



pennsylvania
DEPARTMENT OF HUMAN SERVICES

**Sent via e-mail alcllicense@enlivant.com
Sent via e-mail rwinslow@enlivant.com
August 13, 2019**

Mr. Matthew Coleman
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. Coleman:

As a result of the Department's Bureau of Human Services Licensing inspection on April 22, 2019 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 black ink that reads "Mia Johnson".

Mia Johnson
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report

Facility Information

Name: *PARK CREEK PLACE MEMORY CARE*
 Address: *1089 HORSHAM ROAD, NORTH WALES, PA 19454*
 County: *MONTGOMERY* Region: *SOUTHEAST*

License Number: *142560*

Administrator

Name: *Alexis Ferrara* Phone: *2155400520* Email: *ALCLICENSE@ENLIVANT.COM*

Legal Entity

Name: *NORTH WALES 1089 MC BG OPCO LLC*
 Address: *330 N WABASH AVENUE,SUITE 3700, IL, 60611*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: Issued By:

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *76* Waking Staff: *57*

Inspection

Type: *Partial* BHA Docket #: Notice: *Unannounced*
 Reason: *Incident*

Inspection Dates and Department Representative

04/22/2019 - On-Site: Dean Gray, Jennie Heinberg

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *48* Residents Served: *37*

Secured Dementia Care Unit

In Home: *Yes* Area: *Entire Building* Capacity: *48* Residents Served: *39*

Hospice

Current Residents: *11*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *39*
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *37*
 Have Mobility Need: *39* Have Physical Disability: *0*

PARK CREEK PLACE MEMORY CARE

142560

15b - Supervisor Plan

Regulations

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.

Description of Violation

On 04/06/19, at 6:25 pm, staff person A was accused of rape by resident #1. The home did not develop and implement a plan of supervision or suspend staff person A until midway through their next shift on 04/08/19.

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 person A no longer employed.
- Administrator trained on requirement on 4/26/19 by Penn State.
- Management team trained on regulation 2600.15b on 7/15/19 by the administrator.
- current staff trained on abuse 6/18/19 through 6/21/19. (See attached 3a through 3h)
- Administrator and/or designee will review incident reports involving abuse investigations and act 13 reports prior to submission to appropriate departments.

Immediately: If any future allegations of abuse occur, the home will immediately take the following steps: Place the accused staff person on a plan of supervision which includes not having access to any residents without the presence of another qualified direct care staff person or suspend the staff person or persons involved. Report the alleged abuse to the Department. Report the alleged abuse to the local Area Agency on Aging. Report the alleged abuse to the resident's designated person, if any. 8/8/19 *MJ*

Legal Entity Representative

[Handwritten Signature]
Signature

Richard M. Winslow AED 7/15/19
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 8/8/19 (Date)

Plan of correction implementation status as of 8/8/19 (Date)

The above plan of correction was approved by *MJ* (Initials)

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

PARK CREEK PLACE MEMORY CARE

142560

52 - Hiring Staff

Regulations

2600.

52. Staff Hiring, Retention and Utilization - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.

Description of Violation

A criminal background check has not been completed for staff person B, hired on 11/01/16.

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 person B criminal background check in file
- current employee files audited, see attached (page 2b); current employee files compliant with regulation as of 7/11/2019 (see attached updated audit page 2c).
- Administrator trained on requirement on 4/26/19 by Penn State.
- Business office manager trained on regulation 2600.52 on 7/11/19 by administrator. See attached training record (page 1a and 1b)
- Business office manager or designee to audit pre hire candidates via pre hire checklist to ensure criminal background check completed prior to employment. See attached (page 2)

Within 5 days receipt of approved POC documentation of background check will be submitted to M. Johnson at the Southeast Regional office at ra-pwarsoutheast@pa.gov or fax at 610-270-1147. 8/8/19 *MJ*

Legal Entity Representative

[Handwritten Signature]
Signature

Richard M. Winslow AED
Printed Name and Title

7/15/19
Date

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PARK CREEK PLACE MEMORY CARE

142560

65a - FS Orientation 1st Day

Regulations

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:


1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

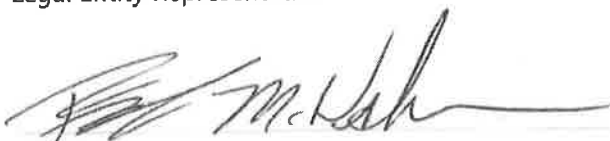
Staff person C, whose first day of work was 07/18/18, did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services until 04/17/19.

