

Department of Human Services  
Bureau of Human Service Licensing

July 20, 2022

[REDACTED]  
GREENFIELD OF PERKIOMEN VALLEY LLC  
[REDACTED]  
[REDACTED]

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 review on 02/15/2022, 02/16/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
[REDACTED]

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 License #: 13735 License Expiration: 08/09/2022  
Address: 300 PERKIOMEN AVENUE, SCHWENKSVILLE, PA 19473  
County: MONTGOMERY Region: SOUTHEAST

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

Name: GREENFIELD OF PERKIOMEN VALLEY LLC  
Address: [REDACTED]  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: Other Date: [REDACTED] Issued By: n/m

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 76 Waking Staff: 57

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #: [REDACTED]  
Reason: Complaint, Incident Exit Conference Date: 02/16/2022

**Inspection Dates and Department Representative**

02/15/2022 - On-Site: [REDACTED]  
02/16/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: 120 Residents Served: 55

**Secured Dementia Care Unit**

In Home: Yes Area: Willow Capacity: 44 Residents Served: 8

**Hospice**

Current Residents: 2

**Number of Residents Who:**

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 55  
Diagnosed with Mental Illness: 14 Diagnosed with Intellectual Disability: 1  
Have Mobility Need: 21 Have Physical Disability: 2

**Inspections / Reviews**

**02/15/2022 - Partial**

Lead Inspector: [REDACTED] Follow Up Type: POC Submission Follow Up Date: 03/13/2022

Inspections / Reviews (*continued*)

03/09/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *03/14/2022*

03/14/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *04/16/2022*

07/20/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 5a1 - DHS Access

## 1. Requirements

2600.

5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:

1. Agents of the Department.

## Description of Violation

On [REDACTED]/2021 an agent of the Department requested access to FBI background check for staff A. The home was unable to access the requested information because the procedures put in place by the home's entity doesn't allow immediate access.

## Plan of Correction

**Directed**

FBI Background check ordered and completed once clarification received on what was required. Appointment at DENTOGO was completed on 3/10/22 and for PA department of Aging FBI background check and fingerprinting. ORDER ID UZSV41VZG6. Within 3 weeks they stated results should be in and available at which time results will be placed in Staff A record for viewing at any time going forward. Responsible party is Executive Director.

**Directed Plan of Correction 3/14/22 CM:**

In addition to the home's plan listed above, by 3/30/22, the administrator or designee will review all current employee files to ensure that all criminal background checks, to include FBI history clearances, if applicable, are present in the employee's file.

**Completion Date:** 03/10/2022

## Document Submission

**Implemented**

PA department of Aging has confirmed results were completed as of 7/15/22 and they will be mailing a copy to my home. Once received via regular mail I will upload to this portal

## 15a Resident Abuse Report

## 1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

## Description of Violation

On [REDACTED]/21 at approx. [REDACTED] pm, resident 1 had an unwitnessed fall in the home, which caused serious bodily injury to the neck and head of the resident. This incident was not reported to the Area of Aging Agency.

## Plan of Correction

**Directed**

If community suspects potential abuse executive director or director of nursing will immediately report to the department of health with 24 hours and follow up with an act 13 and complete reporting to satisfy the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons. Post fall resident was immediately transferred to hospital and investigation was started. There was no evidence of abuse, neglect, or mistreatment of resident as [REDACTED] was independent and alone at the time of [REDACTED] unwitnessed fall in [REDACTED] apartment. Incident was immediately reported to the Department of Health within 24 hours. Received first notification from agency on aging on report of potential abuse, post follow up the allegations of abuse were unfounded. Facility will continue to follow all appropriate guidelines to monitor and report abuse and investigate and report any issues in

15a - Resident Abuse Report (continued)

a timely manner.

**Directed Plan of Correction 3/14/22 CM:**

By 4/15/22, all direct care staff, ancillary staff persons, substitute personnel, volunteers and management staff including the administrator will receive training in abuse reporting and prevention and resident rights from a Department-approved outside source. Documentation of training shall be provided to the Department.

Completion Date: 02/15/2022

Document Submission

Implemented

still awaiting response from [REDACTED] regarding this citation in which we are in disagreement with.

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 [REDACTED]/21 and [REDACTED]/21, the home documented a medication error. The home did not report this incident to the department until [REDACTED]/21.

Plan of Correction

Directed

Medication error was noted upon the quarterly audit on [REDACTED]/21 which then prompted the cart audit. Neither audit revealed any negative findings. Cart audit was conducted on [REDACTED]/21 and revealed there were no other med errors found. This was an isolated incident which only impacted the one resident temporarily. Incident report was completed on [REDACTED]/21 and error was reported to the proper agencies on [REDACTED]/21. Cart audits will be conducted weekly x3 months and continue monthly thereafter. Director of Nursing will be responsible for conducting and monitoring the audits.

**Directed Plan of Correction 3/14/22 CM:**

By 3/30/22, all staff persons shall be educated on the home’s policy and procedures for reportable incidents and conditions including the reporting requirements. Documentation of education shall be provided to the Department.

