pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: APR 0 4 2016

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
License #: 137350

Dear Mr. Frost:

As a result of the Department of Human Services' licensing inspection on October 20, 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,

Patricia Adams
Human Services Licensing Supervisor

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: 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

I-2
07/12/2012
Borough of Schwensville

Staffing Hours

Resident Support:	**Total Daily Staff:** 138	**Waking Staff:** 104
Type of Inspection: Partial	**BHA Docket Number:**	**Notice:** Unannounced

Reason(s) for Inspection(s)

Incident

On-Site Inspections Dates and Department Representatives On-Site

10/20/2015: McIlvain, Shawn

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: 97

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: 31

Number of Current Hospice Residents: 3

Number of Hospice Residents in past year: 14

Number of Residents who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 96

Have Mental Illness: 0

Have an Intellectual Disability: 0

Have a Mobility Need: 41

Have a Physical Disability: 1

Violation Report: 13736 - 10/20/2015 - McIlvain, Shawn
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
- The home's medication management policy state "Only staff members who have either successfully completed the certified VA State Board of Nursing Medication Training and re eligible to sit for the VA State Board of Nursing Registered Medication Aide Exam, a registered Aide or Licensed Nursing staff employed by the facility and licensed by Virginia State Board of Nursing may administer medications." The homes medication management policy is not applicable for the State of Pennsylvania.

- On 9/24/15, direct care staff person A received resident #1's prescribed Oxycontin 10 mg, 60 count from the pharmacy. Direct care staff person A reported taking the medication to the medication room in Willows and securing them in the narcotics box. On 9/28/15, the medication and control sheet was reported missing. The home does not have a policy for receiving controlled 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.

See attached

Repeat Violation: Yes	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) Amy Kehrer, Admin. Date 2/17/16

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

The above plan of correction is approved as of 2/17/16 (Date)

The above plan of correction was approved by (Initials)

Plan of correction implementation status as of 2/17/16 (Date)

- [ ] Fully Implemented
- [x] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

Violation Report: 13735-10/20/15-McIlvain, Shawn
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
-The home's medication management policy state "Only staff members who have either successfully completed the certified VA State Board of Nursing Registered Medication Aide Exam, a registered Aide or Licensed Nursing staff employed by the facility and licensed by Virginia State Board of Nursing may administer medications. " The homes medication management policy is not applicable for the State of Pennsylvania.
-On 9/24/15, direct care staff person A received resident #1's prescribed Oxycontin 10 mg, 60 count from the pharmacy. Direct care staff person A reported taking the medicaation to the medication room in Willows and securing them in the narcotics box. On 9/28/15, the medication and control sheet was reported missing. The home does not have a policy for receiving controlled medications.

3. PLAN OF CORRECTION (POC)
The home does indeed have a medication management policy that is applicable for the State of Pennsylvania (attached). The Department representative was given an outdated policy. The home disputes not having a policy for receiving controlled medications (attached Equipment/ Medication Storage Policy).

It was reported to the Department representative that the blister pack and control sheet were missing. The medication was received, but the home could not provide the documentation since the control sheet was taken. The representative was provided documentation that supports the home does indeed account for the receipt of controlled substances. The representative was given (attached) the signed delivery sheet of the medication in question for Resident 1.

As a result of this incident, the home decided to use a Medication Receipt form (attached). Medication Techs will be inserviced on the use of this form. The home expects to begin to utilize this form as of 2/22/16.

Additionally, as a result of this incident, the home decided to take a proactive approach by inservicing the Medication Techs on the following policies: Medication Management, Administration, Self-Administration, Resident Education, Medication Record, Labeling, Prescription, Medication Error, Missing Medication and Storage. The inservices were completed by 10/2/15.

The Health Care Coordinator (HCC) or designee is responsible for the monitoring and compliance of 2600.185 (a).

Violation Report: 13735 - 10/20/2016 - McIlvain, Shawn
PCH Name: GREENFIELD OF PERKIOMEN VALLEY

1. REGULATION 55 Pa.Code §2600

2600.185(b) - At a minimum, the procedures in § 2600.185(a) shall include:

(1) Documentation of the receipt of controlled substances and prescription medications.
(2) A process to investigate and account for missing medications and medication errors.
(3) Limited access to medication storage areas.
(4) Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration. This requirement does not apply for a resident who self-administers medication without the assistance of a staff person and stores the medication in his/her room.

2a. DESCRIPTION OF VIOLATION

- On 9/24/16, direct care staff person A received resident #1's prescribed Oxycontin 10 mg, 60 count from the pharmacy. Direct care staff person A reported moving the medication to the medication room in Willows and securing it in the narcotics box. On 9/28/16, the medication and control sheet was reported missing. The home does not have a policy for the receipt of controlled and prescription medications.

- The home's Medication Management policy for narcotics states "two facility certified staff members who are authorized to administer medications will complete a controlled drug count at the beginning and ending of each shift for all narcotics." There is no documentation the home is following the policy.

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.

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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) Amy Kehrer, Admin. Date 2/16/17

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- ☐ Partially Implemented - Inadequate Progress
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Violation Report: 13735-10/20/15-McIlvain, Shawn
PCH Name: GREENFIELD OF PERKIOMEN VALLEY

1. REGULATION 55 Pa. Code § 2600
2600.185(b)-At a minimum, the procedures in 2600.185(a) shall include:
(1) Documentation of the receipt of controlled substances and prescription medications.
(2) A process to investigate and account for missing medications and medication errors.
(3) Limited access to medication storage areas.
(4) Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration. This requirement does not apply for a resident who self-administers medication without the assistance of a staff person and stores the medication in his/her room.