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.)

- current employee training files audited for compliance with regulation, see attached (page 2b)
 - current employees trained on regulation 2600.65a 6/18-6/21/19; see attached training records (page 3a-3h). Updated employee training file audit, see attached (page 2c)
 - Administration trained on requirement on 4/26/19 by Penn State.
 - Administrator or designee will review new employee files for compliance; see attached New Employee File Training Audit (page 4)
 - Monitoring will be ongoing; compliance to be determined thru to the QA process
- Maintain all documentation of trainings and checklist for Department review. 8/8/19* 

Legal Entity Representative


Signature

Richard M. Winslow AED
Printed Name and Title

7/15/19
Date

PARK CREEK PLACE MEMORY CARE

142560

65a - FS Orientation 1st Day (continued)

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PARK CREEK PLACE MEMORY CARE

142560

65b - Rights/Abuse 40 Hours

Regulations

2600.

- 65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:
1. Resident rights.
 2. Emergency medical plan.
 3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
 4. Reporting of reportable incidents and conditions.

Description of Violation

Staff person A completed his/her 40th scheduled work hour on 02/06/19. However, this staff person did not complete training in the following topics: resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), reporting of reportable incidents and conditions.

Staff person C completed his/her 40th scheduled work hour on 07/25/18. However, this staff person did not complete training in the following topics: resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), reporting of reportable incidents and conditions.

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 person A no longer employed
- Staff person C completed training 6/18/19
- current employee training files audited for compliance with regulation, see attached audit (page 2b)
- current employees trained on regulation 2600.65b 6/18-6/21/19; see attached training records (page 3a-3h). Updated employee training file audit, see attached (page 2c)
- Administration trained on requirement on 4/26/19 by Penn State.
- Administrator or designee will review new employee files for compliance; see attached New Employee File Training Audit (page 4)
- Monitoring will be ongoing; compliance to be determined thru to the QA process

Maintain documentation of audits and checklist for Department review. 8/8/19 *MG*

Legal Entity Representative

Richard M. Winslow
Signature

Richard M. Winslow AEO
Printed Name and Title

7/15/19
Date

PARK CREEK PLACE MEMORY CARE

142560

65b - Rights/Abuse 40 Hours (continued)

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PARK CREEK PLACE MEMORY CARE

142560

65d - Initial Direct Care Training

Regulations

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:


1. Training that includes a demonstration of job duties, followed by supervised practice.
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.
3. Initial direct care staff person training to include the following:
 - i. Safe management techniques.
 - ii. ADLs and IADLs
 - iii. Personal hygiene.
 - iv. Care of residents with dementia, mental illness, cognitive impairments, an intellectual disability and other mental disabilities.
 - v. The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - vi. Implementation of the initial assessment, annual assessment and support plan.
 - vii. Nutrition, food handling and sanitation.
 - viii. Recreation, socialization, community resources, social services and activities in the community.
 - ix. Gerontology.
 - x. Staff person supervision, if applicable.
 - xi. Care and needs of residents with special emphasis on the residents being served in the home.
 - xii. Safety management and hazard prevention.
 - xiii. Universal precautions.
 - xiv. The requirements of this chapter.
 - xv. Infection control.
 - xvi. Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

Description of Violation

Direct care staff person C, hired on 07/18/18, began providing unsupervised ADL services on 08/01/18. However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test until 12/20/18.

