



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUL 19 2013

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

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

Dear Mr. Frost:

As a result of the Department of Public Welfare's licensing inspection on May 9, 2013 and May 10, 2013, 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.

Your regular license for the period of August 9, 2013 to August 9, 2014 was issued on June 13, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to be 'R. Melusky'.

Ronald Melusky
Director

Enclosure
Violation Report

Violation Report: 13735 - 05/09/2013 - Kazimer, Lauren
 PCH Name: GREENFIELD OF PERKIOMEN VALLEY

1. REGULATION #5 Pa.Code §2600
 2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION
 On 5/09/2013, at 2:10pm, a cabinet containing resident records at the nurses' station across from room #123 was unlocked and accessible.

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.

2600.17-

1. The administrator moved the cabinet containing medical records to the locked medication room on May 24, 2013.
2. Medication room will remain locked when not occupied.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
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The above plan of correction is approved as of <u>6/20/13</u> (Date)	Plan of correction implementation status as of <u>6/26/13</u> (Date)
The above plan of correction was approved by <u>DJEM</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 13735 - 05/09/2013 - Kazimer, Lauren
PCH Name: GREENFIELD OF PERKIOMEN VALLEY

1. REGULATION 65 Pa.Code §2600
2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION
On 5/10/2013, there was an accumulation of lint in the lint trap of the one of the four dryers in the laundry room .

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)(1)

1. Lint was removed by the administrator and discarded prior to next drying.
2. Dryers will continue to be checked for lint after load is completed and/or before next load begins.
3. Staff are trained to check for lint after load completed and/or before next load begins.

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 Director* Date: *5/28/13*

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The above plan of correction is approved as of 5/29/13
(Date)

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

Plan of correction implementation status as of 6/26/13
(Date)

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

Violation Report: 13735 - 05/09/2013 - Kazimer, Lauren
 PCH Name: GREENFIELD OF PERKIOMEN VALLEY

1. REGULATION 58 Pa.Code §2600
 2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION
 The home had conducted a fire drill observed by a fire safety expert on 12/31/2011. The most recent fire drill observed by a fire safety expert was conducted on 3/28/2013.
 The home had a fire safety inspection conducted on 6/18/2011. The most recent fire safety inspection conducted by a fire safety expert was on 3/1/2013.

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.

2600.132(b)

1. During the initial licensure inspection on 11/9/2011 and the subsequent inspection on July 9 & 10, 2012 the administrator was advised to have a fire safety inspection annually.
2. The inspection was conducted within one year of licensure.
3. Inspections will be conducted annually from 3/1/2013 annual inspection.
4. Maintenance Coordinator to monitor on annual calendar.

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) *Daniel C Frost* Date *5/28/13*

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 (Date)

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 (Date)

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

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

Violation Report: 13735 - 05/09/2013 - Kazimer, Lauren
 PCH Name: GREENFIELD OF PERKIOMEN VALLEY

1. REGULATION 55 Pa. Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION
 The medical evaluation for resident #1, dated 4/19/2013, does not include the resident's ability to self-administer medications.

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.

2600.141(a)(2)

1. Medical Evaluations will be monitored for completeness by Health Care Coordinator.
2. Audit will be completed by June 19, 2013 to assure items 1 through 10 are completed.
3. Health Care Coordinator or designee will review all new and annual medical evaluations for completed information.

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) <i>Daniel C Frost Executive Dir</i>	Date <i>5/28/13</i>
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 (Date)

Plan of correction implementation status as of 6/26/13
 (Date)

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

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

Violation Report: 13735 - 06/09/2013 - Kazimer, Lauren
 PCH Name: GREENFIELD OF PERKIOMEN VALLEY

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
 Resident #1's most recent medical evaluation was completed on 4/19/2013. Resident #1's previous medical evaluation was completed on 3/16/2012.
 Resident #2's most recent medical evaluation was completed on 4/16/2013. Resident #2's previous medical evaluation was completed on 3/19/2012.
 Resident #3's most recent medical evaluation was completed on 8/31/2012. Resident #3's previous medical evaluation was completed 8/21/2011.

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.

2600.141(b)(1)

1. Residents will be scheduled for annual medical evaluations within 380 days of their current medical evaluation from 5/28/2013 forward.
2. Health Care Coordinator will monitor and assure compliance.
3. Medical Evaluation due dates and schedule will be maintained on a calendar system.

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>5/28/13</i>
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Violation Report: 13735 - 05/09/2013 - Kazimer, Lauren
 PCH Name: GREENFIELD OF PERKIOMEN VALLEY

1. REGULATION 55 Pa.Code §2600
 2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION
 On 5/09/2013 at 8:55am, two nasal sprays were sitting on top of medication cart unattended and accessible to residents outside of the first floor bistro.

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(b)

1. Prescription medications, OTCs, CAMs, and syringes will remain locked when cart unattended.
2. Medication Assistants instructed to place items within cart and lock when unattended or place cart within the locked medication room.
3. Medication Assistant staff educated on locking carts during education sessions on 5/15/2013 by Health Care Coordinator and MAST Pharmacy representative.

