



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to NORTH WALES 1091 PCH BG OPCO LLC

LEGAL ENTITY

To operate PARK CREEK PLACE - PERSONAL CARE

NAME OF FACILITY OR AGENCY

Located at 1091 HORSHAM ROAD, NORTH WALES, PA 19454

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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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 72
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

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 May 1, 2017,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **142571**

Robert E. Robinson
ISSUING OFFICER

[Signature]
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.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 16 2016

Mr. Sean Roberts, Authorized Signatory
North Wales 1091 PCH BG OPCO LLC
330 North Wabash Avenue, Suite 3700
Chicago, Illinois 60611

RE: Park Creek Place – Personal Care
1091 Horsham Road
North Wales, Pennsylvania 19454
License #: 142571

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.

During the inspection, violations on the enclosed License Inspection Summary were found. All violations specified on the License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your PROVISIONAL license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

Sincerely,

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

Jacqueline L. Rowe
Director

Enclosures
License
License Inspection Summary

Violation Report: 14257 - 10/24/2016 - Colon, Lisette
PCH Name: PARK CREEK PLACE - PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION
The carpet inside room A-9, had a pungent odor of urine near the resident's bed and night stand.

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 2600.85 (a)

The carpet inside of room A-9 had a pungent odor near the resident's bed and night stand.

At the time of survey the 3 used urinals were discarded and replaced with a clean urinal. The carpet in resident room A-9 was shampooed on day of survey. The Executive Director will monitor for compliance for the next 3 months.

Evidence: Attached letter to DHS regarding action taken day of survey

Completion Date: October 24, 2016

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kevin Caruso, Executive Director* Date *10/31/16*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of *11/2/16*
(Date)

The above plan of correction was approved by *[Signature]*
(Initials)

Plan of correction implementation status as of *11/2/16*
(Date)

Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 14267 - 10/24/2016 - Colon, Lissette
 PCH Name: PARK CREEK PLACE - PERSONAL CARE

1. REGULATION 65 Pa.Code §2600
 2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION
 The trash can in the main kitchen, does not have a lid.

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 2600.85 (d)

The trash can in the main kitchen does not have a lid.

The lid for the kitchen trash can was found on the floor next to the trash container and was replaced on the container day of survey. On October 28, 2016 the Maintenance Technician loosely attached the lid to the can so it would not become dislodged and was easy to utilize. The dining staff were re-trained on the community policy regarding covering of trash containers by the Executive Director on October 28, 2016. The Dining supervisor will randomly audit the trash can covers for 2 months for placement to assure compliance with community policy. The Executive Director will review the audit results for 3 months to monitor for compliance.

Evidence- Staff training attendance log,

Completion Date: October 28, 2016

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kevin Grady, Executive Director</i>	Date <i>10/31/16</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

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

Violation Report: 14257 - 10/24/2016 - Colon, Lissette
PCH Name: PARK CREEK PLAGE - PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION

On 10/24/16, the following food items that were in the main kitchen freezer where not labeled or dated,

- Half of a pecan pie
- Three waffles
- One box of mini donuts
- Four lemon meringue pies
- Two Boston cream pies

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 2600.103 (e)

On 10/24/16, the following food items that were in the main kitchen freezer were not labeled or dated: half of a pecan pie, 3 waffles, box of mini donuts, 4 lemon meringue pies and 2 Boston Cream pies.

The unlabeled pies, waffles and donuts were discarded day of survey. The Executive Director re-trained the dining staff on the community policy regarding storage of leftover food in the freezer on October 28, 2016. The Dining Manager will audit the freezer weekly for labeling of leftovers for 2 months. The Executive Director will review the audit results for 3 months to monitor compliance.

Evidence- Staff training attendance log,

Completion Date: October 28, 2016

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Levin Cruise, Executive Director

Date 10/31/16

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

(Date)

Plan of correction implementation status as of

(Date)

The above plan of correction was approved by

(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 14267 - 10/24/2016 - Colon, Lissette
PCH Name: PARK CREEK PLACE - PERSONAL CARE

1. REGULATION 55 Pa.Code §2609
2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION
There were two 10lb. bags of rice in the main kitchen food pantry, opened and unsealed.

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 2600.103(g)

There were 2 10-lb bags of rice in the main kitchen food pantry, opened and unsealed.

The unlabeled bags of rice were discarded day of survey. The Executive Director re-trained the dining staff on the community policy regarding storage of food in the pantry on October 28, 2016. The Dining Manager will audit the pantry weekly for food storage in sealed containers for 2 m

onths. The Executive Director will review the audit results for 3 months to monitor compliance.

Evidence- Staff training attendance log,

Completion Date: October 28, 2016

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)



Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Kevin Caruso, Executive Director

Date 10/31/16

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

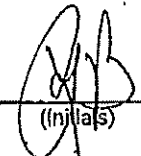
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11/7/16
(Date)

Plan of correction implementation status as of

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