


Department of Human Services
Bureau of Human Service Licensing

July 7, 2021

 EXECUTIVE DIRECTOR
GREENFIELD OF PERKIOMEN VALLEY LLC
125 NORTH WASHINGTON STREET
FALLS CHURCH, VA 22046

RE: GREENFIELD OF PERKIOMEN
VALLEY
300 PERKIOMEN AVENUE
SCHWENKSVILLE, PA, 19473
LICENSE/COC#: 13735

Dear Mr. Thomson,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/11/2021, 05/12/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Mia Johnson

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC**

Facility Information

Name: GREENFIELD OF PERKIOMEN VALLEY **Licen e #:** 13735 **Licen e Expiration Date:** 08/09/2021
Addr e : 300 PERKIOMEN AVENUE, SCHWENKSVILLE, PA 19473
County: MONTGOMERY **Region:** SOUTHEAST

Administrator

Name: [REDACTED] **Phone:** 6102871822 **Email:** [REDACTED]

Legal Entity

Name: GREENFIELD OF PERKIOMEN VALLEY LLC
Address: 125 NORTH WASHINGTON STREET, FALLS CHURCH, VA, 22046
Phone: 6102871822 **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 03/10/1998 **Issued By:** Commonwealth of Pa

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 80 **Waking Staff:** 60

Inspection

Type: Full **Notice:** Unannounced **BHA Docket #:**
Rea on: Renewal **Exit Conference Date:** 05/12/2021

Inspection Dates and Department Representative

05/11/2021 - On-Site: [REDACTED]
05/12/2021 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 120 **Residents Served:** 56

Secured Dementia Care Unit

In Home: Yes **Area:** SCDU **Capacity:** 44 **Re ident Served:** 13

Hospice

Current Residents: 3

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 55
Diagnosed with Mental Illness: 2 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 24 **Have Physical Disability:** 2

Inspections / Reviews

05/11/2021 - Full

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow-Up Date: *06/04/2021*

7/1/2021 POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *07/04/2021*

7/7/2021 - Document Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Not Required*

65a - FS Orientation 1st Day

1. Requirements

2600.

- 65.a. Prior to or during the first work day, 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 fire-safe 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.
 6. Smoke detectors and fire alarms.
 7. Telephone use and notification of emergency services.

Description of Violation

Staff person A, whose first day of work was [REDACTED] did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services.

Plan of Correction**Accept**

Staff person A received training on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services. Documentation is attached.

Quarterly audits have been implemented to review new hire files to ensure training occurs as planned.

Completion Date: 06/16/2021

Document Submission**Implemented**

Staff person A received training on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services. Documentation is attached.

Quarterly audits have been implemented to review new hire files to ensure training occurs as planned.

65b - Rights/Abuse 40 Hours

1. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- 1. Resident rights.
- 2. Emergency medical plan.
- 3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
- 4. Reporting of reportable incidents and conditions.

Description of Violation

Staff person A completed his/her 40th scheduled work hour on [REDACTED]. However, this staff person did not complete training in the following topics: resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), reporting of reportable incidents and conditions.

Plan of Correction

Accept

Staff person A received training on the following topics: Resident rights; Emergency medical plans; Mandatory abuse reporting; incident reporting. Documentation is attached.

Quarterly audits have been implemented to review new hire files to ensure training occurs as planned.

Completion Date: 06/16/2021

Document Submission

Implemented

Staff person A received training on the following topics: Resident rights; Emergency medical plans; Mandatory abuse reporting; incident reporting. Documentation is attached.

Quarterly audits have been implemented to review new hire files to ensure training occurs as planned.

101j7 - Lighting/Operable Lamp

1. Requirements

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 in room [REDACTED] in memory care does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept

Lamp has been placed near bedside of resident (image attached).

Completion Date: 05/13/2021

Document Submission

Implemented

Lamp has been placed near bedside of resident (image attached). Staff will complete room checks during each shift to ensure each resident room has a light that can be turned on/off from bedside. Staff will alert management if any lights are missing or inoperable.

183e - Storing Medications

1. Requirements

2600.

- 183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer s instructions.

Description of Violation

On 5/12/21, 1 white and 1 orange oval shaped pill was observed in 3rd drawer of the medication cart in personal care.

Plan of Correction

Accept

Medication cart audit occurred on 5/13. Storage training has been conducted. See document attached. Audits will take place on a quarterly basis.

Completion Date: 06/16/2021

Document Submission

Implemented

Medication cart audit occurred on 5/13. Storage training has been conducted. See document attached. Audits will take place on a quarterly basis.

185a Implement Storage Procedures

1. Requirements

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

On 5/12/21, staff person B left the medication cart unattended during the medication audit with the Department.

Plan of Correction

Accept

Staff person B received counseling on safe storage, access, security, and distribution of medications. All Med Techs received similar training as well. See document attached.

This training will be conducted on an annual basis.

Completion Date: 06/16/2021

Document Submission

Implemented

Staff person B received counseling on safe storage, access, security, and distribution of medications. All Med Techs received similar training as well. See document attached.

This training will be conducted on an annual basis.

187d - Follow Prescriber's Orders

1. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

On 5/5/21, at 7:30 am, resident #1's glucose reading was 196. Resident #1 should have been administered 2 units of LISPRO; however the resident was not administered the medication.

Plan of Correction**Accept**

After reviewing the resident's glucometer, Resident #1's reading on 5/5/1 at 7:30 a.m. was 146, not 196. See image attached. With this reading in place, 2 units of LISPRO should not have been administered, as this is only administered if resident's glucose reading is 150 or above.

Completion Date: 06/17/2021

Document Submission**Implemented**

N/A