



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: December 11, 2012

Mr. Daniel Frost, Executive Director
Greenfield of Perkiomen Valley LLC
6312 Seven Corners Center #161
Falls Church, Virginia 22044-2409

RE: Greenfield of Perkiomen Valley, LLC
300 Perkiomen Avenue
Schwenksville, Pennsylvania 19473-1147

Dear Mr. Frost:

As a result of the Department of Public Welfare's licensing inspection on November 1, 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.

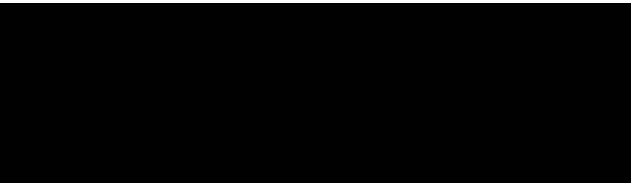
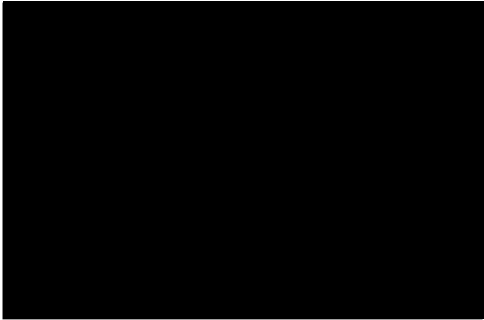
Sincerely,

A handwritten signature in black ink that reads "Chevon Miller". The signature is written in a cursive, flowing style.

Chevon Miller
Regional Licensing Administrator

Enclosure(s)

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: GREENFIELD OF PERKIOMEN VALLEY		License Number: 137350
Address: 300 PERKIOMEN AVENUE, SCHWENKSVILLE, PA 19473		County: Montgomery
Administrator: Dan Frost		Region: SOUTHEAST
Legal Entity Name: GREENFIELD OF PERKIOMEN VALLEY LLC		
Legal Entity Address: 6312 SEVEN CORNERS CENTER 161, FALLS CHURCH, VA 22044		
Certificate(s) of Occupancy		
Staffing Hours		
Resident Support:	Total Daily Staff: 98	Waking Staff: 74
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 11/01/2012: McHale, Christine		
Off-Site Inspection Dates and Inspectors, if Applicable 11/01/2012: McHale, Christine		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 120 Number of Residents Served: 66 Secured Dementia Care Unit in Home: Yes Area: Secured Dementia Unit Capacity, if Applicable: 44 	Number of Residents who: 	

Violation Report:
 PCH Name: GREENFIELD OF PERKIOMEN VALLEY

1. REGULATION 55 Pa.Code §2600
 2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION
 On 10/12/12, resident #1 obtained a serious bodily injury that required treatment at a hospital. The home did not submit an incident report to the Department until 10/15/12.

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.

2600.16(c)

Reportable incidents will be reported to the department within 24 hours by the designate person in charge of the home at the time of the incident.

All direct care staff and managers were instructed on November 2nd and 15th to notify the Health Care Coordinator and/or Executive Director when incidents occur for guidance and instruction for filling a reportable incident.

Health Care Coordinator and Executive Director will continue 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) *Daniel C Frost*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Daniel C Frost, Executive Director</i>	Date <i>11/23/12</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 11/29/12
 (Date)

Plan of correction implementation status as of 11/29/12
 (Date)

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

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

Violation Report:
 PCH Name: GREENFIELD OF PERKIOMEN VALLEY

1. REGULATION 55 Pa.Code §2600
 2600.142(a) - The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION
 On 10/12/12 at 6:00 am resident #1 was found in their room on the floor crying out in pain. The resident was taken to the hospital and diagnosed with pneumonia, a change in mental status, a fractured rib, and a fractured right scapula. From the period of 10/5/12 at 9:00 pm until 10/11/12 at 3:00 pm resident requested and was given cough syrup a total of nine times. At no point during this time period did the home contact the resident's physician to report these symptoms and schedule an appointment. The resident's assessment and support plan dated 1/30/12 states that the resident needs physical assistance with managing and securing healthcare.

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.

2600.142(a)

When a resident's health status declines requiring intervention, the Health Care Coordinator or designee will be notified to receive guidance for further intervention and follow-up.

All direct care staff and managers were instructed on November 2nd and 15th to notify the Health Care Coordinator and/or designee when a resident's health status declines requiring intervention.

Resident Alert form was implemented on November 15, 2012 to trigger follow through for declines requiring intervention. Resident Alerts will be maintained in the MAR. Health Care Coordinator or designee will monitor Resident Alerts to assure residents receive assistance with health care.

Health Care Coordinator and Executive Director 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) *D. Frost*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Daniel C Frost	Date 11/23/12
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>11/29/12</u> (Date)	Plan of correction implementation status as of <u>11/29/12</u> (Date)
The above plan of correction was approved by <u>Crom</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