



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFICATE OF COMPLIANCE**

This certificate is hereby granted to NORTH WALES 1089 MC BG OPCO LLC

LEGAL ENTITY

To operate PARK CREEK PLACE - MEMORY CARE

NAME OF FACILITY OR AGENCY

Located at 1089 HORSHAM ROAD, NORTH WALES, PA 19454

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 48

(MAXIMUM CAPACITY)

or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

**Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 48**

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from November 1, 2016 until November 1, 2017,

unless sooner revoked for non-compliance with applicable laws and regulations.

No: **142560**

*Robert E. Robinson*

ISSUING OFFICER

*Jay Bank*

DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628 - 12/16



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NOV 16 2016

Mr. Sean Roberts, Authorized Signatory  
North Wales 1089 MC BG OPCO LLC  
330 North Wabash Avenue, Suite 3700  
Chicago, Illinois 60611

RE: Park Creek Place – Memory Care  
1089 Horsham Road  
North Wales, Pennsylvania 19454  
License #: 142560

Dear Mr. Roberts:

As a result of the Department of Human Services' licensing inspection on October 24, 2016 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

Your NEW license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosures  
License  
Licensing Inspection Summary



Violation Report: - 10/24/2016 - Colon, Lissette  
 PCH Name: PARK CREEK PLACE - MEMORY CARE

1. REGULATION 65 Pa.Code §2600  
 2600.233(d) - Doors that open onto areas such as parking lots, or other potentially unsafe areas, shall be locked by an electronic or magnetic system.

2a. DESCRIPTION OF VIOLATION  
 The exit door located in the A-wing of the home was not locked with an electronic or magnetic locking system.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

**Regulation 2600.233 (d)**

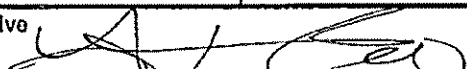
**The exit door located in the A-Wing of the home was not locked with an electronic or magnetic locking system.**

*The A-Wing door alarm was immediately secured at time of the site visit. Tyco/Simplex came to the community to test the community alarm system on October 26, 2016. The Executive Director retrained the appropriate staff on the community policy regarding "Maintaining a Secure Environment" on October 24, 2016. Audits will consist of change of shift door alarm checks by the care staff as well as weekly environmental rounds by the Maintenance Technician or The Maintenance Technician has included in Environmental Rounds all door alarm checks weekly. The change of shift door alarm checks will remain in use by the care staff three times daily. The Executive Director will review the audit results for 6 months to monitor compliance.*

**Evidence-** Staff training attendance log, Environmental Rounds Audit Form, Copy of Simplex site visit, Change of Shift Alarm Audit Form

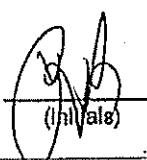
**Completion Date: October 26, 2016**

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) ELISSA CORRADO	Date 10-31-16
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>11/1/16</u> (Date)	Plan of correction implementation status as of <u>11/7/16</u> (Date)
The above plan of correction was approved by  (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented