



July 16, 2019

Mr. Brian Clark
Director
Greenfield of Perkiomen Valley, LLC
125 North Washington Street
Falls Church, Virginia 22046

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

Dear Mr. Clark:

As a result of the Department's Bureau of Human Services Licensing annual inspection on February 26 and 27, 2019 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) must be maintained.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink that reads "Carolyn K. Ellison".

Carolyn K. Ellison,
Deputy Secretary, Office of Administration
Shared Services for Health and Human Services

Enclosure
Violation Report

Violation Report: 13735 - 02/26/2019 - Swisher, Michele
 PCH Name: GREENFIELD OF PERKIOMEN VALLEY

1. REGULATION 55 Pa.Code §2600
 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION
 The contract for resident #1 was not signed by the resident.

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.

Please see attached.....

Administrator or designee will ensure all resident contracts are signed by all the individuals specified in regulation 2600.25(b). Within 30 days receipt of POC resident contracts will be audited to ensure they are signed by correct parties.

SP 06-29-19

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Brian Clark ED</i>	Date <i>4.9.19</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>06-29-19</u> (Date) The above plan of correction was approved by <u>SP</u> (Initials)	Plan of correction implementation status as of <u>06-29-19</u> (Date) <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
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**Plan of Correction
Greenfield Senior Living,
Perkiomen Valley
License#137350**

1. **Regulation 2600.25(b):** The contract should be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the residents designated person if any, if the resident agrees.
2. **Citation:** The contract for resident #1 was not signed by the resident.
3. **Plan of Correction:**
 - a. The contract will be signed by every resident.
 - b. Greenfield Senior Living policy states that each resident and designee sign "Resident Agreement" and schedule of fees at time of contract signing.
 - c. Administrator or designee will be present for contract signing making sure resident signs contract. This has happened immediate as of 2/27/19.

Violation Report: 13735 - 02/26/2019 - Swisher, Michele
 PCH Name: GREENFIELD OF PERKIOMEN VALLEY

1. REGULATION 55 Pa.Code §2600
 2600.41(e) - A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in § 2600.41(d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION
 Resident #1's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

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.

Please see attached.....

Administrator or designee will ensure all the documentation specified in regulation 2600.41e are kept in the residents' record, including a statement acknowledging the resident received a copy of the resident's rights.

SP 06-29-19

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Brian Clark ED</i>	Date <i>4-9-19</i>
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**Plan of Correction
Greenfield Senior Living,
Perkiomen Valley
License#137350**

1. **Regulation 2600.41(e):** A statement signed by the resident, and, if applicable, the residents designated person acknowledging receipt of a copy of the information specified in Regulation 2600.41(d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.
2. **Citation:** Resident #1 record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.
3. **Plan of Correction:**
 - a. Upon new resident orientation the resident will have reviewed the Resident Rights and Complaint Procedures.
 - b. The Executive Director will have each resident sign and date receipt of these items and place them in the resident contract.
 - c. Time frame is immediate correction.

Violation Report: 13735 - 02/26/2019 - Swisher, Michele PCH Name: GREENFIELD OF PERKIOMEN VALLEY	
1. REGULATION 55 Pa.Code §2600 2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.	
2a. DESCRIPTION OF VIOLATION Direct care staff person A received only 8 hours of annual training in training year January 2018 to December 2018.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
Please see attached.....	
The administrator or designated staff person will monitor all direct care staff training through the quality management review process to ensure all staff persons receive the required 12 hours of annual training during each established training year.	
SP 06-29-19	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>[Signature]</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Bruce Clark</i>	Date: <i>4-9-19</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
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**Plan of Correction
Greenfield Senior Living,
Perkiomen Valley
License#137350**

1. **Regulation 2600.65(e):** Direct Care staff persons shall have at least 12 hours of annual training relating to their job duties.
2. **Citation:** Direct care staff person A only received 8 hours of annual training in training year January 2018 to December 2018
3. **Plan of Correction:**
 - a. Personal Care Home Staff Training plan has been updated to include 12 hours of annual training for each staff member in community.
 - b. Training binders have been created and updated with 2019 required trainings for staff members
 - c. Monthly Staff meeting will continue to review one training topic that is required by regulation
 - d. Staff will have a sign off sheet that will need to be completed upon training completion
 - e. All items have been immediately updated for 2019

Violation Report: 13735 - 02/26/2019 - Swisher, Michele
 PCH Name: GREENFIELD OF PERKIOMEN VALLEY

1. REGULATION 55 Pa.Code §2600
 2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:
 (1) Medication self-administration training.
 (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
 (3) Care for residents with dementia and cognitive impairments.
 (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
 (5) Personal care service needs of the resident.
 (6) Safe management techniques.
 (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION
 Direct care staff person A did not receive training in the following topics for training year January 2018 to December 2018:
 Medication self-administration training
 Care for residents with dementia and cognitive impairments
 Personal care service needs of the resident

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.


