



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [REDACTED]  
Sent via e-mail [REDACTED]  
March 28, 2019

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 #: 142570

Dear Mr. Roberts:

As a result of the Department's Bureau of Human Services Licensing inspection on July 3, 2018 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa. Code Ch. 2600 must be maintained.

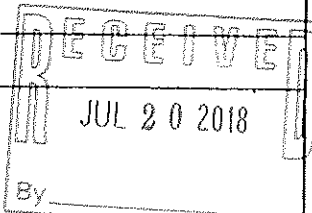
Sincerely,

A handwritten signature in cursive script that reads "Patricia Adams".

Patricia Adams  
Regional Licensing Director

Enclosure  
Violation Report

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

PCH Name: PARK CREEK PLACE PERSONAL CARE		License Number: 14257
Address: 1091 HORSHAM ROAD, NORTH WALES, PA 19454		County: Montgomery
AdminIstrator: JACQUELINE GREGER		Region: SOUTHEAST
Legal Entity Name: NORTH WALES 1091 PCH BG OPCO LLC		
Legal Entity Address: 330 N WABASH AVENUE SUITE 3700, CHICAGO, IL 60611		
Certificate(s) of Occupancy		
C-2 LP	I-2	
04/28/1999	01/26/2017	
CWOPA DEPT OF L&I	MONTGOMERY TOWNSHIP	
<b>Staffing Hours</b>		
Resident Support: 0	Total Dally Staff: 82	Waking Staff: 62
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Incident		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
07/03/2018: Thomas, Tahesia		
<b>Off-Site Inspection Dates and Inspectors, If Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 72	Number of Residents who:	
Number of Residents Served: 67	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 67	
Area:	Have Mental Illness: 1	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 1	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 15	
Number of Current Hospice Residents: 4	Have a Physical Disability: 1	
Number of Hospice Residents in past year: 10		

*K.W. 7/10/18*

Violation Report: 14257 - 07/03/2018 - Thomas, Tahesia  
 PCH Name: PARK CREEK PLACE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.15(c) - The home shall immediately submit to the Department's personal care home regional office a plan of supervision or notice of suspension of the affected staff person.

2a. DESCRIPTION OF VIOLATION

On 06/22/18, an allegation of abuse was made against staff persons A, B and C regarding resident # 1. The home did not submit a plan of supervision or notice of suspension of the staff person to the Department.

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.*

The reportable incident will include a plan of supervision or the notice of suspension for the affected staff person pending the investigation of the allegation.

Administrator or designee will monitor for ongoing compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Christine L. Kline*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Christine L. Kline	Date July 20, 2018
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>3/28/19</u> (Date)	Plan of correction implementation status as of <u>3/28/19</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (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 - 07/03/2018 - Thomas, Tahesia  
 PCH Name: PARK CREEK PLACE PERSONAL CARE

**1. REGULATION 55 Pa.Code §2600**

2600.15(b) - If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

**2a. DESCRIPTION OF VIOLATION**

On 06/22/18, an allegation of abuse was made against staff persons A, B, and C regarding resident # 1. The home did not develop and implement a plan of supervision or suspend staff persons A, B and C.

**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.*

On the day of incident (6/22/18) there were 4 caregivers scheduled for the dayshift. Caregivers A, B, and C were immediately removed from providing care to the resident and an alternate caregiver was assigned to care for the resident during the remainder of the shift after allegation reported to staff member D. Staff members were not immediately suspended as this would have left one remaining caregiver for 67 residents in the community. Staff members A, B, and C, were supervised by Staff member D and not assigned to care for resident in question from 6/22/18 moving forward. Alternate team members were assigned to provide care to resident and instructed to have 2 person assist at all times. Administrator will monitor for ongoing compliance.

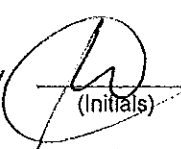
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<b>Violation Report: 14257 - 07/03/2018 - Thomas, Tahesia</b> <b>PCH Name: PARK CREEK PLACE PERSONAL CARE</b>	
<b>1. REGULATION 55 Pa.Code §2600</b> 2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.	
<b>2a. DESCRIPTION OF VIOLATION</b> On 06/22/18, an allegation of abuse against resident # 1 was reported to staff person D. The home did not report the allegation to the local area agency on aging until 07/05/18.	
<b>3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)</b> <i>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.</i> <p>Personal Care Home Administrator or designee will make an oral report to the Area Agency on Aging and file an Act 13 in accordance with the Older Adult Protective Services act immediately upon being made aware of any allegation of abuse. Staff D educated in same. The Personal Care Home Administrator or designee will file a Reportable Incident with the Bureau of Human Services Licensing.</p> <p>Administrator will monitor for ongoing compliance.</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Christine L. Kline</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Christine L. Kline	Date July 20, 2018
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Violation Report: 14257 - 07/03/2018 - Thomas, Tahesia  
 PCH Name: PARK CREEK PLACE PERSONAL CARE

**1. REGULATION 55 Pa.Code §2600**

2600.202 - The following procedures are prohibited:

- (1) Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited.
- (2) Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
- (3) Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
- (4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited.
- (5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited.
- (6) A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited.

**2a. DESCRIPTION OF VIOLATION**

On 06/22/18, staff members A, B and C did not follow the home's written policies and procedures regarding providing care to a resident that is having "combative behaviors." Per the "Combative Behavior" policy, it states, "Staff will not physically restrain a resident, either by physical force or by tying him / her to an object such as a bed or chair." Based on statements from staff members, staff physically restrained Resident #1 by holding the resident's wrists to prevent the resident from hitting and scratching staff members while they provided assistance with hygiene and personal care.

**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.*

Team members educated on July 5th regarding the management of residents with combative behaviors and restraints.

Administrator will continue to provide ongoing trainings and document those trainings.

Within 30 days receipt of the approved plan of correction, all staff will be trained on the policies and procedures, triggers, warning signs of abusive/combative behavior strategies, and management to reduce the reoccurrence and patterns of behaviors. The training will be provided on an ongoing basis; at least quarterly. Trainings to be maintained for 3 years for Department review.

*PK 3/28/19*

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 (Required on EVERY Page) *Christine L. Kline*

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Violation Report: 14257 - 07/03/2018 - Thomas, Tahesia  
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**1. REGULATION 55 Pa.Code §2600**

2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

**2a. DESCRIPTION OF VIOLATION**

The assessment for Resident #1 dated 04/10/18 does not address the falls that the resident has been exhibiting that began in January 2018 and continue to the present.

**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 Services Manager will be complete a new assessment with any change in condition. The support plans will be reviewed and updated according to the needs of the resident. New focus and interventions will be added to support plan addressing needs promptly.  
 Administrator will monitor for ongoing compliance.

Repeat Violation: No

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 (Required on EVERY Page)

*Christine L. Kline*

Printed Name and Title of Legal Entity Representative  
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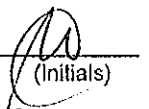
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