



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: MAR 08 2016

Mr. Mitch Richman, Executive Director
Greenfield of Perkiomen Valley, LLC
6312 Seven Corners Center
Falls Church, Virginia 22044

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

Dear Mr. Richman:

As a result of the Department of Human Services' licensing inspection on 10/8/2015 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,

A handwritten signature in black ink, appearing to read "Roslyn Brewer".

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, SCHWENKSVILLE, PA 19473		County: Montgomery
Administrator: Mitch Richmond		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 nm nm		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 0	Waking Staff: 0
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site		
Off-Site Inspection Dates and Inspectors, if Applicable 10/08/2015: Keelty, Jennifer		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: Number of Residents Served: Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: Number of Hospice Residents in past year:	Number of Residents who: Receive Supplemental Security Income: Are 60 Years of Age or Older: Have Mental Illness: Have an Intellectual Disability: Have a Mobility Need: Have a Physical Disability:	

Violation Report: 13735 - 10/08/2015 - Keally, Jennifer
 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 9/25/2015, Resident # 1 sustained an acute right hand fracture. The home did not submit an incident report to the Department until 10/7/2015.

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.

The "owners" of incident report completion, specifically the Health Care Coordinator, Resident Care Coordinator and the Wellness nurses were inserviced on Greenfield's Reportable Incidents Policy and the Reportable Incidents and Conditions sections of the Chapter 2600 regulations.

During morning stand-up meetings, the team discusses any incidents, reportable or otherwise, that occurred the immediate two shifts prior. If there is a reportable incident (as defined in the Chapter 2600 regulations), the team discusses completion of this report and submitting it to the Department of Human Services as required.

Signatures and dates from the Health Care Coordinator, Resident Care Coordinator and Wellness nurses are included with this POC as well as the aforementioned policy.

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) Michelle L. Richmond Date 11/10/15

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

The above plan of correction is approved as of 11/17/15
 (Date)

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

Plan of correction implementation status as of 11/17/15
 (Date)

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