

Department of Human Services
Bureau of Human Service Licensing

August 27, 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 ██████████,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/09/2021, 07/13/2021, 07/15/2021, 07/16/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Claire Mendez

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing

August 12, 2021

[REDACTED], 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 [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 07/09/2021, 07/13/2021, 07/15/2021, 07/16/2021 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,
Claire Mendez

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: GREENFIELD OF PERKIOMEN VALLEY **Licen e #:** 13735 **Licen e Expiration Date:** 08/09/2022
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:** COPA L & I

Staffing Hours

Re ident Support Staff: 0 **Total Daily Staff:** 75 **Waking Staff:** 56

Inspection

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Incident **Exit Conference Date:** 07/09/2021

Inspection Dates and Department Representative

07/09/2021 - On-Site: [REDACTED]
07/13/2021 - Off-Site: [REDACTED]
07/15/2021 - Off Site: [REDACTED]
07/16/2021 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

Licen e Capacity: 120 **Re ident Served:** 53

Secured Dementia Care Unit

In Home: Yes **Area:** SDCU **Capacity:** 44 **Residents Served:** 11

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 53
Diagnosed with Mental Illness: 14 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 22 **Have Physical Disability:** 2

Inspections / Reviews

07/09/2021 - Partial

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *08/14/2021*

8/11/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *08/13/2021*

8/12/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *08/20/2021*

8/27/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

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 § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 6/22/21, Staff Member A grabbed Staff Member A's self mimic a woman's breast and a woman's vagina and said I wish someone would sexually abuse me. Staff Member A said this to Resident # 1, Staff Member B and Staff Member C. The home did not report this incident to the department until 7/7/21.

Plan of Correction

Accept

Staff members were re-trained on the importance and process of reporting allegations of abuse to Greenfield Senior Living leadership immediately. Documentation of the training is attached.

Training of reporting allegations of abuse to leadership will be conducted upon hire and a quarterly basis.

Completion Date: 08/11/2021

Document Submission

Implemented

Staff members were re trained on the importance of reporting allegations of abuse to the leadership team. Staff members were trained and tested on the material provided.

42c Treatment of Residents

1. Requirements

2600.

- 42.c. A resident shall be treated with dignity and respect.

Description of Violation

On 6/22/21 Staff Member B observed Staff Member A ask Resident # 1 if they would like to hear a joke. Staff Member A then motioned on Staff Member A's self a woman's breasts and a woman's vagina and said something about warming up the water.

Plan of Correction

Do Not Accept

Staff member A was immediately suspended after learning of the allegation. The suspension lasted the duration of the investigation, which was 4 days. Upon its conclusion, staff member A was allowed to return to work after he was given a final written warning with regards to his conduct. Documentation is attached.

Completion Date 07/12/2021

Update 08/11/2021

What will the home do to prevent this violation from recurring (other staff persons, etc)? Please list who will be responsible, what actions will be taken, dates and timeframes.

42c - Treatment of Residents *(continued)***Plan of Correction****Accept**

Staff member A was immediately suspended after learning of the allegation. The suspension lasted the duration of the investigation, which was 4 days. Upon its conclusion, staff member A was allowed to return to work after ■■■ was given a final written warning with regards to ■■■ conduct. Documentation is attached.

To prevent this violation from recurring in the future, new employees will continue to review and acknowledge the anti-harassment policy at the time of hire; leadership team members will complete the 'Discrimination and harassment prevention for employees' online webinar (they will select one of nine scheduled times to participate before September 30, 2021); and anti-harassment training will be added to quarterly staff training sessions. This information will be collected and tracked by the Resident Care Coordinator.

Completion Date: 08/12/2021

Document Submission**Implemented**

Documentation for staff member A's discipline is attached. Also attached is a screenshot of one of the upcoming Discrimination and Harassment Prevention training courses offered for the leadership team.

The next anti-harassment training session will occur in October.

65d - Initial Direct Care Training

1. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care Staff Member A, hired on ■■■■ began providing unsupervised ADL services on 6/22/21. However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test.

Plan of Correction**Accept**

Staff member A completed the competency test on 7/18/21 (see documentation attached). Resident Care Coordinator will audit all current direct care staff records to ensure competency test has been completed. To ensure this misstep does not occur again, the community has instituted a procedure whereby all direct care staff complete and submit their department-approved direct care training course certificate prior to their first day of employment, instead of submitting that information prior to their first day of unsupervised ADL services.

Completion Date: 08/11/2021

Document Submission**Implemented**

Resident Care Coordinator audit of direct care staff records are complete and ensured that competency tests are completed.

The community has yet to hire a direct care staff employee since the plan of correction was drafted. The next occurrence will implement the procedure of submitting the department-approved training course certificate prior to first day of employment.

234a - Admission Support Plan

1. Requirements

2600.

234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident # 1 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED] However, the resident's initial support plan was completed on [REDACTED]

Plan of Correction

Accept

The staff member responsible for completing the resident's initial support plan was counseled on proper process for initiating these plans, specifically their completion within 72 hours of admission. The Dementia Care Coordinator will audit all current residents' support plans to ensure they meet state compliance. This process will be overseen by the community's Healthcare Coordinator and audited within 72 hours of admission and quarterly to ensure continued compliance.

Completion Date: 08/11/2021

Document Submission

Implemented

The Dementia Care Coordinator's audit of current memory care residents' support plans is complete and they meet state compliance.