



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

SEP 16 2015

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 Human Services' licensing inspection on June 16, 2015, June 17, 2015 and July 6, 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.

Your regular license for the period August 9, 2015 to August 9, 2016 was issued on May 7, 2015. Your regular license remains in good standing.

Sincerely,

  
Matthew J. Jones  
Director <sub>/JH</sub>

Enclosure  
License Inspection Summary



Violation Report: 13735 - 06/18/2015 - Kazlmar, Lauren  
PCH Name: GREENFIELD OF PERKIOMEN VALLEY

1. REGULATION # Pa.Code §2600  
2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

On 6/1/2015, at 7 AM and 8PM, resident #1 blood glucose levels were taken with resident #3's glucometer. On 6/12/2015, at 8 PM, resident #1's blood glucose levels were taken with resident #3's glucometer.  
On 6/4/2015, at 7 AM, 4:30 PM, and 8 PM, resident #1's blood glucose levels were taken with resident #4's glucometer. On 6/7/2015, at 4:30 PM and 8 PM resident #1's blood glucose levels were taken with resident #4's glucometer. On 6/7/2014, at 4 PM, resident #2's blood glucose levels were taken with resident #4's glucometer.  
On 6/18/2015, at 7 AM, resident #1's blood glucose levels were taken with resident #2's glucometer.  
On 6/3/2015, at 4 PM resident #2's blood glucose levels were taken with resident #4's glucometer. On 6/10/2015, at 8 PM, resident #2's blood glucose levels were taken with resident #3's glucometer.

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.

2600.85(a)

Glucose monitoring devices were not operating properly.

Glucose monitoring devices will be individually assigned to each resident who is prescribed insulin and glucose monitoring and no cross-utilization will occur.

New Glucocard monitoring devices were obtained for each resident receiving glucose monitoring. (see attached receipts)

Resident physicians were notified of the potential of the cross-utilization of the blood glucose monitor and offered the opportunity to order any desired lab testing. (see attached letters).

All medication staff members were instructed to notify the Health Care Coordinator when glucose monitoring equipment is not working properly and a replacement will be assigned to the resident for use.

Health Care Coordinator and Executive Director will continue to monitor for compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

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 7/23/2015

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

The above plan of correction is approved as of

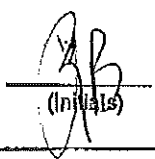
7/24/15  
(Date)

Plan of correction implementation status as of

7/24/15  
(Date)

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

The above plan of correction was approved by

  
(Initials)

Violation Report: 13738 - 08/16/2016 - Kazimer, Lauren  
PCH Name: GREENFIELD OF PERKIOMEN VALLEY

1. REGULATION 65 Pa.Code §2600  
2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION  
On 07/17/2016, at 11:26 AM, the water temperature at the bathroom sink at room # 108 measured 122.5 degrees Fahrenheit.

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.

2600.89(b)

Water temperatures are monitored and logged.

Water heater was adjusted to decrease the water temperature by 4 degrees to maintain below the 2% variance (122.4 degrees) for the 120 degree maximum.

Water temperatures will continue to be monitored and logged.

Maintenance Coordinator and Executive Director will continue to monitor for compliance.

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, Administrator      Date 7/23/2015

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

The above plan of correction is approved as of 7/24/15  
(Date)

Plan of correction implementation status as of 7/24/15  
(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 - 06/16/2015 - Kazimer, Lauren  
PCH Name: GREENFIELD OF PERKIOMEN VALLEY

1. REGULATION 65 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

The first aid kit located in the medication room contained Triple Antibiotic ointment that expired in 7/2014.

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)

The first aid kits had been inspected and all items were checked for expiration dates. The staff member that reviewed the items did not find the date imprint on the end of the tube of antibiotic ointment.

All expired prescription medications, OTC medications and CAM are discarded in accordance with DEP and federal and state regulations.

Community will continue to discard expired prescription medications, OTC medications, and CAM.

Executive Director and designee will continue to monitor for compliance.

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)

Samuel C Frost Administrator

Date

7/23/2015

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The above plan of correction is approved as of

7/24/15  
(Date)

Plan of correction implementation status as of

7/24/15  
(Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

*[Handwritten Initials]*  
(Initials)

Violation Report: 13735 - 06/16/2016 - Kazimer, Lauren  
PCH Name: GREENFIELD OF PERKIOMEN VALLEY

1. REGULATION 55 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

Resident #1 and resident #3's glucometers are not calibrated to the correct month, date and time.

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)

New Glucose monitoring devices (Glucocard) have been purchased for residents receiving glucose monitoring. (see receipts attached to 2600.85(a).

Glucocards have been calibrated and date and time have been set.

Weekly Glucose monitor audits are being performed. (See attached audits for resident #1 and resident #3.

Weekly audits will be maintained to assure calibration and correct date and time.

Health Care Coordinator and Executive Director will continue to monitor for compliance.

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, Administrator*

Date *7/23/15*

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

The above plan of correction is approved as of

*7/24/15*  
(Date)

Plan of correction implementation status as of

*7/24/16*  
(Date)

The above plan of correction was approved by

*[Handwritten Initials]*  
(Initials)

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