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 person C completed training 6/18/19
 - current employee training files audited for compliance with regulation, see attached audit(page 2b)
 - current employees trained on regulation 2600.65d 6/18-6/21/19; see attached training records (page 3a-3h). Employee training file audit updated, see attached (page 2c)
 - Administration trained on requirement on 4/26/19 by Penn State.
 - Administrator or designee will review new employee files for compliance; see attached New Employee File Training Audit (page 4)
 - Monitoring will be ongoing; compliance to be determined thru to the QA process
- Maintain documentation of audits and checklist for Department review. 8/8/19* 

04/22/2019

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PARK CREEK PLACE MEMORY CARE

142560

65d - Initial Direct Care Training (continued)

Legal Entity Representative


Signature

Richard M. Winslow AED
Printed Name and Title

7/15/19
Date

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(Date)

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- Not Implemented

PARK CREEK PLACE MEMORY CARE

142560

65e - 12 Hours Annual Training

Regulations

2600.

65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

1. Staff person orientation shall be included in the 12 hours of training for the first year of employment.
2. On the job training for direct care staff persons may count for 6 out of the 12 training hours required annually.

Description of Violation

Direct care staff person B received only 6.75 hours of annual training in training year 2018.

Direct care staff person D received only 1.00 hour of annual training in training year 2018.

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.)

- 2018 annual training hours cannot be corrected for staff persons B and D.
- Administrator trained on requirement on 4/26/19 by Penn State.
- Current employees to complete assigned Relias online training and attend monthly staff meetings/ monthly training topics as outlined in 2019 Training Plan per regulation 2600.66, see attached (page 5)
- Administrator or designee to audit employee training files monthly to ensure compliance; see attached Monthly Inservice Audit (page 6-6c).
- Monitoring to be ongoing, compliance to be determined thru QA process.

Maintain documentation of audits and trainings for Department review. 8/8/19 *MG*

Legal Entity Representative

Richard M. Winslow
Signature

Richard M. Winslow AEO 7/15/19
Printed Name and Title Date

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(Date) (Date)

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(Initials) Partially Implemented - Inadequate Progress
 Fully Implemented Not Implemented

PARK CREEK PLACE MEMORY CARE

142560

65f - Training Topics

Regulations

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.

Description of Violation

Direct care staff persons B and D did not receive training in medication self-administration training, instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, care for residents with dementia and cognitive impairments, infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, personal care service needs of the resident, safe management techniques during training year 2018.

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.)

- 2018 annual training hours cannot be corrected for staff persons B and D.
- Administrator trained on requirement on 4/26/19 by Penn State.
- Current employees to complete assigned Relias online training and attend monthly staff meetings/ monthly training topics as outlined in 2019 Training Plan per regulation 2600.66, see attached (page 5)
- Administrator or designee to audit employee training files monthly to ensure compliance; see attached Monthly Inservice Audit (page 6-6c).
- Monitoring to be ongoing, compliance to be determined thru QA process.

Maintain documentation of audits and trainings for Department review. 8/8/19 MJ

Legal Entity Representative


Signature

Richard M. Winslow
Printed Name and Title

7/15/19
Date

PARK CREEK PLACE MEMORY CARE

142560

65f - Training Topics *(continued)*

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8/8/19
(Date)

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8/8/19
(Date)

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MCJ
(Initials)

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

PARK CREEK PLACE MEMORY CARE

142560

65g - Annual Training Content

Regulations

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation


Staff person B did not receive training in resident rights, the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), falls and accident prevention during the 2018 training year.

Staff person D did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert, emergency preparedness procedures and recognition and response to crises and emergency situations, falls and accident prevention during the 2018 training year.

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.)

- 2018 annual training hours cannot be corrected for staff persons B and D.
- Administrator trained on requirement on 4/26/19 by Penn State.
- Current employees to complete assigned Relias online training and attend monthly staff meetings/ monthly training topics as outlined in 2019 Training Plan per regulation 2600.66, see attached (page 5)
- Administrator or designee to audit employee training files monthly to ensure compliance; see attached Monthly Inservice Audit (page 6-6c).
- Monitoring to be ongoing, compliance to be determined thru QA process.

Maintain documentation of audits and trainings for Department review. 8/8/19 

Legal Entity Representative


Signature

Richard M. Winslow AEO 7/15/19
Printed Name and Title Date

04/22/2019

13 of 18

PARK CREEK PLACE MEMORY CARE

142560

65g - Annual Training Content *(continued)*

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8/8/19
(Date)

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8/8/19
(Date)

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MC
(Initials)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

PARK CREEK PLACE MEMORY CARE

142560

141b1 - Annual Medical Evaluation

Regulations

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #1's most recent medical evaluation was completed on 11/08/17.

