

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

May 22, 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 04/18/2025 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**

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

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 75 Waking Staff: 56

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Complaint, Incident Exit Conference Date: 04/28/2025

**Inspection Dates and Department Representative**

04/18/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 78 Residents Served: 66  
 Secured Dementia Care Unit  
 In Home: No Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: 3  
 Number of Residents Who:  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 66  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 9 Have Physical Disability: 0

**Inspections / Reviews**

04/18/2025 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/19/2025

05/20/2025 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 05/21/2025  
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 05/27/2025

Inspections / Reviews *(continued)*

05/22/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/21/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

## 42b - Abuse

## 1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

## Description of Violation

Secured Dementia Care Resident ■ was in their room on ■ when Resident ■ entered the room. Staff entered the room and indicated that Resident ■ looked upset. Resident ■ stated that Resident ■ began kissing and touching them against their wishes. To prevent this from occurring again, Resident ■ was locked in their bedroom by staff to keep Resident ■ from entering their room. Resident ■ was subject to unreasonable confinement by staff because of Resident ■'s behaviors.

## Plan of Correction

Accept ■ - 05/20/2025)

Resident ■ resides in a personal care home not a secured dementia care unit as the violation states. Resident ■ does not have a diagnosis of ■ but does have some memory impairment. Staff did notice resident ■ in Resident ■ room as ■ did visit on occasion, and it was welcomed visits. On ■ Resident ■ was offended by the action of resident ■ and asked staff for ■ not to visit. Staff immediately redirected ■ and ■ exited the room. Staff reported the incident to the designee working in absence of the administrator at the time. The designee asked staff to close and lock ■ door until ■ could get there to investigate. Staff locked door with residents' knowledge and approval as well as notified the family and had their approval. The designee came to the facility one hour after the report was made. Interviewed staff and residents and spoke to both families involved. The designee self-reported this incident to DHS as a reportable incident. Resident ■ door was locked from the inside just like every other resident private door in the facility and every resident has the right to choose to lock the door to protect their right to privacy. The family was aware and agreed that keeping ■ door locked was a good idea. Resident ■ is able to self-propel in wheelchair and was assessed to be capable of unlocking and opening the door to exit. All staff have a (spam) key to enter Resident ■ room to provide care.

The violation was corrected immediately at the time of inspection. At that time the door was locked from the inside at times and left unlocked at other times. The resident is out of ■ room for most of the day so it was only an issue at certain times of day. All staff were notified by the designee to not lock ■ door again and it was left opened. As per instruction of the state inspector Resident ■ was issued a 30-day notice of discharge due to wandering and put on immediate 24-hour private duty care. The facility covered the cost of this 24-hour care as it would have been a considerable financial burden to the resident and resident's family. The designee assisted the family of Resident ■ to find alternate placement and the resident was moved a week later on 4/23/2025.

From the time of the inspection to Resident ■ discharge, Resident ■ had a full-time private aide to prevent ■ wandering from being an issue. Resident ■ and Resident ■ also were immediately put on a one-hour watch to ensure safety, which monitoring confirmed that Resident ■ never attempted to go back to visit Resident ■. Going forward this designee will not use locking a resident's door as a solution to unwanted visitors. The designee advised all staff not lock resident doors as a method to prevent unwelcome visits.

A policy was developed as to Wandering. (see attached)

Staff were trained on :

4/17/2025, 4/18/2025 Behaviors in Dementia- Positive approach to Care, Distressed Sexual Advances- Explicit Behaviors, (See attached)

5/13 /2025, 5/14/2025 Wandering. (See attached)

On 4/29/2025- Administrator training included Sexuality and Awareness in PCH provided by Northampton Community College zoom training session.

**42b Abuse (continued)**

(See attached)

Administrator will monitor wandering behaviors for ongoing compliance as needed with a significant change update as reported by nursing/personal care aides and/or during annual support plan development.

Licensee's Proposed Overall Completion Date: 05/19/2025

Implemented (█ - 05/22/2025)

**225c - Additional Assessment****2. 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.

**Description of Violation**

Resident █ Assessment, dated █ indicates the resident may require some assistance to transfer, uses a rollator walker for short distances and a wheelchair for long distances, and may require some assistance to exit in an emergency. Through staff interviews, it was determined that Resident █, needs assistance of 1 to transfer, no longer can use the walker, and needs assistance of 1 to exit in the event of an emergency.

**Plan of Correction**

Accept █ - 05/20/2025)

Resident █ requires assist at times to transfer. Resident care need assessed.

DHS notified as to mobility need. (see attached)

As per regulation 2600.124 local fire department notified as to mobility need.

(see attached).

Resident Assessment and Support Plan ( RASP) updated. ( see attached)

Personal Care Aides and Nurses re inserviced on (RASPS) and updating as a Residents need changes. (see attached)

5/8/2025 New order from PCP for PT and OT thru CIP Rehab for balance/transfers and ambulation.

Going forward, Administrator will monitor for ongoing compliance during required scheduled monthly staff trainings/meetings. Director of Wellness and Nursing will notify and discuss with Administrator any Resident noted with a change in mobility. This will begin with staff training/meeting on 5/28/2025.

Licensee's Proposed Overall Completion Date: 05/19/2025

Implemented █ - 05/22/2025)