2a. DESCRIPTION OF VIOLATION
-On 9/24/15, direct care staff person A received resident #1's prescribed Oxycontin 10 mg, 60 count from the pharmacy. Direct care staff person A reported moving the medication to the medication room in Willows securing it in the narcotics box. On 9/28/15, the medication and control sheet was reported missing. The home does not have a policy for the receipt of controlled and prescription medications.
-The home's Medication Management policy for narcotics states "two facility certified staff members who are authorized to administer medications will complete a controlled drug count at the beginning and ending of each shift for all narcotics." There is no documentation the home is following the policy.

3. PLAN OF CORRECTION(POC)
The home discovered that the specific count sheet was missing. Up until the missing blister, the count sheets were in place. Documentation to support that the home is indeed following policy include the attached, 1. "Controlled Drug Shift Count Record" for this specific medication for resident 1, Date received 8/31/15, 2. "Controlled Drug Shift Count Record" for said medication for resident 1, Quantity 30 for September, 2015, 3. "Controlled Drug Count Sheet Record for said medication for resident 1.

As a reinforcement to follow policies, Medication Techs received in-service training on the following policies: Medication Management, Administration, Self-Administration, Resident Education, Medication Record, Labeling, Prescription, Medication Error, Missing Medication and Storage. The training was completed by 10/2/15. The policies and staff acknowledgement forms were attached to the POC of 2600.185(a).

The Health Care Coordinator (HCC) or designee is responsible for the monitoring and compliance of 2600.185 (b).

Violation Report: 13735 - 10/20/2015 - McIlvain, Shavn
PCH Name: GREENFIELD OF PERKIOMEN VALLEY

1. REGULATION 55 Pa.Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
On 9/28/15, resident #1's ordered dose of OxyContin 10 mg every12 hours, was not available for administration at 8:30 AM and 8:00 PM and on 9/29/15 at 8:30 AM.

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.

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Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Amy Lehrer, Admin.

Date 2/17/16

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The above plan of correction is approved as of 3/24/16 (Date)

The above plan of correction was approved by (Initials)

Plan of correction implementation status as of 3/24/16 (Date)

- ☐ Fully Implemented
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- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

Violation Report: 13735-10/20/15-McIlvain, Shawn
PCH Name: GREENFIELD OF PERKIOMEN VALLEY

1. REGULATION 55 Pa. Code § 2600
2600.187(d)-The home shall follow the directions of the prescriber

2a. DESCRIPTION OF VIOLATION
On 9/28/15, resident #1's ordered dose of OxyContin 10 mg every 12 hours, was not available for administration at 8:30 AM and 8:00 PM and on 9/29/15 at 8:30 AM.

3. PLAN OF CORRECTION (POC)
With the OxyContin 10 mg not available for administration at the noted times, the home did not, and could not, abide by 2600.187(d) in this specific case. Per the medication management policy (attached), when a "medication is not administrered in a timely manner, the Medication Technician/Aide must report this to the licensed nursing staff and/or Health Care Coordinator (HCC) for further instructions on how to proceed." The missing medication was indeed reported to the HCC who initiated an investigation.

Additionally, according to the missing medication policy (attached), "upon discovering a missing medication(s), the medication assistant, medication tech or nurse will complete the first section of the Missing Medication Report Form (attached). The home's practice was to use a standard incident report form for such purposes. The home will inservice the Medication Techs on the use of the Missing Medication Report form and will be in place by 2/22/16.

Moving forward, the HCC or designee will investigate the circumstances surrrounding the missing medication and, if necessary, involve others in the investigation and resolutiion to include, but perhaps not limited to, the state police (Schwenksville does not have local police), DHS, prescribing physician, responsible party and the contracted pharmacy as well as specific staff.

Violation Report: 13735 - 10/20/2015 - McIlvain, Shawn
PCH Name: GREENFIELD OF PERKIOMEN VALLEY

1. REGULATION 55 Pa.Code §2600
2600.188(d) - There shall be a system in place to identify and document medication errors and the home's pattern of error.

2a. DESCRIPTION OF VIOLATION
The home does not have a system to identify and document medication errors and patterns of errors. Neither staff person B the administrator, or staff person C, who is responsible for medication administration, are able to describe such a system.

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.

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Violation Report: 13735-10/20/15-McIlvain, Shawn
PCH Name: GREENFIELD OF PERKIOMEN VALLEY

1. REGULATION 55.Pa. Code § 2600
2600.188(d)-There shall be a system in place to identify and document medication errors and the home's pattern of error.

2a. DESCRIPTION OF VIOLATION
The home does not have a system to identify and document medication errors and patterns of errors. Neither staff person B the administrator, or staff person C, who is responsible for medication administration, are able to describe such a system.

3. PLAN OF CORRECTION (POC)
The home challenges the assertion that staff person B and staff person C were unable to describe the system of identifying and documenting medication errors and patterns of errors. Both staff person B and staff person C referenced the medication error policy (attached).

In light of this situation that occurred at the home, a decision was made to use a Medication Error Report (attached). Medication Tech staff will be inserviced and the form will be used by 2/22/16.

Additionally, since there was and has been a medication error policy, the interviewing staff to determine if the home has an operating systemthat identifies and documents medication errors and the home's pattern of errors becomes moot.