

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to GREENFIELD OF PERKIOMEN VALLEY LLC

LEGAL ENTITY

To operate GREENFIELD OF PERKIOMEN VALLEY

NAME OF FACILITY OR AGENCY

Located at 300 PERKIOMEN AVENUE, SCHWENKSVILLE, PA 19473

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 120
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: Secure Dementia Care Unit - 55 Pa. Code §§ 2600.231-239 - Capacity 44

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa. Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from August 9, 2012 until August 9, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 137350

Robert E. Robinson

ISSUING OFFICER

R. C. King

DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

PW 628 - 01/11



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

AUG 09 2012

Mr. Mathew A. Peponis, President/CEO
Greenfield of Perkiomen Valley, LLC
6312 Seven Corners Center 161
Falls Church, Virginia 22044

RE: Greenfield of Perkiomen Valley
300 Perkiomen Valley
Schwenksville, Pennsylvania 19473

Dear Mr. Peponis:

As a result of the Department of Public Welfare's licensing inspection on July 9, 2012 and July 10, 2012 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read "Ronald Melusky".

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 13735 - 07/00/2012 - Scharpf, Amy
 PCH Name: GREENFIELD OF PERKIOMEN VALLEY

1. REGULATION 68 Pa.Code §2800
 2600.101(j)(5) - Each resident shall have the following in the bedroom: A bedside table or a shelf.

2a. DESCRIPTION OF VIOLATION
 There are no bedside table or shelf besides the beds in rooms 204 and 319.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

2600.101(j)(5)

Residents in rooms 204 and 319 will be provided a shelf beside their bed in lieu of the bedside table they requested moved away from the bedside.

Other residents requesting their bedside table be moved from bedside will be provided with a shelf beside their bed.

Shelves will be installed by 7/25/2012.

Maintenance Coordinator will monitor for compliance.

Repeat Violation: No	Date(s) of Previous Violation(s)		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Daniel C. Frost, Executive Dir. Date 7/25/12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7/27/12
 (Date)

Plan of correction implementation status as of 7/27/12
 (Date)

- The above plan of correction was approved by CRM
 (Initials)
- Fully Implemented
 - Partially Implemented - Adequate Progress
 - Partially Implemented - Inadequate Progress
 - Not Implemented

Violation Report: 13735 - 07/09/2012 - Scharpl, Amy
 POH Name: GREENFIELD OF PERKIOMEN VALLEY

1. REGULATION 68 Pa.Code §2600
 2600.105(g)(2) - Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION
 In the first floor laundry room behind the dryers there was an excessive amount of lint on the water hoses and vent hose; as well as, issues and dryer sheets on the floor behind the dryers.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

2600.105(g)(2)

Lint was removed immediately by Maintenance Coordinator.

Completed 7/9/2012

Lint is removed from dryers by staff after each use.

Maintenance Coordinator will inspect and remove accumulated lint on a weekly basis.

Completed 7/25/2012

Repeat Violation No	Date(s) of Previous Violation(s)		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Daniel C Frost Executive Dir. Date 7/25/12

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The above plan of correction is approved as of 7/27/12
 (Date)

Plan of correction implementation status as of 7/27/12
 (Date)

The above plan of correction was approved by [Handwritten Initials]
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 13735 - 07/09/2012 - Scharpf, Amy
 POH Name: GREENFIELD OF PERKIOMEN VALLEY

1. REGULATION 86 Pa.Code §2600
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION
 On July 10, 2011, discontinued medication, Poly Glycol Powder prescribed for Resident #1 remained in the home's medication cart.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

2600.183(d)

Poly Glycol Powder immediately removed from cart.

Completed 7/10/2012

Discontinued medications will be removed from cart at time of discontinuation.

Completed 7/10/2012 and ongoing

Medication technicians will monitor during monthly changeover for compliance.

Completed 7/11/2012 and ongoing

Repeat Violations No	Date(s) of Previous Violation(s)		
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Signature of Legal Entity Representative (Required on EVERY Page) *Daniel C Frost*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Daniel C Frost, Executive Dir.	7/25/12

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The above plan of correction is approved as of <u>7/27/12</u> (Date)	Plan of correction implementation status as of <u>7/27/12</u> (Date)
The above plan of correction was approved by <u>CFM</u> (Initials)	<input type="checkbox"/> Fully implemented <input checked="" type="checkbox"/> Partially implemented - Adequate Progress <input type="checkbox"/> Partially implemented - Inadequate Progress <input type="checkbox"/> Not implemented

Violation Report: 13735 - 07/09/2012 - Scharf, Amy
 PCH Name: GREENFIELD OF PERKIOMEN VALLEY

1. REGULATION 88 Pa.Code §2600
 2600.191 - The home shall educate the resident the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. DESCRIPTION OF VIOLATION
 Resident #1, Resident #2, Resident #3 and Resident #4 have not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

2600.191

All current residents will be educated and resident acknowledgement will be signed and maintained in the administrative file. Completed by 7/27/2012

The resident rights presented to new residents in the residency agreement has been amended to include the right to refuse medications if the resident believes an error has occurred pursuant to regulation (2600.191) Completed effective 7/26 See attached exhibit 9

To be monitored by Executive Director & Director of Community Relations.

Repeat Violation: No	Date(s) of Previous Violation(s)		
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Signature of Legal Entity Representative (Required on EVERY Page) *D. Frost*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Daniel C Frost, Executive Dir* Date *7/25/12*

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The above plan of correction is approved as of 7/27/12
 (Date)

The above plan of correction was approved by Crem
 (Initials)

Plan of correction implementation status as of 7/27/12
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 13735 - 07/09/2012 - Scharpf, Amy
 POH Name: GREENFIELD OF PERKIOMEN VALLEY

1. REGULATION 55 Pa.Code §2600
 2600.262 - Each resident's record must include the following information: (1) through (20)

2a. DESCRIPTION OF VIOLATION
 -Resident #2's record does not include color of hair.
 -Resident #3's record does not include color of eyes and color of hair.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, provide dates by which the steps will be completed.

Residents #2 & #3 had their hair color and color of eyes added to their resident file.

Completed on 7/09/2012

All other resident files reviewed to determine hair and eye color present.

Completed by 7/26

To be monitored by Health Care Coordinator.

Repeat Violation No	Date(s) of Previous Violation(s)		
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Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Daniel Frost, Executive Director</i>	Date <i>7/25/12</i>
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The above plan of correction is approved as of 7/27/12
 (Date)

The above plan of correction was approved by [Signature]
 (Initials)

Plan of correction implementation status as of 7/27/12
 (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented