



Sent via e-mail bclark@greenfieldseniorliving.com
Sent via e-mail mals@greenfieldseniorliving.com
July 17, 2020

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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on February 20 and 21, 2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Mia Johnson

Mia Johnson
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *GREENFIELD OF PERKIOMEN VALLEY*
Address: *300 PERKIOMEN AVENUE,, SCHWENKSVILLE, PA 19473*
County: *MONTGOMERY* Region: *SOUTHEAST*

License Number: *13735*

Administrator

Name: *Brian A Clark* Phone: *6102871822* Email:
bclark@greenfieldseniorliving.com,
mals@greenfieldseniorliving.com

Legal Entity

Name: *GREENFIELD OF PERKIOMEN VALLEY LLC*
Address: *125 NORTH WASHINGTON STREET, FALLS CHURCH, VA, 22046*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *03/10/1998* Issued By: *Commonwealth of PA, L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *82* Waking Staff: *62*

Inspection

Type: *Full* BHA Docket #: Notice: *Unannounced*
Reason: *Renewal*

Inspection Dates and Department Representative

02/20/2020 - On-Site: Dean Gray, David Carrion
02/21/2020 - On-Site: Dean Gray, David Carrion

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *120* Residents Served: *64*

Secured Dementia Care Unit

In Home: *Yes* Area: *Secured Unit* Capacity: *44* Residents Served: *14*

Hospice

Current Residents: *5/12*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *64*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *18* Have Physical Disability: *1*

18 - Compliance With Laws

Regulations

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

According to the Carbon Monoxide Alarms Standards Act, which went into effect September 23, 2016, a carbon monoxide detector shall be installed in close proximity of, but not less than 15 feet from, any fossil fuel burning device or appliance. On 02/21/2020, the home did not have a carbon monoxide detector near the boiler in the work shop, boiler room #2 and near the water heater in the kitchen.

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.)

Legal Entity Representative

[Handwritten Signature]

Signature

Brian Clark Ec. Dir

Printed Name and Title

4/19/20

Date

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The above plan of correction is approved as of 7/16/20
(Date)

Plan of correction implementation status as of 7/16/20
(Date)

Implemented

Not Implemented

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

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

1. Regulation 2600.18: Applicable health and safety laws.

A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2. Citation: According to The Carbon Monoxide Alarms Standard Act, a carbon monoxide detector shall be installed in proximity of, but not less than 15 ft. from, any fossil fuel burning device or appliance. Home did not have a carbon monoxide detector near the boiler in the workshop, and near the water heater in the kitchen.

3. Plan of Correction:

- a. Carbon monoxide detector was placed in both areas on 2/23/20.
- b. Preventative maintenance plan has been updated to include these detectors
- c. Immediate correction

65g - Annual Training Content

Regulations

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. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite 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.

Description of Violation

Staff person A did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert during training year January 01, 2019 to December 31, 2019.

Repeat Violation: 02/26/2019

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.)

Legal Entity Representative



Signature

Brian Clark

Printed Name and Title

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**Plan of Correction
Greenfield Senior Living,
Perkiomen Valley
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2600.65. Direct care staff person training and orientation.

(a) Prior to or during the first workday, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the firesafe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.

1. Citation: Staff person A did not receive training in fire safety completed by a fire safety expert during the training year Jan. 1, 2019 to Dec. 31, 2019

2. Plan of Correction:

- a. Fire Safety training will be completed annually at staff members anniversary date by the fire safety expert
- b. Ensure that each staff member has the correct amount of training annually
- c. Time frame is immediate correction.

89b - Hot Water Temperature

Regulations

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.


Description of Violation

On 02/21/2020, at 10:45 am, the hot water temperature at the bathroom sink in room 125 measured 125.9 degrees Fahrenheit.

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.)

Legal Entity Representative


Signature

Brian Clark *EO. Dir*
Printed Name and Title


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1. **Regulation 2600.89. Water:** Hot water temperature in areas accessible to the resident may not exceed 120°F.
2. Citation: On 2/21/2020, at 10:45 am, the hot water temperature at the bathroom sink in room 125 measured 125.9 degrees Fahrenheit
3. Plan of Correction:
 - a. Water temperature was lowered 7 degrees Fahrenheit to assure temperature in room 125 was under the 120-degree Fahrenheit recommendation.
 - b. Monthly monitoring by Director of Maintenance will ensure this is no longer an issue
 - c. Immediate correction

96a - First Aid Kit

Regulations

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The first aid kit in the hallway by the Facilities Coordinator's Office does not include a breathing shield.

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.)

Legal Entity Representative

[Handwritten Signature]

Signature

Brian Clark ex. Dir

Printed Name and Title

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

1. **2600.96. First aid kit:** The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.
2. Citation: The first aide kit in the hallway by the Facilities Coordinator Office does not include a breathing shield
3. Plan of Correction:
 - a. Director of Nursing has removed First Aid Kit from hallway and made sure all items were stocked
 - b. Checklist updated to include this first aid kit in quarterly review
 - c. Immediate correction

101j7 - Lighting/Operable Lamp

Regulations

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident #1 does not have access to a source of light that can be turned on/off at bedside.

Repeat Violation: 02/26/2019

Plan of Correction (POC)

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Legal Entity Representative

[Handwritten Signature]

Signature

Brian Clark Co. Dir 4/16/20

Printed Name and Title

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**Plan of Correction
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1. **2600.101. Resident bedrooms** – 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: Resident #1 does not have access to a source of light that can be turned on/off at bedside
3. Plan of Correction:
 - a. The resident did have a lamp next to bed. It was unplugged by SDU resident.
 - b. Lamp was been plugged back in during room inspection by Executive Director.
 - c. Lamp was in working order
 - d. Daily checklist created for ALL bedside lamps to be checked for proper functioning daily
 - e. Immediate correction 2/21/2020

103i - Outdated Food

Regulations

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

On 2/21/20, deli ham, a 4 lb turkey breast and an open jar of Bonne Maman Strawberry Preserves were unlabeled and undated in the home's walk-in refrigerator.

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.)

Legal Entity Representative



Signature

Brian Clark co. Dir

Printed Name and Title

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(Initials)

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

1. **2600.103. Food service:** Outdated or spoiled food or dented cans may not be used.
2. Citation: On 2/21/20, deli ham, a 4 lb. Turkey breast and an open jar of Bonne Maman Strawberry preserves were unlabeled and undated in homes walk-in refrigerator
3. Plan of Correction:
 - a. Dietary has been re-trained on proper label and dating of items
 - b. Immediate correction 2/21/2020

121a - Unobstructed Egress

Regulations

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

Exit #8, in the secure dementia unit, is marked as an exit; however, the door does not have a keypad or any means to unlock the door. The door only releases in the event the fire alarm is pulled. In the case of an emergency not related to a fire, this door/exit is not accessible.

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 doc

See attached

Legal Entity Representative

[Handwritten Signature]

Signature

Bria Clark *Gen. Dir*

Printed Name and Title

4/19/20

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**Plan of Correction
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1. **2600.121. Unobstructed egress:** Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.
2. Citation: Exit #8 in the SDU, is marked as an exit, however, the door does not have a keypad or any means to unlock the door. The door only releases in the event the fire alarm is pulled. In the case of an emergency not related to a fire, this door/exit is not accessible.
3. Plan of Correction:

Please see attached documentation from Lower Frederick Fire Company

DPOC

Immediately the Administrator or designee will have a keypad or other means of opening the door installed. Documentation will be submitted within 5 days of completion to M. Johnson at the Southeast Regional office at ra-pwarlsoutheast@pa.gov or fax at 610-270-1147. 7/16/20 

185a - Implement Storage Procedures

Regulations

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.