Please see attached.....

The administrator or designee will review all current staff training records to ensure all staff persons have completed the required training in accordance with regulation 2600.65f during the 2018 training year. All staff will receive 12 hours annual training including trainings specified in 2600.65f within annual training year. Documentation will be kept by home and made available for Department review.

SP 06-29-19

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)	Date
Brian Clark	4-9-19

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**Plan of Correction
Greenfield Senior Living,
Perkiomen Valley
License#137350**

1. **2600.65(f)** - Training topics for the annual training for direct care staff persons shall include the following: (1) Medication self-administration training. (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan. (3) Care for residents with dementia and cognitive impairments. (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration. (5) Personal care service needs of the resident. (6) Safe management techniques. (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.
2. Citation: Direct care staff person did not receive training in the following topics for the year January 2018 – December 2018:
 - a. Medication Self Administration
 - b. Care for residents with dementia and cognitive impairments
 - c. Personal care service needs of the residents
3. Plan of Correction:
 - a. Medication Self Administration was given to ALL care staff on 2/27/19.
 - i. Will continue training as new staff is onboarded
 - b. Care for residents with dementia and cognitive impairments
 - i. Scheduled trainings for 2 times per calendar year for staff working in SDU.
 - ii. All other staff will be trained during onboarding and annually.
 - c. Personal care services need of a resident
 - i. Training added to PCH yearly training plan
 - d. Administrator will review staff training binders monthly to ensure compliance

Violation Report: 13735 - 02/26/2019 - Swisher, Michele
 PCH Name: GREENFIELD OF PERKIOMEN VALLEY

1. REGULATION 55 Pa.Code §2600
 2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:
 (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
 (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
 (3) Resident rights.
 (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
 (5) Falls and accident prevention.
 (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION
 Direct care person A did not receive training the following topics during training year January 2018 to December 2018:
 Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert
 Emergency preparedness procedures and recognition and response to crises and emergency situations
 Resident rights
 The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).

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.

Please see attached.....

The administrator or designee will review all current staff training records to ensure all staff persons have completed the required training in accordance with regulation 2600.65g during the 2018 training year. All staff will receive 12 hours annual training including trainings specified in 2600.65g within annual training year. Documentation will be kept by home and made available for Department review.

SP 06-29-19

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) Brian Clark ED	Date 4.9.19
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Plan of Correction
Greenfield Senior Living,
Perkiomen Valley
License#137350

1. 2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas: (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. (2) Emergency preparedness procedures and recognition and response to crises and emergency situations. (3) Resident rights. (4) The Older Adult Protective Services Act (35 P. S. § 10225.101—10225.5102). (5) Falls and accident prevention. (6) New population groups that are being served at the home that were not previously served, if applicable.
2. Citation: Direct care staff person A did not receive training for the following topics during January 2018-December 2018:
 - a. Fire safety completed by a fire safety expert or by a staff member trained by the fire safety expert
 - b. Emergency Preparedness procedures and recognition and response to crisis's and emergency situations
 - c. Resident Rights
 - d. The Older Adult Protective Services Act
3. Plan of Correction:
 - a. All training will be logged on a yearly sign up sheet to be kept in the employee file for easy access.
 - b. Trainings will be reviewed monthly and all staff that have not taken will be required before putting on schedule
 - c. Administrator will review ALL trainings for compliance

Violation Report: 13735 - 02/26/2019 - Swisher, Michele
 PCH Name: GREENFIELD OF PERKIOMEN VALLEY

1. REGULATION 55 Pa.Code §2600
 2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION
 The bed in room 205 does not have a source of light that can be turned on/off from bedside. Room 414 is a shared bedroom for a married couple with one shared bed. The bed in room 414 does not have a source of light that can be turned on/off from bedside on either side of the bed.

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.

Please see attached.....

