



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE:

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:

As a result of the Department of Human Services' licensing inspection on 7/10/2017, on which we conducted on-site inspections] 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.

Sincerely,

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

Roslyn Brewer
Regional Licensing Administrator

Enclosure
Licensing 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		
Certificate(s) of Occupancy N/A N/A		
Staffing Hours Resident Support: 44 Total Daily Staff: 132 Waking Staff: 99		
Type of Inspection: Partial BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 07/10/2017: Parker, Shawn		
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 who:	
Number of Residents Served: 44	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit In Home: Yes	Are 60 Years of Age or Older: 44	
Area: Entire Building	Have Mental Illness: 1	
Secured Dementia Unit Capacity, if Applicable: 48	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable: 44	Have a Mobility Need: 44	
Number of Current Hospice Residents: 4	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 16		

Violation Report: 14268 - 07/10/2017 - Parker, Shawn
 PCH Name: PARK CREEK PLACE MEMORY CARE

1. REGULATION 55 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

Resident # 1 was smacked in the back of the head and had ice water poured on [redacted] by Staff member A on 06-26-17. The resident was smacked in the back of the head during breakfast and had ice water poured on [redacted] during lunch. The resident was not injured.

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 A's employment was terminated on June 26, 2017.

Executive Director conducted Resident's Rights, Abuse & Neglect education for care staff, licensed personal, and life enrichment staff on June 27, 2017 and June 28, 2017.

Resident Care Coordinator conducted Resident's Rights education during monthly all staff meeting on July 19, 2017.

Ongoing Resident's Rights, Abuse and Neglect education will take place quarterly for the remainder of 2017, and thereafter in accordance with Pennsylvania regulation.

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

7/11/17

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

The above plan of correction is approved as of

8/8/17
 (Date)

Plan of correction implementation status as of

8/8/17
 (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 - 07/10/2017 - Parker, Shawn
 PCH Name: PARK CREEK PLACE MEMORY CARE

1. REGULATION 55 Pa.Code §2600
 2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION

Resident # 1 was treated in an undignified and disrespectful manner when Staff member A struck the resident and poured ice water on them on 06-26-17.

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 A's employment was terminated on June 26, 2017.

Executive Director conducted Resident's Rights, Abuse & Neglect education for care staff, licensed personal, and life enrichment staff on June 27, 2017 and June 28, 2017.

Resident Care Coordinator conducted Resident's Rights education during monthly all staff meeting on July 19, 2017.

Ongoing Resident's Rights, Abuse and Neglect education will take place quarterly for the remainder of 2017, and thereafter in accordance with Pennsylvania regulation.

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 *7/19/17*

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

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)