Description of Violation

Resident #2 is prescribed Trazodone Tab 50 MG - take 1/2 tablet by mouth every 6 hours as needed for anxiety. On 02/21/2020 this medication was not available in the home.

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.)

Legal Entity Representative

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

1. **2600.185. Accountability of medication and controlled substances.** 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.
2. Citation: Resident #2 is prescribed Trazadone Tab 50mg – take ½ tablet by mouth every 6 hours as needed for anxiety. On 2/21/2020 this medication was not available in home.
3. Plan of Correction:
 - a. Cart audits will include PRN medicines and be done monthly to ensure ALL medications are accounted for.
 - b. Director of Nursing will do follow-up cart audits monthly
 - c. Correction 3/1/20

227d - Support Plan Medical/Dental

Regulations

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment for resident #3, dated 09/09/2019, indicates the resident has a need for "Toileting" and "Bowel Management". The resident's support plan, dated 09/09/2019 does not document how this need will be met.

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.)

Legal Entity Representative

[Handwritten Signature]

Signature

Brian Clark

Printed Name and Title

Ec. Dir

4/9/20

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Plan of Correction
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Perkiomen Valley
License#137350

1. **2600.227. Development of the support plan:** (d) Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.
2. Citation: The assessment for resident #3, dated 09/09/2019, indicates the resident has a need for "Toileting" and "Bowel Management". The residents support plan dated 09/09/2019 does not document how this need will be met.
3. Plan of Correction:
 - a. Toileting and bowel management was selected an error.
 - b. Wellness nurse will have management review all rasp upon completion and review for errors.
 - c. Immediate correction implemented

231c - Preadmission Screening

Regulations

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident #2 was admitted to the Secure Dementia Care Unit (SDCU) on 08/08/2018. However, the resident's written cognitive preadmission screening was not completed.

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 DME

Legal Entity Representative

[Handwritten Signature]

Signature

Bria Cloh uletzu

Printed Name and Title

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**Plan of Correction
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1. **2600.231. Admission:** A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.
2. Citation: Resident #2 was admitted to the SDU on 8/8/2018. However, the resident's written cognitive preadmission screening was not completed.
3. Resident physically moved into the facility on 8/9/18 lived in the personal care unit. Resident did not have a diagnosis of dementia, until DME dated 12/3/19. At that time a cognitive preadmission screening was completed for secure memory care.

233c - Key-Locking Devices

Regulations

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The directions for operating the home's locking mechanism are not conspicuously posted near the door to the Secure Dementia Care Unit (SDCU) as you reenter from the secured patio.

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

Legal Entity Representative

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Signature

Brian Clark Ex. Dir 4/19/20

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1. **2600.233. Doors, locks and alarms:** If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.
2. Citation: The directions for operating the homes locking mechanism are not conspicuously posted near the door to the SDU patio as you reenter.
3. Plan of Correction:
 - a. Key code posted
 - b. Immediate correction 2/21/20

234b - Support Plan Needs Elements

Regulations

2600.

234.b. The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

Description of Violation

The support plan, dated 01/04/2020, for resident #2 does not address the residents diagnosis of dementia and the need to live in a secured dementia care unit as indicated on the resident's medical evaluation dated 12/03/2019.

Plan of Correction (POC)

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Legal Entity Representative

[Handwritten Signature]
Signature

Brian Clark *Exec. Dir*
Printed Name and Title

4/9/20
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(Initials)

**Plan of Correction
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License#137350**

1. **2600.234. Resident care:** The support plan must identify the resident's physical, medical, social, cognitive and safety needs.
2. **Citation:** The support plan, dated 01/04/2020, for resident #2 does not address the resident's diagnosis of dementia and the need to live in a SDU as indicated on the residents medical evaluation date 12/03/19
3. **Plan of Correction:**
 - a. Wellness nurse will have management review all rasp upon completion and review for errors.
 - b. Immediate correction