

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

August 16, 2023

[REDACTED] CEO  
GREENFIELD OF PERKIOMEN VALLEY LLC  
[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 06/08/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: GREENFIELD OF PERKIOMEN VALLEY License #: 13735 License Expiration: 08/09/2023  
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**

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 105 Waking Staff: 79

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
Reason: Complaint, Incident Exit Conference Date: 06/08/2023

**Inspection Dates and Department Representative**

06/08/2023 - On-Site: David Carrion

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: 90 Residents Served: 73

**Secured Dementia Care Unit**

In Home: Yes Area: Second Floor Capacity: 44 Residents Served: 14

**Hospice**

Current Residents: 4

**Number of Residents Who:**

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 73  
Diagnosed with Mental Illness: 5 Diagnosed with Intellectual Disability: 0  
Have Mobility Need: 32 Have Physical Disability: 2

**Inspections / Reviews**

**06/08/2023 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/01/2023

**07/11/2023 - POC Submission**

Submitted By: [REDACTED] Date Submitted: 08/16/2023  
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/16/2023

Inspections / Reviews (*continued*)

## 07/18/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/16/2023

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 08/17/2023

## 08/16/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/16/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

15c - Supervision

1. Requirements

2600.

15.c. The home shall immediately submit to the Department's personal care home regional office a plan of supervision or notice of suspension of the affected staff person.

Description of Violation

On [redacted], at [redacted] pm, resident 1 reported that staff member A abused resident#1. Staff person A was suspended on [redacted] and brought back on [redacted] without submitting a plan of supervision of supervision to the Department.

Plan of Correction

Accept ([redacted] - 07/18/2023)

All managers to be trained on state regulations surrounding abuse allegations and how to handle suspensions of that employee/s. Staff person A was suspended pending investigation and was investigated by Montgomery County dept. of Aging. Upon, return staff member was supervised by Resident care Coordinator and lead med tech. Executive director will collaborate with VP of Operations to submit a plan of action. The Executive Director will conduct the training on July 26, 2023

Licensee's Proposed Overall Completion Date: 08/04/2023

Implemented ([redacted] - 08/16/2023)

42c - Treatment of Residents

2. Requirements

2600.

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

Description of Violation

On [redacted], staff member B knocked at the door of resident #1 to take them to the dining room. Resident #1 requested not to go to the dinner that their [redacted] was coming over. As staff member B was leaving the room resident #1 was talking to their [redacted] and telling [redacted] "Do not let staff member A take care of me; they abuse me".

According to an interview with resident#1, staff member A is rough and speaks to them in a rough, aggressive manner. According to resident #1, staff member A would yell and use the word "sit" in an unpleasant manner appearing to be frustrated with the residents slow movements.

Plan of Correction

Accept ([redacted] - 07/18/2023)

All staff to be trained on the importance of speaking to resident with respect and dignity at next town hall meeting which is schedule 7/20/23. Staff will do quarterly role play exercises with safe management techniques on how to speak to residents during challenging times. Quarterly training will begin at next town hall on 7/20/23 by Resident care Coordinator and Dementia Care Coordinator. The ED will speak to residents at next resident council meeting to educate them on the importance of informing the Executive Director right away when and if they feel like their rights may have been violated. Resident council is scheduled for 7/27/23. Executive Director to interview residents and staff periodically during rounds.

Licensee's Proposed Overall Completion Date: 07/31/2023

Implemented ([redacted] - 08/16/2023)

65f - Training Topics

3. Requirements

2600.

65f - Training Topics (continued)

65.f. Training topics for the annual training for direct care staff persons shall include the following:  
6. Safe management techniques.

**Description of Violation**

*Direct care staff person A did not receive training in safe management techniques during training year 2022.*

**Plan of Correction**

**Accept (█ - 07/18/2023)**

*All staff to be trained on safe management techniques at next town hall meeting- 7/20/23. Staff to continue with quarterly safe management training for the remaining of 2023. Training to be conducted by Resident care Coordinator and Dementia Care Coordinator. Resident Care Coordinator to audit staff files for 2022/2023. This Audit will start on 7/17/2023 and continue until all staff files have been reviewed. Resident Care Coordinator will review training log to make sure all state trainings are listed on the training calendar. Executive Director will review training log every 6 months and make corrections if needed.*

**Licensee's Proposed Overall Completion Date: 08/01/2023**

**Implemented (█ - 08/16/2023)**

227d - Support Plan Medical/Dental

**4. Requirements**

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**

*Resident 1 has been receiving physical and occupational therapy and resident has a documented history of frequent falls. The resident's support plan, dated █ does not document how these needs will be met.*

**Plan of Correction**

**Accept (█ - 07/18/2023)**

*Healthcare Coordinator has since updated the care plan to add PT/OT services that has already been implemented. Wellness nurse and Healthcare Coordinator will collaborate to add an addendum to care plans in the future to document when outside services start. Healthcare Coordinator, Wellness nurse and Dementia care coordinator to edit all care plans and make any corrections if needed starting on 7/19/23. Wellness nurse and Healthcare Coordinator to meet weekly starting on 7/27/23 to review any referrals they received and update care plan accordingly.*

**Licensee's Proposed Overall Completion Date: 08/01/2023**

**Implemented (█ - 08/16/2023)**