Starting 3/30/22 and continuing weekly for four months, the administrator or designee shall review all reportable incidents and conditions at least weekly to ensure all reportable incidents and conditions are reported to the Department in accordance with regulation 2600.16c.

Completion Date: 02/15/2022

Document Submission

Implemented

Majority of staff in-services on reportable incidents and reporting requirements. All lesson plans and sign in sheets to be kept on file.

42x - Safeguard

1. Requirements

2600.

**42x - Safeguard (continued)**

42.x. A resident has the right to a system to safeguard a resident's money and property.

**Description of Violation**

On [REDACTED]/21, resident 3 reported that money was stolen from the bedroom. The home did not provide a system to safeguard the resident's valuables prior to or after the reported incident.

**Plan of Correction****Directed**

All residents will be presented with the form to have the option of a locked drawer. This will be completed by 3/20/22. Going forward all new and returning admissions will be presented with this form to either accept or refuse a locked drawer and the document will be kept in the patients file. Furthermore residents are aware of our central safe in which they can store their items. Residents are given a receipt for the items deposited and a ledger book is kept to ensure accountability for what is in the safe. Residents will be reminded of the safe and ability to store monies/valuables within safe during their next three resident council meetings. Policy now in place to ensure safeguarding of resident money and valuables. Director of Nursing and executive director will be responsible parties

**Directed Plan of Correction 3/14/22 CM:**

By 3/30/22, all staff persons shall be educated on the home's system of safeguarding resident's money and property. Documentation of education shall be kept.

Completion Date: 03/20/2022

**Document Submission****Implemented**

Majority of staff have been educated on homes system and policy regarding safeguarding residents monies or property. Lesson plan, and sign in sheets are on file.

**51 - Criminal Background Check****1. Requirements**

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

**Description of Violation**

The home does not have an FBI background check for Staff A, hired on [REDACTED]/22.

**Plan of Correction****Directed**

FBI Background check ordered and completed once clarification received on what was required. Appointment at IDENTOGO was completed on 3/10/22 and for PA department of Aging FBI background check and fingerprinting. ORDER ID UZSV41VZG6. Within 3 weeks they stated results should be in and available at which time results will be placed in Staff A record for viewing at any time going forward. Responsible party is Executive Director.

**Directed Plan of Correction 3/14/22 CM:**

By 3/18/22, the administrator or designee shall review the records of all current staff members to ensure that a PA State Police criminal background check has been completed and that an FBI background check has been completed for employees who were not residents of Pennsylvania for the past two consecutive years prior to the date of hire. Documentation shall be kept in the staff records.

**51 - Criminal Background Check (continued)**

*By 3/30/22, the administrator shall develop and implement a system to ensure that hiring and retention of staff is done in accordance with the Older Adults Protective Services Act, including completion of criminal background checks through the PA State Police and performed within one year prior to, or 30 days after hire date, and completion of FBI background checks for employees who were not residents of Pennsylvania for the two years prior to date of hire. Documentation of system shall be provided to the Department.*

**Completion Date:** 03/10/2022

**Document Submission**

**Implemented**

*due to processing delays the PA dept of aging FBI background check was done in early March. It took until 7/15/22 to receive contact back from PA dept of aging stating the results were in and would be mailed to my home. Once received they will be uploaded to this portal.*

**53a - Qualifications**

**1. Requirements**

2600.

53.a. The administrator shall have one of the following qualifications:

1. A license as a registered nurse from the Department of State.
2. An associate's degree or 60 credit hours from an accredited college or university.
3. A license as a licensed practical nurse from the Department of State and 1 year of work experience in a related field.
4. A license as a nursing home administrator from the Department of State.
5. For a home serving 8 or fewer residents, a general education development diploma or high school diploma and 2 years direct care or administrative experience in the human services field.

**Description of Violation**

*On [REDACTED]/22, the home was serving 55 residents. Staff person A, the administrator, could not provide documents to show that qualifications are met to serve as the home's administrator*

**Plan of Correction**

**Directed**

*Executive Director is in the process of transferring NY state nursing home administrators license to Pennsylvania. Scheduled to sit for PA state exam on 3/15/22. Was awaiting board approval to sit for exam which explains any delay. Board approval was received on February 15th. Test was scheduled for the earliest available appointment. Once this test is passed Staff A will be able to sit for the PCA exam as well. Satisfying this requirement is anticipated to be completed by 4/1/22. Responsible party is the executive director.*

**Directed Plan of Correction 3/14/22 CM:**

*By 3/18/22, the administrator shall provide the administrator's qualifications to the Southeast Regional Office. If the administrator is unable to provide the required documentation the home shall put a qualified administrator in place. Documentation of the home's administrator qualifications shall be kept and accessible to the Department upon request.*

**Completion Date:** 04/01/2022

**Document Submission**

**Implemented**

*Staff A is a licensed master of social work which satisfies this requirement.*

**64a - Admin Training**

**1. Requirements**

**64a - Admin Training (continued)**

2600.

