



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

SEP 07 2017

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' annual licensing inspection on April 4, 2017 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink that reads "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary

**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: PARK CREEK PLACE MEMORY CARE		License Number: 14256
Address: 1089 HORSHAM ROAD, NORTH WALES, PA 19454		County: Montgomery
Administrator: JULIA MONROE		Region: SOUTHEAST
Legal Entity Name: NORTH WALES 1089 MC BG OPCO LLC		
Legal Entity Address: 330 N WABASH AVENUE SUITE 3700, CHICAGO, IL 60611		
<b>Certificate(s) of Occupancy</b> C-2 LP 07/19/1996 Comm. of PA Dept L&I		
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 70	Waking Staff: 63
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 04/04/2017: Colon, Lissette		
Off-Site Inspection Dates and Inspectors, If Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 48 Number of Residents Served: 35 Secured Dementia Care Unit In Home: Yes Area: ENTIRE HOME Secured Dementia Unit Capacity, If Applicable: 48 Number of Residents Served in Secured Dementia Care Unit, If applicable: 35 Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 3	Number of Residents who: Receive Supplemental Security Income: 0 Are 80 Years of Age or Older: 35 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 35 Have a Physical Disability: 0	

Violation Report: 14256 - 04/01/2017 - Colon, Lissette  
 PCH Name: PARK CREEK PLACE MEMORY CARE

**1. REGULATION 65 Pa.Code §2600**

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.

**2a. DESCRIPTION OF VIOLATION**

Staff person A, who is the home's administrator, has not successfully completed the Department-approved 100-hr administrator training course.

**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.*

Executive Director, Julia Monroe, is currently enrolled in the Department approved, 100 Hour Administrator, training course at PEPP Unlimited. Course will be completed and competency based test, with a passing score will be completed on July, 21, 2017. Verification of enrollment is attached to this document. Additionally, is enrolled in the orientation program held at the Bureau of Human Services Licensing, Harrisburg, on June 19, 2017.

Business Office Manager, [REDACTED] is currently enrolled in the Department approved, 100 Hour Administrator at Penn State. Course will be completed and competency based test, with a passing score, will be completed May 25, 2017. Verification of enrollment is attached to this document. [REDACTED] completed the orientation program held at the Bureau of Human Services Licensing, Norristown on April 20, 2017.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Julia Monroe Exec. Dir Date 5/23/2017

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

The above plan of correction is approved as of 5/25/17  
 (Date)

Plan of correction implementation status as of 5/25/17  
 (Date)

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

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

Violation Report: 14256 - 04/04/2017 - Colon, Lissette  
 PCH Name: PARK CREEK PLACE MEMORY CARE

1. REGULATION 55 Pa.Code §2600  
 2600.101(j)(1) - Each resident shall have the following in the bedroom: A bed with a solid foundation and fire retardant mattress that is in good repair, clean and supports the resident.

2a. DESCRIPTION OF VIOLATION

During inspection, resident # 1 did not have a bed. The resident sleeps on a mattress that is placed on the floor due to being a fall risk. However, the home was unable to provide documentation of a physician's order approving this sleeping arrangement.

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.*

Resident #1 - per physician's order dated April 12, 2017 has been provided with a hi/low adjustable bed and fall mats placed by the bedside.

Review of current residents was completed by [REDACTED] (who) on 4/4/2017 (date) to identify other residents that may be affected.

CSM and/or designee will work with resident's physicians to ensure that fall intervention measures are documented in the resident record.

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Julia Monroe Exec. Dir. Date 5/23/2017

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

The above plan of correction is approved as of 6/8/17  
 (Date)

Plan of correction implementation status as of 6/8/17  
 (Date)

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

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

Violation Report: 14256 - 04/04/2017 - Colon, Lissette  
 PCH Name: PARK CREEK PLACE MEMORY CARE

1. REGULATION 65 Pa.Code §2600  
 2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

2a. DESCRIPTION OF VIOLATION  
 The home's written emergency procedures have not been submitted to the municipal emergency management agency.

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.

An updated emergency plan has been reviewed and submitted to the local emergency management agency by [redacted] (Who) on May 1, 2017 (date). The verification letter, dated 5/15/17, from [redacted] Emergency Management Coordinator, Montgomery Township is attached.

An emergency plan will to reviewed, updated, and submitted for review annually by the community's Executive Director and/or Maintenance Technician.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Julia Monroe Exec. Director Date 5/23/17

**DEPARTMENT USE ONLY | HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>6/8/17</u> (Date)	Plan of correction implementation status as of <u>6/8/17</u> (Date) <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
The above plan of correction was approved by <u>[Signature]</u> (Initials)	

Violation Report: 14288 - 04/04/2017 - Colon, Llesette  
 PCH Name: PARK CREEK PLACE MEMORY CARE

1. REGULATION 55 Pa.Code §2600  
 2600.183(d) - Only current prescription, OTC, sample and CAM for Individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

Resident # 2's Nystatin 100000u topical powder was discontinued March, 2017. On April 4, 2017, the medication was still inside the medication cart.

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.*

Resident #2's - Nystatin powder was removed from the medication cart on April 4, 2017 at the time of the inspection.

Medication Cart audits began on 4/4/17, being completed by Licensed Nursing staff and/or Medication Technicians. Audits will be completed weekly x 4 and then monthly x 3, to ensure that medications are removed at the time they have been discontinued.

Results from the audits will be reviewed and discussed at the QMP meeting.

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Julia Monroe Exec. Dir.* Date *5/23/17*

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The above plan of correction is approved as of *[Signature]*  
 (Date)

Plan of correction implementation status as of *[Signature]*  
 (Date)

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

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 14266 - 04/04/2017 - Colon, Lisselle  
 PCH Name: PARK CREEK PLACE MEMORY CARE

1. REGULATION 56 Pa.Code §2600  
 2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION  
 Resident # 3's record does not include a photograph of the resident.

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.

Resident #3's photograph was placed in the resident record on 4/4/2017 at the time of inspection.

Review of current residents photographs was completed by [redacted] (who) on 4/4/17 (date) to identify if other residents needed a photograph placed in their resident record.

On admission and annually there after, an updated photograph will be placed in the resident record by the Care Service Manager and/or designee.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Julia Monroe*

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

Julia Monroe Exec. Dir.

Date 5/23/17

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The above plan of correction is approved as of

*[Signature]*  
 (Date)

Plan of correction implementation status as of

*[Signature]*  
 (Date)

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

The above plan of correction was approved by

*[Signature]*  
 (Initials)