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>[Handwritten Signature]</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Samuel Frost, Executive Director</i>	<i>5/28/13</i>

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The above plan of correction was approved by <u><i>[Handwritten Initials]</i></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: 13736 - 05/09/2013 - Kazimer, Lauren
 PCH Name: GREENFIELD OF PERKIOMEN VALLEY

1. REGULATION 65 Pa.Code §2600
 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.

2a. DESCRIPTION OF VIOLATION
 On 5/09/2013, the home did not have resident #2's Ativan 0.6mg PRN available.
 The home does follow their written procedures for the safe use of medications, specifically, how expired or discontinued medication will be disposed. The home stated that they always return medications to the pharmacy, but the home's policy does not indicate returning medications as a disposal procedure.

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.

2600.185(a)

1. Expired medication, for [REDACTED] Ativan 0.5mg PRN, was returned to pharmacy.
2. Replacement medication received from pharmacy on 5/9/13 during evening delivery.
3. Policy is being updated by Health Care Coordinator to include returning medication to pharmacy as a disposal procedure.
4. To be updated by July 31, 2013.

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>5/28/13</i>
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The above plan of correction was approved by <u>DBM</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
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Violation Report: 13735 - 05/09/2013 - Kazimer, Lauren
 PCH Name: GREENFIELD OF PERKIOMEN VALLEY

1. REGULATION 55 Pa.Code §2600
 2600.233(a) - Doors equipped with key-locking devices, electronic card operated systems or other devices that prevent immediate egress are permitted only if there is written approval from the Department of Labor and Industry, Department of Health or appropriate local building authority permitting the use of the specific locking system.

2a. DESCRIPTION OF VIOLATION
 The home does not have written approval from the Department of Labor and Industry, Department of Health or local building authority for the magnetic locking devices used on the exit doors from the SDCU.

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.

2600.233(a)

1. Home will seek written approval for the magnetic locking devices used on the exit doors from the SDCU from the Department of Labor and Industry, Department of Health or local building authority by July 31, 2013.
2. Department of Labor & Industry letter will be maintained in the Home's licensure binder.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *Daniel C Frost*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Daniel C Frost, Executive Director* Date *5/28/13*

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Violation Report: 13735 - 05/09/2013 - Kazimer, Lauren
 PCH Name: GREENFIELD OF PERKIOMEN VALLEY

1. REGULATION 55 Pa.Code §2600
 2600.233(b) - A home shall have a statement from the manufacturer, specific to that home, verifying that the electronic or magnetic locking system will shut down, and that all doors will open easily and immediately when one or more of the following occurs:
 (1) Upon a signal from an activated fire alarm system, heat or smoke detector.
 (2) Power failure to the home.
 (3) Overriding the electronic or magnetic locking system by use of a key pad or other lock-releasing device.

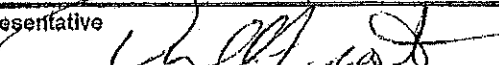
2a. DESCRIPTION OF VIOLATION
 The home does not have a statement from the manufacturer of the magnetic locking devices on the SDCU doors verifying that the locks will release when the fire alarms system is activated, the home's power fails, and when the lock releasing device is operated.

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.

2600.233(b)


1. Attached are copies of letters from Securitron dated 6/14/07, Oliver Sprinkler Co. Inc. dated 6/14/07, and Valley Forge Security Center dated 12/29/09 designating the manufacturer's statement and statements from the installers verifying that the magnetic locking system shuts down when one or more of the following occurs:
 - a. Upon a signal from an activated alarm system
 - b. Power failure to the home
 - c. Overriding the magnetic locking system by use of a keypad or other lock-releasing device.
2. Letters from Securitron, Oliver Sprinkler Co., Inc., and Valley Forge Security Center will be maintained in the Home's licensure binder.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Daniel C. Frost Executive Director	Date 5/28/13
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The above plan of correction is approved as of <u>6/26/13</u> (Date) The above plan of correction was approved by <u></u> (Initials)	Plan of correction implementation status as of <u>6/26/13</u> (Date) <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 13735 - 05/09/2013 - Kazlmer, Lauren
 PCH Name: GREENFIELD OF PERKIOMEN VALLEY

1. REGULATION 55 Pa.Code §2600
 2600.251(b) - The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.

2a. DESCRIPTION OF VIOLATION
 Resident #4's Resident Assessment and Support Plan completed 1/30/2013 had Part III: Summary and Determination, Section 4: Social and Recreational Needs, and a note on page 8 filled out in pencil.

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.

2600.251(b)

1. Entries in a resident's record shall be in pen.
2. Health Care Coordinator will review to assure entries are permanent, legible, dated and signed.
3. Staff will be instructed by the Health Care Coordinator that entries in a resident's record will be permanent and not in pencil. To be completed by May 31, 2013.

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) <i>Daniel C Frost Executive Director</i>	Date <i>5/18/13</i>
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The above plan of correction is approved as of 5/29/13
 (Date)

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

Plan of correction implementation status as of 6/26/13
 (Date)

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