

JUL 17 2014

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
License #: 137350

Dear Mr. Frost:

As a result of the Department of Public Welfare's licensing inspection on May 5, 2014 and June 23, 2014, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period August 9, 2014 to August 9, 2015 was issued on May 16, 2014. Your regular license remains in good standing.

Sincerely,



Matthew J. Jones
Director

Enclosure
License Inspection Summary

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

PCH Name: GREENFIELD OF PERKIOMEN VALLEY		License Number: 13735
Address: 300 PERKIOMEN AVENUE, SCHWENKSVILLE, PA 19473		County: Montgomery
Administrator: Daniel 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 I-2 07/12/2012 Borough of Schwenksville		
Staffing Hours		
Resident Support:	Total Daily Staff: 115	Waking Staff: 86
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
05/05/2014: McHale, Christine; Kazimer, Lauren		
05/06/2014: McHale, Christine; Kazimer, Lauren		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 120 Number of Residents Served: 77 Secured Dementia Care Unit in Home: Yes Area: Third floor Secured Dementia Unit Capacity, if Applicable: 44 Number of Residents Served in Secured Dementia Care Unit, if applicable: 30 Number of Current Hospice Residents: 6 Number of Hospice Residents in past year: 8	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 76 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 38 Have a Physical Disability: 2	

Violation Report: 13735 - 05/05/2014 - McHale, Christine
 PCH Name: GREENFIELD OF PERKIOMEN VALLEY

1. REGULATION 55 Pa.Code §2600
 2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION
 The first aid kit in the home's secure dementia care unit does not include protective eye coverings.

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.

2600.96(a)

1. Disposable goggles were used by an employee and manager was not advised.
2. Protective eye coverings were added to the first aid kit in the secure dementia unit.
3. First aid kit contents added to monthly review to assure proper contents of first aid kit.
4. Reviews will be conducted monthly to assure the contents of the first aid kit are present.
 Reviews will be maintained with each first aid kit and missing or outdated supplies will be secured by the Resident Care Coordinator or their designee.

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>Revised 6/26/14</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <i>6/27/14</i> (Date)	Plan of correction implementation status as of <i>6/27/14</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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 - 05/05/2014 - McHale, Christine
 PCH Name: GREENFIELD OF PERKIOMEN VALLEY

1. REGULATION 55 Pa.Code §2600
 2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
 On 5/8/14, there were large roots raised from the ground in front of the exit gate in the courtyard for the secure dementia care unit. The roots and their placement pose a hazard to anyone walking in that area or attempting to exit the area.

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.

2600.100(a)

1. The roots were buried in dirt and mulch to provide a hazard free walking area and a recent storm washed the covering away.
2. The roots have been covered with dirt and mulch to provide a hazard free walking area.
3. The home will investigate if the roots can safely be removed without harming the tree.
4. After rain storms the grounds will be observed to assure good repair and free of hazards.
5. The Maintenance Coordinator will conduct rounds to assure the building grounds and yard are in good repair and free of hazards.

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>Revised 6/26/14</i>
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 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - inadequate Progress
- Not Implemented

Violation Report: 13735 - 05/05/2014 - McHale, Christine
 PCH Name: GREENFIELD OF PERKIOMEN VALLEY

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The fire drill record for the drills conducted on 12/30/13, 1/31/14, 2/27/14, 3/30/14, 4/24/14, and 4/28/14 does not include the exit routes used during the drills.

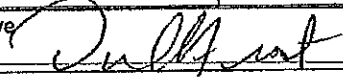
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

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(c)

1. The Maintenance Coordinator failed to record the exit route on the DPW fire drill form.
2. The fire drill conducted on 5/27/14 was documented by the Maintenance Coordinator (Trained Fire Safety and Emergency Person).
3. Fire Drill records will include the exit routes used during the fire drills, AND reviewed by administrator.
4. The logs for the Fire Drills will have all columns filled in beginning May 27, 2014 and ongoing.
5. The Maintenance Coordinator (Trained Fire Safety and Emergency Person) will conduct Fire Drills and include documentation for exit routes used during fire drills.

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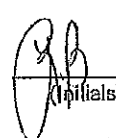
Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Daniel C Frost Executive Director Date 6/26/14 Revised

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Violation Report: 13735 - 05/05/2014 - McHale, Christine
 PCH Name: GREENFIELD OF PERKIOMEN VALLEY

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION
 Resident #1 was admitted on 5/13/13. The resident's medical evaluation was completed on 2/6/13.

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)(1)

1. Resident was originally considered independent and upon arrival at the home the resident required personal care services. Health Care Coordinator notified personal physician who completed the DME based on information from a prior physical evaluation.
2. Medical evaluations will be reviewed to assure the examination and the dates are within 60 days prior to admission or within 30 days after admission.
3. All residents including independent residents will have a medical evaluation documented within 60 days prior to admission or within 30 days after admission.
4. Health Care Coordinator and Wellness Nurses have received instruction to assure new residents have a DME within 60 days prior to admission or within 30 days after admission.
5. Health Care Coordinator will provide training, monitor and assure compliance.

