



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: AUG 17 2015**

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

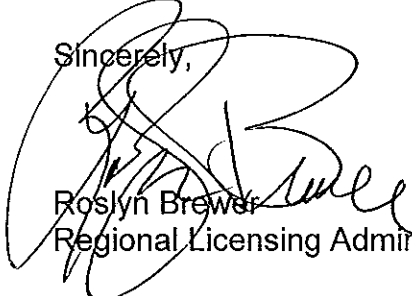
RE: Greenfield of Perkiomen Valley  
300 Perkiomen Avenue  
Schwenksville, Pennsylvania 19473  
License #: 137350

Dear Mr. Frost:

As a result of the Department of Human Services' licensing inspection on 05/05/2015 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.

Sincerely,

  
Roslyn Brewer  
Regional Licensing Administrator

Enclosure  
Licensing 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, Schwanksville, PA 19473		County: Montgomery
Administrator: Daniel C. 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: 0	Total Daily Staff: 121	Working Staff: 91
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 04/13/2015: 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 who:	
Number of Residents Served: 79	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit In Home: Yes	Are 60 Years of Age or Older: 78	
Area: Third Floor	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable: 44	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable: 33	Have a Mobility Need: 42	
Number of Current Hospice Residents: 6	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 13		

Violation Report: 13735 - 04/13/2015 - Kazimer, Lauren  
 PCH Name: Greenfield of Perklomen Valley

**1. REGULATION 65 Pa.Code §2600**  
 2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

**2a. DESCRIPTION OF VIOLATION**  
 On 3/11/2015, resident #1 and resident #2 had an altercation in the home's SDCU. Resident #1 had bite wounds on their left arm and resident #2 had a bruise on the left side of their face. The home did not report the incident to the local area agency on aging.

**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.

2600.15(a)

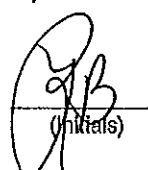
1. Upon notification by Department of Human Services the home became aware that resident to resident altercations among residents within the Secure Dementia Unit resulting in injury are reportable as abuse.
2. All future resident to resident altercations resulting in the infliction of injury will be reported as abuse in accordance with OAPSA.
3. Administrator or designee will assure compliance beginning 4/13/2015.

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, Administrator	Date 6/10/15
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>6/15/15</u> (Date)	Plan of correction implementation status as of <u>6/15/15</u> (Date)
The above plan of correction was approved by  (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 - 04/13/2016 - Kazimer, Lauren  
 PCH Name: Greenfield of Perkiomen Valley

**1. REGULATION 55 Pa.Code §2600**

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

**2a. DESCRIPTION OF VIOLATION**

Resident # 2's most recent assessment was completed on 3/11/15. The resident has a history of physical aggression towards other residents and staff in the home, which have required multiple psychiatric hospitalizations. These behaviors are not accurately reflected in the resident's assessment.


**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(c)

- 1. The home was maintaining the behavioral and cognitive needs/interventions within the resident's medical record.
- 2. The home will note Physician/Specialists on page 1 of the RASP.
- 3. Residents with behavioral and cognitive needs/interventions will be noted on page 9 of the RASP.
- 4. All supportive documentation will be referenced in the RASP and maintained in the Resident Medical record.
- 5. Health Care Coordinator or designee will assure compliance beginning 6/5/2015

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, Administrator	Date 6/10/15
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 (Date)

Plan of correction implementation status as of 6/15/15  
 (Date)

- Fully Implemented
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