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 DME completed 4/29/19.
- current resident files audited; as of May 30, 2019 current residents compliant with regulation. see attached audit/tickler file maintained by CSM (page 7c and 7d).
- Current Administrator trained on requirement on 4/26/2019 by Penn State.
- CSM trained on regulation 2600.141.a on 7/10/19 by Divisional Care Services Specialist. (See page 7a and 7b)
- Administrator or designee to audit new admissions for proper DME completion.
- Monitoring will be ongoing, compliance will be determined thru QA process.

Maintain documentation of audits and checklist for Department review. 8/8/19 *MG*

Legal Entity Representative

Richard M. Winslow
Signature

Richard M. Winslow AED 7/15/19
Printed Name and Title Date

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

PARK CREEK PLACE MEMORY CARE

142560

225a - Assessment 15 Days

Regulations

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

An assessment was not completed for resident #1, who was admitted to the home on 11/17/17.

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.)

- Active resident charts audited for assessment and support plans (RASPs). RASPs completed on current residents as of May 30th. See audit/tickler file maintained by CSM (page 7c and 7d).
- CSM trained on proper completion of RASP on 5/13/19; see attached training record (page 8a-8d)
- Administrator trained on regulation on 4/26/19 by Penn State.
- Initial assessment audit will be within 5 days of admission on attached admission audit sheet (page 9), completed by administrator or designee. Monitoring to be continued. Compliance to be determined via QA process.

Maintain documentation of audits and checklist for Department review. 8/8/19 *WJ*

Legal Entity Representative

Richard M. Winslow
Signature

Richard M. Winslow AED 7/15/19
Printed Name and Title Date

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- Not Implemented

PARK CREEK PLACE MEMORY CARE

142560

231e - No Objection Statement

Regulations

2600.

231.e. Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

Description of Violation

Resident #1 was admitted to the Secure Dementia Care Unit (SDCU) on 11/17/17. The home has no documentation that the resident and the resident's designated person have not objected to the admission.

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 objection statement/addendum completed, in resident file 6/11/19.
- Current resident files audited 6/11/19 for objection addendums. See attached audit, page (9a-9c).
- Objection addendums to be reviewed with resident and resident's designated person by 7/19/19 to ensure compliance with regulation.
- Administrator trained on requirement 4/26/19 by Penn State.
- Administrator or designee will ensure compliance by auditing new resident files for completion on day of admission using Admission Audit, attached (see page 9). Ongoing monitoring will continue; compliance will be determined thru QA process.

Maintain documentation of audits and checklist for Department review. 8/8/19 *WJ*

Legal Entity Representative

Richard M. Winslow
Signature

Richard M. Winslow AED 7/15/19
Printed Name and Title Date

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PARK CREEK PLACE MEMORY CARE

142560

231f - Assessed Annually

Regulations

2600.

231.f. In addition to the requirements in § 2600.225 (relating to initial and annual assessment), the resident shall also be assessed annually for the continuing need for the secured dementia care unit.

Description of Violation

Resident #1 was not reassessed for the need for Secure Dementia Care Unit (SDCU) but was admitted to the SDCU on 11/17/17,

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 was assessed on 11/14/17 via part IV Cognitive Prescreen section of the Department's Preadmission Screening Form to be appropriate for a SDCU.
- Resident #1 was not reassessed due to not having an initial or annual RASP.
- Active resident charts audited for assessment and support plans (RASPs). RASPs completed on current residents as of May 30th. See attached audit/tickler file maintained by CSM (page 7c and 7d)
- CSM trained on proper completion of RASP on 5/13/19; see attached training record (page 8a-8d)
- Administrator trained on regulation on 4/26/19 by Penn State.
- Admission audit began 5/22/19, see attached (page 9); completed by Administrator of designee, monitoring to be continued. Compliance to be determined thru QA process.

Maintain documentation of audits and checklist for Department review. 8/8/19 *MJ*

Legal Entity Representative

Richard M. Winslow
Signature

Richard M. Winslow AED 7/15/19
Printed Name and Title Date

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