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>Revised 6/26/14</i>
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Violation Report: 13735 - 05/05/2014 - McHale, Christine
 PCH Name: GREENFIELD OF PERKIOMEN VALLEY

1. REGULATION 55 Pa.Code §2600

2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION

- On 5/6/14, a bottle of milk of magnesia that expired on 11/5/13, a box of fleet enema that expired on 11/5/13, and a bottle of pink bismuth 262 mg/15 mL that expired 4/24/14, all belonging to resident #2, were in a cabinet in the medication room and had not been disposed of when they expired.

- On 5/6/14, a packed of acetaminophen 500 mg that expired in 6/2013, was in the home's first aid kit in the secure dementia care unit.

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(f)

1. Initially the bottle of milk of magnesia, fleet enema, and pink bismuth were not able to be located. After the survey the items were found and provided to Surveyors for review. The expiration dates were not easily visible on the manufacturers packaging causing the surveyors to believe they were expired. The acetaminophen was not supposed to be in the first aid kit and was overlooked for expiration.
2. Prescription medications, OTC medication and CAM that are discontinued, expired or for residents who are no longer served at the home have been disposed or destroyed in accordance with regulations. Acetaminophen was removed from the first aid kit and will not be replaced.
3. The pharmacy used by the home has been changed to provide assistance and guidance with medications that are discontinued, expired or for residents who are no longer served at the home.
4. Medication Assistants instructed on policy and will follow policy for disposing and destroying expired medications.
5. Medication Assistant staff educated by the RN (Health Care Coordinator) to assure expired medications are disposed or destroyed in accordance with policy and regulations.
6. Health Care Coordinator or designee will review medications on a monthly basis to assure expired medications are removed from the home.

Repeat Violation: No

Date(s) of Previous Violation(s):

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

Revised 6/26/14

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6/24/14
 (Date)

Plan of correction implementation status as of

6/24/14
 (Date)

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[Handwritten Signature]
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
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Violation Report: 13735 - 05/05/2014 - McHale, Christine
 PGH Name: GREENFIELD OF PERKIOMEN VALLEY

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

- The medication administration record for resident #2 does not include a diagnosis or purpose for Digoxin 0.125 mg, Meclizine 25 mg, and Tuck's Hemorrhoidal ointment.
- The medication administration record for resident #3 does not include a diagnosis or purpose for Levothyroxine 25 mcg, OcuVite + Multivitamin, and MAPAP 500 mg.
- The medication administration record for resident #4 does not include a diagnosis or purpose for Levothyroxine 50 mcg, Namenda 50 mg, Exelon 4.6 mg/24 hr, Ranitidine 150 mg, Dicyclomine 20 mg, and Olanzapine 2.5 mg. Resident #4 has an order for MAPAP 325 mg and Dicyclomine 20 mg that are on the medication cart but not listed on the medication administration record.
- The medication administration record for resident #5 does not include a diagnosis or purpose for Vitamin B-12 1000 mg, L-thyroxine 100 mcg, Levetiracetam 250 mg, MAPAP 325 mg, and Atrovastatin 20 mg.
- The medication administration record for resident #6 does not include a diagnosis or purpose for Lisinopril 20 mg, Naproxen Sodium 220 mg, and Systane 0.3 - 0.4 % eye drops.
- The medication administration record for resident #7 does not include a diagnosis or purpose for L-Thyroxine 100 mcg, Polyethylene Glycol, Bacid Caplets, and Oyster-Cal-D 250.

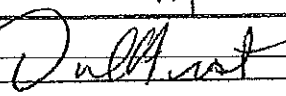
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Daniel C. Frost Executive Director

Date ^{Revised} 6/26/14

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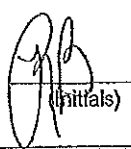
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(Initials)

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2600.187(a)

1. The home used a pharmacy from North Carolina that was not familiar with or compliant with Pennsylvania Personal Care Home Regulations.
2. The medication records have been updated to include the diagnosis or purpose for the medication, including pro re nata (PRN).
3. The home has changed pharmacy effective June 10, 2014. The new pharmacy is Pennsylvania based providing services solely to Personal Care and Assisted Living Homes. The new pharmacy includes all 14 required items on the MARs beginning July 2014 MARs.
4. The Health Care Coordinator and Medication Assistant staff will assure the MARs include all 14 required items.

Dull Frost
Daniel C Frost, Executive Director

Revised
6/20/14

Violation Report: 13735 - 05/05/2014 - McHale, Christine
 PCH Name: GREENFIELD OF PERKIOMEN VALLEY

1. REGULATION 55 Pa.Code §2600
 2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION
 The initial assessment for resident #1, admitted 5/13/13, was completed on 12/18/13.

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.

2600.225(a)

1. The initial RASP for resident 1 was completed and signed by the [REDACTED] RN, Health Care Coordinator on 5/27/2013. (see attached)
2. The initial review with the family was scheduled for June 6, 2013 at 11:30am but was cancelled by the HCC and not held with the resident and family. (see attached letter)
3. Residents will have an initial assessment documented on the Department's assessment form within 15 days of admission.
4. Health Care Coordinator will monitor and assure compliance.

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

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 Director* Date *Revised 6/20/14*

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