Administrator or designee will ensure all residents have an operable lamp or light source that can be turned on from bedside. Resident bedrooms will be checked during physical site checks to maintain compliance.
 SP 06-29-19

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>Erin Clark ED</i>	Date <i>4-9-19</i>
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**Plan of Correction
Greenfield Senior Living,
Perkiomen Valley
License#137350**

1. Regulation 2600.101(j)(7) – Each resident shall have the following in the bedroom: An operable lamp or other source of lightening that can be turned on at bedside.
2. Citation: The bed in room 205 does not have a source of light that can be turned on/off from bedside. Room 414 is a shared bedroom for a married couple with one shared bed. The bed in room 414 does not have a source of light that can be turned on/off from bedside of the bed.
3. Plan of Correction:
 - a. Room 225 has placed a push lamp above bed for easy access in the dark
 - b. Effective immediately, all resident rooms are to be checked by our Maintenance Coordinator and checked off on with proper compliance for living conditions.
 - c. Each side of the bed of a shared room (spouse) will have a source of lighting that can be turned on ay bedside. Room 414

Violation Report: 13735 - 02/26/2019 - Swisher, Michele
 PCH Name: GREENFIELD OF PERKIOMEN VALLEY

1. REGULATION 55 Pa.Code §2600
 2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

2a. DESCRIPTION OF VIOLATION
 The home's written emergency procedures have not been submitted to the municipal emergency management agency in 2017 or 2018.

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.

Please see attached.....

Administrator or designee will ensure written emergency procedures are reviewed, updated, and submitted annually to the local emergency management agency. Documentation will be maintained by home and made available for Department review.

SP 06-29-19

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Brian Clark ED</i>	Date <i>4-9-19</i>
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**Plan of Correction
Greenfield Senior Living,
Perkiomen Valley
License#137350**

1. Regulation 2600.107(d): The written emergency procedures shall be reviewed and submitted annually to the local emergency management agency.
2. Citation: The homes written emergency procedures have not been submitted to the municipal emergency management agency in 2017 or 2018.
3. Plan of Correction: Emergency Procedure manual has been submitted to the local emergency management agency for 2019. Currently waiting for return of the signed document from the borough. Maintenance Coordinator will keep a checklist of items needed annually for the emergency procedure manual.

Violation Report: 13735 - 02/26/2019 - Swisher, Michele
 PCH Name: GREENFIELD OF PERKIOMEN VALLEY

1. REGULATION 55 Pa.Code §2600
 2600.181(d) - If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

2a. DESCRIPTION OF VIOLATION
 Resident # 2 self administers medications and stores the medications in their bedroom. On 2/27/2018, several bottles, boxes and blister packages of numerous medications were observed in a drawer that does not have a lock. During the interview, the resident admitted that they do not store their medications in a locked drawer and they do not lock the door when not present in the room.

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.

Please see attached.....

Administrator or designee will ensure all residents who self-administer medication and keep medication in their room have it stored in a locked and secured area as specified in regulation 2600.181d.

SP 06-29-19

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>Brian Clark ES</i>	Date <i>4-9-19</i>
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**Plan of Correction
Greenfield Senior Living,
Perkiomen Valley
License#137350**

1. Regulation 2600.18(d): If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.
2. Resident #2 self-administers medication and stores the medications in their bedroom. On 2/27/2019, several bottled, boxes and blister packs of numerous medications were observed in a drawer that does not have a lock. During the interview, the resident admitted that they do not store their medications in a locked drawer, and they do not lock the door when not present in the room.
3. Plan of Correction: Health Care Coordinator has reviewed GSL Policy as well as State of PA's regulation on Medication Self Administration (effective Immediately). Health Care Coordinator will continue to do her 30 Self Med Evals to ensure all residents are compliant with the regulation.

Violation Report: 13735 - 02/26/2019 - Swisher, Michele
 PCH Name: GREENFIELD OF PERKIOMEN VALLEY

1. REGULATION 55 Pa.Code §2600
 2600.236 - Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training specified in § 2600.65 (relating to direct care staff person training and orientation).

2a. DESCRIPTION OF VIOLATION
 Direct care staff person A did not receive training in dementia care during training year January 2018 to December 2018.

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.

Please see attached.....

The administrator or designee will review all current staff training records to ensure all staff persons who work in the SDCU have completed the required training in accordance with regulation 2600.236 during the 2018 training year. All staff who work in the SDCU will receive 6 additional hours annual training related to dementia care in accordance with regulation 2600.236. Documentation will be kept by home and made available for Department review.

SP 06-29-19

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Don A. Clark*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Don Clark ED* Date *4-9-19*

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**Plan of Correction
Greenfield Senior Living,
Perkiomen Valley
License#137350**

1. Regulation 2600.236: Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training specified in § 2600.65 (relating to direct care staff person training and orientation).
2. Citation: Direct Care staff person A did not receive training in dementia care during training year January 2018 to December 2018
3. Plan of Correction: The dementia training (6additional hours) has been added to the Annual Training schedule to be given 2 times per year. This will be kept in a separate file for training and reviewed monthly for staff members needing the 6 additional training hours for SDU. Administrator will keep the training binders and update annually.