan. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102). Reporting of reportable incidents and conditions.

Plan of Correction

Accept (█ - 11/14/2024)

Administrator completed 2600.65b training on Rehired Staff B on █ Administrator updated New Employee Checklist on 11/12/24 to include Employees rehired after 90-day break in employment to ensure training and paperwork are completed as required by 2600.65b when new staff are hired. Administrator will review all employee files by 11/22/2024 for 2600.65b training form completeness. A monthly reminder was added to Administrator's electronic calendar on 11/12/24 regarding employees rehired after 90-day break in employment paperwork requirements.

Licensee's Proposed Overall Completion Date: 11/22/2024

Implemented (█ - 12/03/2024)

81b - Resident Personal Equipment

5. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

The bed enabler attached to the bed in bedroom #403 was unsecured and moved approximately 3 to 4 inches side to side and 1 to 2 inches head to toe.

Plan of Correction

Accept (█ - 11/14/2024)

Administrator adjusted enabler to reduce movement on 10/30/2024. Administrator will check bed enabler weekly beginning 11/13/24 for 4 weeks to make sure it remains secure, then monthly for 12 months through 12/4/25. A reminder was added to Administrators electronic calendar on 11/12/24. No other bed enablers are currently in use.

Licensee's Proposed Overall Completion Date: 12/04/2025

Implemented (█ - 12/03/2024)

88a - Surfaces

6. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

The strike plate was loose on the left side door of the double exit doors in the TV room. The doors would not properly latch or close.

Plan of Correction

Accept (█ - 11/14/2024)

Administrator tightened screws on strike plate on 10/30/2024 and door latches now. Exit door is equipped with an automatic closer which held the door closed. Administrator will recheck strike plate monthly beginning 11/27/24 and continuing for 12 months to ensure the screws remain secure. A reminder was added to Administrators electronic calendar on 11/14/24 to check monthly.

Licensee's Proposed Overall Completion Date: 10/27/2025

Implemented (█ - 12/03/2024)

132g - Fire Drills Days/Times

7. 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 routinely conducts fire drills at the end of the month and conducted fire drills on the following dates: 9/30/24, 8/29/24, 7/30/24, 6/30/24, 5/31/24, 4/30/24, 1/31/24 and 11/30/23.

Repeat Violation: 11/16/23

Plan of Correction

Accept (████) - 11/14/2024)

Fire Drill were held on six different days of the week, (Sunday through Friday) as required by regulation 2600.132g "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". Administrator added a Monthly reminder to electronic calendar on 11/12/24 to include earlier dates in the month beginning in November 2024 and continuing indefinitely.

Licensee's Proposed Overall Completion Date: 11/14/2024

Implemented (████) - 12/03/2024)

132h - Designated Meeting Place

8. Requirements

2600.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

The home conducted a fire drill on 7/30/24, however according to documentation and staff interviews, resident #1 was not evacuated to a fire safe area.

Plan of Correction

Accept (████) - 11/14/2024)

All Employees were reminded by the administrator in August 2024, that All residents are required to be moved to the designated meeting area during monthly fire drills. Administrator will check all resident rooms during future monthly fire drills to ensure all residents have been evacuated. Reminders were posted 11/1/24 for employees to make sure all residents are evacuated during monthly drills. This subject will be stressed to employees by the Administrator during fire safety training for 2024 when scheduled with the fire company prior to 12/13/24. When the Administrator is completing training on 2600.65a with new employees', the evacuation of residents will be stressed to make sure it is understood that all residents must be moved to designated meeting place during drills.

Licensee's Proposed Overall Completion Date: 12/13/2024

Implemented (████) - 12/03/2024)

185a - Implement Storage Procedures

9. 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.

185a - Implement Storage Procedures (continued)

Description of Violation

Resident #1's [REDACTED] was not calibrated to the correct date and time.

Resident #2's [REDACTED] was not calibrated to the correct date and time.

Plan of Correction

Accept [REDACTED] - 11/14/2024)

Administrator calibrated Residents #1 and #2 glucometers on 11/11/2024 to the correct date and time.

Administrator checked all glucometers on 11/11/24 to ensure that they are calibrated. Administrator will post a reminder by 11/22/24 to med room employees to calibrate new glucometers prior to use and to check calibration after battery replacement. Administrator will check glucometers monthly for three months beginning 12/18/24, then quarterly beginning 3/18/25 and continuing indefinitely, to ensure they are correctly calibrated. A reminder was added to Administrator electronic calendar on 11/12/24.

Licensee's Proposed Overall Completion Date: 11/14/2024

Implemented ([REDACTED] - 12/03/2024)