64.a. Prior to initial employment as an administrator, a candidate shall successfully complete the following:

1. An orientation program approved and administered by the Department.
2. A 100-hour standardized Department-approved administrator training course.
3. A Department-approved competency-based training test with a passing score.

**Description of Violation**

*Staff person A, who is the home's administrator, has not successfully completed any of the following:*

1. *An orientation program approved and administered by the Department.*
2. *A 100 hour standardized Department approved administrator training course.*
3. *A Department approved competency based training test with a passing score.*

**Plan of Correction****Directed**

*Currently awaiting successful completion of transfer of NY state active nursing home administrator license to Pennsylvania pending passing score on PA state regulatory exam which is scheduled to be taken on 3/15/22. Once that test is completed as per Penn State University who conducts the PCA exam I will be able to sit for the PCA exam immediately. The process of completing a waiver has been started to accommodate for any time in between the completion of this process. Once transfer of all licenses are complete and all relevant testing has been completed this will continue to be an isolated incident that will not reoccur once completed. Anticipated completion date is 6/1/22 as testing schedule may prohibit faster completion. Responsible party is executive director.*

**Directed Plan of Correction 3/14/22 CM:**

*By 3/18/22, the home will have a designated administrator that meets all of the qualifications of an administrator of regulation 2600.64a. The administrator will be in the home and perform the duties of an administrator for at least an average of 20 hours a week. Documentation of the administrator qualifications will be kept.*

**Completion Date:** 06/01/2022

**Document Submission****Implemented**

*Due to processing delays at the state awaiting testing approval Greenfield has hired an interim administrator who has emailed [REDACTED] credentials and license to the state two weeks ago, [REDACTED] will be working in tandem here until the processing and testing requirements can be completed.*

**64e - Completion of Training****1. Requirements**

2600.

64.e. An administrator who has successfully completed the training in subsections (a)—(d) shall provide written verification of successful completion to the Department's personal care home regional office.

**Description of Violation**

*Staff person A, hired as the home's administrator on [REDACTED]/2022, has not submitted written documentation of the successful completion of all trainings and qualifications to the Department's personal care home regional office.*

**Plan of Correction****Directed**

*Currently awaiting successful completion of transfer of NY state active nursing home administrator license to Pennsylvania pending passing score on PA state regulatory exam which is scheduled to be taken on 3/15/22. Once that test is completed as per Penn State University who conducts the PCA exam I will be able to sit for the PCA*

64e - Completion of Training (continued)

exam immediately. The process of completing a waiver has been started to accommodate for any time in between the completion of this process. Once transfer of all licenses are complete and all relevant testing has been completed this will continue to be an isolated incident that will not reoccur once completed. All items once complete will be available on an ongoing basis and submitted appropriately to the state agencies required. Anticipated completion date is 6/1/22 as testing schedule may prohibit faster completion. Responsible party is executive director.

**Directed Plan of Correction 3/14/22 CM:**

By 4/15/22, the home shall install a qualified administrator or present documentation of an approved regulatory waiver.

Completion Date: 06/01/2022

**Document Submission**

**Implemented**

Due to processing delays at the state awaiting testing approval Greenfield has hired an interim administrator who has emailed [redacted] credentials and license to the state two weeks ago, [redacted] will be working in tandem here until the processing and testing requirements can be completed.

187a - Medication Record

1. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

**Description of Violation**

Resident 4 is prescribed [redacted]. However, resident's 4 medication administration record does not indicate a diagnosis or purpose for the medication.

**Plan of Correction**

**Accept**

Designee provided in-service training to all medication aides and was completed on 2/16/22. As well MAR audit was conducted on 2/15/22 to ensure appropriate diagnosis was attached to each medication. There were no findings during the audit, therefore no other residents were impacted by this isolated issue. MAR audits will continue weekly x3 months and continue monthly from that point forward. Designee will provide immediate and quarterly training to all medication aides regarding the 5 rights of drug administration and educate on the importance of notifying the HCC/wellness coordinator when orders need clarification. Director of Nursing is the responsible party for this corrective action.

Completion Date: 02/16/2022

**Document Submission**

**Implemented**

accepted

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

**Description of Violation**

Resident 2 is prescribed [redacted]. On [redacted]/21, the order was changed from twice per day to one time per day. On [redacted]/21 and [redacted] 21, this medication was administered twice in the same day.

## 187d - Follow Prescriber's Orders (continued)

**Plan of Correction****Accept**

inservice education provided to all med techs and nursing staff who have MAR access on the proper procedure for new orders, d/c of old orders, or changing of orders. This was completed on 2/16/22. Immediate audit was conducted on 2/15/22 and there were no negative findings associated with the audit. [REDACTED] and or [REDACTED] will check all new orders within 24 hours moving forward to ensure all medication is documented and administered properly on MAR and to resident. HCC and or designee will provide the immediate and ongoing monthly training ongoing for all med techs regarding the proper procedures for new orders, change of orders, or d/c of orders. Responsible party is Director of Nursing

**Completion Date:** 02/16/2022**Document Submission****Implemented**

accepted