

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

June 9, 2025

[REDACTED]
GREENFIELD OF PERKIOMEN VALLEY LLC
[REDACTED]

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

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/24/2025 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: 09/21/2025
 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: Total Daily Staff: 58 Waking Staff: 44

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint, Incident Exit Conference Date: 04/24/2025

Inspection Dates and Department Representative

04/24/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 90 Residents Served: 39
 Secured Dementia Care Unit
 In Home: Yes Area: The Willow Capacity: 44 Residents Served: 6
 Hospice
 Current Residents: xx
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 39
 Diagnosed with Mental Illness: 2 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 19 Have Physical Disability: 1

Inspections / Reviews

04/24/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/17/2025

05/22/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 06/05/2025
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/27/2025

Inspections / Reviews *(continued)*

05/28/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/05/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 06/05/2025

06/09/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/05/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

25b Contract Signatures

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [REDACTED], for resident [REDACTED] was not signed by the resident.

Repeat Violation: [REDACTED] et al.

Plan of Correction

Accept [REDACTED] - 05/28/2025)

Executive Director updated resident [REDACTED] contract with "Unable to sign". Executive Director completed initial contract Audit on 5/19/2025. Executive director will continue the resident home contracts monthly for 4 months starting 6/1/2025. Executive director will make sure that all resident signatures are in place on the home contracts for new residents moving in after 5/19/2025, and if they are unable to sign, director will have the POA witness and document "Unable to Sign".

Licensee's Proposed Overall Completion Date: 06/01/2025

Implemented [REDACTED] - 06/09/2025)

65f Training Topics

2. Requirements

2600.

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

- 1. Medication self administration training.

Description of Violation

Direct care staff person A did not receive training in medication self-administration training during training year 2024.

Repeat Violation: [REDACTED] et al., [REDACTED]

Plan of Correction

Accept [REDACTED] - 05/22/2025)

Director of Nursing will hold a training on 5/22/2025 with all direct care staff on the topic of medication self-administration. Director of nursing will hold random questionnaires for 6 weeks starting 6/1/2025, for 3 direct care staff members each week covering this topic. Executive director will audit 2024 training year on 5/19/2025, for all direct care staff to ensure they have completed the medication self-administration training for 2024. Executive director will continue this audit monthly starting 6/1/2025 and continue monthly for 3 months.

Licensee's Proposed Overall Completion Date: 06/01/2025

Implemented [REDACTED] - 06/09/2025)

227h Support Plan Refuse Sign

3. Requirements

2600.

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

Description of Violation

Resident [REDACTED]'s assessment and support plan (RASP) dated [REDACTED] was not signed by the resident. The home did

227h Support Plan Refuse Sign (continued)

not make a notation regarding the resident's ability/refusal to sign.

Plan of Correction**Accept** [REDACTED] - 05/28/2025)

Director of nursing spoke with Resident #1 about Rasp, and she was unable to sign, so she documented unable to sign on the signature line on 4/25/2025. Executive director will educate Resident Care Coordinator and Director of Nursing on 5/19/2025 on support plan refusal to sign. Director of nursing will complete the audit for all residents' rasps on 5/26/2025, and continue monthly RASP audits starting 6/1/2025 and continue monthly for 4 months.

Licensee's Proposed Overall Completion Date: 06/01/2025

Implemented [REDACTED] - 06/09/2025)