



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Mailing Date: 07/25/2017

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
Certificate #: 142560

Dear Mr. Roberts:

The Department of Human Services (Department) has received and reviewed your plan of correction for violations found during the Department's inspection on 6/6/17. We have determined that your plan of correction is acceptable.

All violations specified on the License Inspection Summary dated June 15, 2017 must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) must be maintained.

In accordance with the Department's administrative procedures, the final License Inspection Summary will be issued following the verification and review process.

If you have any questions, please contact me at (610-270-1778).

Sincerely,

A handwritten signature in black ink, appearing to read "Roslyn Brewer".

Roslyn Brewer
Human Services Licensing Supervisor

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		
Certificate(s) of Occupancy NM NM		
Staffing Hours Resident Support: 0 Total Daily Staff: 84 Waking Staff: 63		
Type of Inspection: Partial BHA Docket Number: Notice: Unannounced		
Reason(s) for inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 06/06/2017: Colon, Lissette		
Off-Site Inspection Dates and Inspectors, If Applicable		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 48 Number of Residents Served: 42 Secured Dementia Care Unit in Home: Yes Area: THE ENTIRE HOME Secured Dementia Unit Capacity, if Applicable: 48 Number of Residents Served in Secured Dementia Care Unit, if applicable: 42 Number of Current Hospice Residents: 4 Number of Hospice Residents in past year: 9	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 42 Have Mental Illness: 2 Have an Intellectual Disability: 0 Have a Mobility Need: 42 Have a Physical Disability: 0	

Violation Report: 14256 - 06/06/2017 - Colon, Lissette
 PCH Name: PARK CREEK PLACE MEMORY CARE

1. REGULATION 55 Pa.Code §2600

2600.185(b) - At a minimum, the procedures in § 2600.185(a) shall include:

- (1) Documentation of the receipt of controlled substances and prescription medications.
- (2) A process to investigate and account for missing medications and medication errors.
- (3) Limited access to medication storage areas.
- (4) Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration. This requirement does not apply for a resident who self-administers medication without the assistance of a staff person and stores the medication in his/her room.

2a. DESCRIPTION OF VIOLATION

As per the home's medication policy, at each shift change, or any time the keys must be handed off to another authorized person, the narcotics count should be verified by the oncoming and outgoing person. The narcotic count shift change form should be signed by both the oncoming and outgoing shift staff member to verify that both parties counted the narcotics at shift change.

On 5/26/17, during the 7am medication accountability, staff member A, the oncoming staff, was in the middle of counting narcotics with staff member B, the outgoing staff. While counting the narcotics, staff member A stepped away to assist a resident. As staff member B was counting, he/she held up the narcotics in the air, in order for staff member A to verify the count from afar. At 11:00am, staff member A recounted the medications, and noticed two tablets of Ativan were unaccounted for resident # 1.

On 5/17/17 at 6am, staff member B signed out resident # 2's Ativan on the medication administration record, however the medication was not signed out on the narcotic count sheet.

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.

Care Service Manager or designee will verify that medication technicians and licensed staff are counting narcotic medications at the beginning and end of each scheduled shift, and have documented medication administration on the medication administration record as well as the narcotic count sheet by conducting weekly audits of narcotic count and process weekly for 4 weeks, then biweekly for 8 weekly, and monthly, thereafter.

Training for proper narcotic counting procedures for medication technicians and licensed staff was conducted June 21, 2017 by Care Service Manager.

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, Executive Dir.* Date *7/20/2017*

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

The above plan of correction is approved as of <i>7/24/17</i> (Date)	Plan of correction Implementation status as of <i>7/24/17</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: 14256 - 06/06/2017 - Colon, Lissette
 PCH Name: PARK CREEK PLACE MEMORY CARE

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
 Resident # 2 has a prescribed order for Synthroid. On 5/6/17 and 5/7/17, staff member B failed to administer this medication to the resident.
 Resident # 3 has a prescribed order for Cipro. On 5/9/17, staff member B failed to administer this medication to 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.

Staff Member B was coached on proper medication administration procedure, and disciplinary action in accordance with company policy was implemented.

Care Service Manager conducted training for medication technicians and licensed staff on proper medication administration training on June 21, 2017.

Care Service Manager or designee will complete weekly audits for proper medication administration weekly for 4 weeks, biweekly for 8 weeks, and monthly thereafter, ensuring that proper medication administration procedures are being followed.

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 Executive Dir.* Date *7/20/2017*

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