

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

June 18, 2025

[REDACTED], ADMINISTRATOR  
GREYSTONE COUNTRY ESTATES INC  
424 DELAWARE ROAD  
FREDONIA, PA, 16124

RE: GREYSTONE COUNTRY ESTATES  
424 DELAWARE ROAD  
FREDONIA, PA, 16124  
LICENSE/COC#: 47098

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/10/2025 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: GREYSTONE COUNTRY ESTATES License #: 47098 License Expiration: 05/04/2025  
 Address: 424 DELAWARE ROAD, FREDONIA, PA 16124  
 County: MERCER Region: WESTERN

**Administrator**

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

**Legal Entity**

Name: GREYSTONE COUNTRY ESTATES INC  
 Address: 424 DELAWARE ROAD, FREDONIA, PA, 16124  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: C-2 LP Date: 10/17/1997 Issued By: L&I

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 37 Waking Staff: 28

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal Exit Conference Date: 04/10/2025

**Inspection Dates and Department Representative**

04/10/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 45 Residents Served: 35  
 Secured Dementia Care Unit  
 In Home: No Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: 5  
 Number of Residents Who:  
 Receive Supplemental Security Income: 5 Are 60 Years of Age or Older: 34  
 Diagnosed with Mental Illness: 5 Diagnosed with Intellectual Disability: 3  
 Have Mobility Need: 2 Have Physical Disability: 0

**Inspections / Reviews**

04/10/2025 - Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/10/2025

05/16/2025 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 06/17/2025  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/21/2025

Inspections / Reviews *(continued)*

05/30/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/17/2025

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 06/13/2025

06/18/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/17/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

25b SOPb2 - Rent Rebate: Intended Use

1. Requirements

2600.

25b.b.2. If the home collects a resident’s rent rebate under subsection (a), the resident-home contract is to include the following: The home’s intended use of the revenue collected from the rent rebate.

Description of Violation

The rent rebate addendum C for resident #1 does not include the intended use of the home's portion of the rent rebate.

Plan of Correction

Accept ( ) - 05/30/2025

PLEASE SEE ATTACHED FORM. THE FORM WILL BE UPDATED BY 6/6/25. THE FORMS WILL BE GONE OVER WITH EACH RESIDENTS, POA, AND DESIGNATED PERSON BY 6/6/25. THE PERSON RESPONSIBLE FOR THIS WILL BE THE OWNER, AND THE ADMINISTRATOR. THEN THE COMPLETED DOCUMENT WILL BE INSERTED INTO THE RESIDENT FILE PERSONAL RECORD. ALSO, THE NEW DOCUMENT WILL BE ADDED TO THE ADMISSION PACKET FOR NEW ADMITS TO FACILITY.

Proposed Overall Completion Date: 05/19/2025

DIRECTED PLAN:

By 6/10/25: The administrator or designee shall update the rent rebate addendum for resident #1 to include the home's intended use for their portion of the rent rebate.

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

Implemented ( ) - 06/18/2025

51 - Criminal Background Check

2. 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

Staff person A did not have a Pennsylvania background check completed.

Plan of Correction

Accept ( ) - 05/30/2025

PLEASE SEE ATTACHED. POLICY # 10 WAS UPDATED EFFECTIVE 5/8/25 TO STATE THAT IF AN EMPLOYEE LIES, OR LIVED OUT OF STATE A PA BACKGROUND CHECK, AS WELL AS AN FBI BACKGROUND CHECK MUST BE COMPLETED WITHIN 7 DAYS FOR STARTING WORK AT GREYSTONE. THIS WILL BE COMPLETED BY 6/6/25 BY THE ADMINISTRATOR. THE EMPLOYEE FILE AUDIT WILL ALSO TAKE PLACE AND BE COMPLETED BY 6/6/25 BY THE ADMINISTRATOR.

Proposed Overall Completion Date: 05/19/2025

Staff person had a criminal background check completed 5/8/25.

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

Implemented ( ) - 06/18/2025

54a - Direct Care Staff

**3. Requirements**

2600.

54.a. Direct care staff persons shall have the following qualifications:

**Description of Violation**

*Direct care staff person A, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.*

**Plan of Correction**

**Accept ( [REDACTED] - 05/30/2025)**

*PLEASE SEE ATTACHED. A SECOND STEP HAS BEEN ADDED TO EMPLOYEE POLICY # 10 LOCATED IN THE FACILITY POLICY AND PROCEDURE BINDER. THE STEPS ARE TWO INDIVIDUALS MUST BE COMPLETING BOTH THE ORIGINAL CHECK LIST ALONG WITH THE NEW CHECK LIST. A FILE AUDIT WILL BE COMPLETED BY 6/6/ 25 BY THE ADMINISTRATOR. IT ALSO STATES THAT THE EMPLOYEE FILE MUST BE SIGNED OFF BY TWO PEOPLE, WHICH WILL BE THE OWNER, AND THE ADMINISTRATOR. POLICY TEN STATES THAT AS OF 5/8/25 ALL EMPLOYEES / APPLICANTS MUST HAVE THEIR DIPLOMA, G.E.D OR TRANSCRIPTS PROVING COMPLETING BEFORE THEY CAN START DIRECT CARE. A PAGE WILL BE PLACED INTO THE NEW HIRE PACKETS EFFECTIVE 5/8/25. BACKGROUND CHECK OBTAINED 4/23/25*

*Proposed Overall Completion Date: 05/19/2025*

*The home submitted documentation verifying staff person A has a High School diploma.*

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

**Implemented ( [REDACTED] - 06/18/2025)**

**103d - Storing Food Off Floor**

**4. Requirements**

2600.

103.d. Food shall be stored off the floor.

**Description of Violation**

*At 10:36 AM there was a case of wax beans stored on the floor in the pantry.*

**Plan of Correction**

**Accept ( [REDACTED] - 05/30/2025)**

*PLEASE SEE ATTACHED. THERE WAS A POLICY ADDED TO THE FACILITY POLICY AND PROCEDURE MANUAL, ALSO THERE IS A SHIFT CHECK LIST THAT IS TO BE COMPLETED DAILY, AND THEN RETURNED TO THE ADMINISTRATORS OFFICE FOR REVIEW AND STORAGE. THE ADMINISTRATOR WILL ENSURE THAT ALL STAFF RE READ THE FACILITY POLICY AND PROCEDURE BINDER BY 6/6/25 AND SIGN OFF THAT THEY HAVE REVIEWS AND HAD THE OPPORTUNITIES TO ASK QUESTIONS.THE VOILATION WAS CORRECTED 4/10/25 BY KITCHEN LEADER [REDACTED]*

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

**Implemented ( [REDACTED] - 06/18/2025)**