



**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 June 5 and 6, 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". The signature is written in a cursive style.

Mia Johnson
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report

Facility Information

Name: *PARK CREEK PLACE MEMORY CARE*

License Number: *142560*

Address: *1089 HORSHAM ROAD, NORTH WALES, PA 19454*

County: *MONTGOMERY*

Region: *SOUTHEAST*

Administrator

Name: *Meredith H Collins*

Phone: *2155400520*

Email: *ALCLICENSE@ENLIVANT.COM*

Legal Entity

Name: *NORTH WALES 1089 MC BG OPCO LLC*

Address: *330 N WABASH AVENUE SUITE 3700, CHICAGO, IL, 60611*

Certificate(s) of Occupancy

Type: *C-2 LP*

Date:

Issued By:

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *78*

Waking Staff: *59*

Inspection

Type: *Partial*

BHA Docket #:

Notice: *Unannounced*

Reason: *Complaint*

Inspection Dates and Department Representative

06/05/2019 - On-Site: David Carrion, Denise Gillespie

06/06/2019 - On-Site: David Carrion, Denise Gillespie

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *48*

Residents Served: *39*

Secured Dementia Care Unit

In Home: *Yes*

Area: *The Entire Home*

Capacity: *48*

Residents Served: *39*

Hospice

Current Residents: *10*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *39*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *39*

Have Physical Disability: *0*

PARK CREEK PLACE MEMORY CARE

142560

18 - Compliance With Laws

Regulations

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The home's contract under Guarantor Agreement, uses Assisted Living Services to describe services provided by the home.

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 home contract including Guarantor Agreement reviewed by corporate; changes made to remove "assisted living" terminology from paperwork. Previous version of Guarantor agreement removed from electronic generation system, replaced with updated version.
- Current resident's Guarantor Agreement unable to be altered due to signatures prior to plan of correction date; effective immediately administrator or designee to use updated contract/guarantor agreement with new admissions/move ins to the community.

Within 30 days receipt of approved plan of correction: All staff persons will be educated, the term assisted living may not be used by the home in any written materials including, but not limited to, resident contracts, documents posted in the home, website materials, and advertising materials. 8/8/19 *MG*

Legal Entity Representative

[Handwritten Signature]
Signature

Richard M. Winslow AED 7/16/19
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 *MG* (Initials)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

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 A, whose first day of work was 12/19/18, 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.

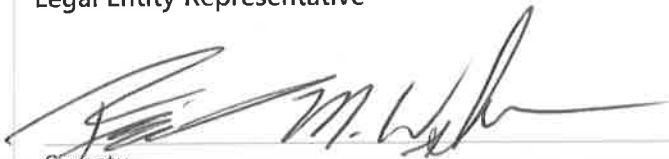
Plan of Correction (POC)

(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 trained on 6/19/19.
- Current employee files audited, see attached employee file audit (page 1i); current employees trained on topics in regulation 2600.65a week of 6/18/19. see attached training record (page 1a-1h). Updated employee file audit, see attached audit (page 1j).
- current administrator trained on requirement 4/26/19 by Penn State.
- Administrator or designee will review new employee files for compliance, see attached new employee file audit (page 2)
- Monitoring will be ongoing; compliance to be determined thru QA process.

Maintain documentation of audits, trainings and tracking list. 8/8/19 *MG*

Legal Entity Representative



Signature

Richard M. Winslow AED 7/16/19

Printed Name and Title

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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 her 40th scheduled work hour on 01/02/19. 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.

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 completed training 6/18/19.
 - Current employee files audited, see attached audit (page 1i); current employees trained on topics in regulation 2600.65a week of 6/18/19. see attached training record (page 1a-1h). Employee file training audit updated, see attached audit (page 1j).
 - current administrator trained on requirement 4/26/19 by Penn State.
 - Administrator or designee will review new employee files for compliance, see attached new employee file audit (page 2)
 - Monitoring will be ongoing; compliance to be determined thru QA process.
- Maintain documentation of audits, trainings and tracking list. 8/8/19 *MG*

Legal Entity Representative


Signature

Richard M. Winslow
Printed Name and Title

7/16/19
Date

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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 05/06/19. The resident's previous medical evaluation was completed on 01/12/18.

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.)

- Current resident files audited; as of May 30, 2019 current resident files compliant with regulation. See attached audit/tickler file maintained by CSM to track/audit RASPs and DMEs (page 3c and 3d).
- Administrator trained on requirement 4/26/19 by Penn State.
- CSM trained on regulation 2600.141.b on 7/10/19 by Divisional Care Services Specialist, see attached training record (page 3a and 3b).
- Administrator or designee to audit new admissions for proper DME completion, see admission audit (page 5)
- Monitoring will be ongoing, compliance will be determined thru QA process.

Maintain documentation of audits, trainings and tracking list. 8/8/19 *RMJ*

Legal Entity Representative

Richard M. Winslow
Signature

Richard M. Winslow AED 7/16/19
Printed Name and Title Date

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PARK CREEK PLACE MEMORY CARE

142560

224a - Preadmission Screen Form

Regulations

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #2 was admitted to the home on 04/01/19; however, the resident's preadmission screening form was not completed.

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 preadmission screening completed 5/19/19, see attached audit (page 4e).
- CSM trained on regulation 2600.224a on 5/13/19; see attached training record (page 4a-4d).
- CSM is responsible for sustained compliance. The administrator or designee will audit new admission files for preadmission screening form to ensure completion prior to move in; see attached Admission Audit (page 5).
- Monitoring will be ongoing, compliance to be determined thru QA process.

Maintain documentation of audits, trainings and tracking list. 8/8/19 *RMJ*

Legal Entity Representative

Richard M. Winslow

Signature

Richard M. Winslow AED 7/16/19

Printed Name and Title

Date

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PARK CREEK PLACE MEMORY CARE

142560

227g -Support Plan Signatures

Regulations

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #3 participated in the development of his support plan on 10/05/18. However, the resident did not sign the support plan.

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 no longer resides in community.
- Active resident charts audited for assessment and support plans. Assessment and support plans completed for all active residents as of May 30, 2019. See attached DME/RASP audit/tickler file maintained by CSM (page 3c and 3d).
- CSM trained on proper completion of RASP on 5/13/19, see attached training record (page 6a-6f)
- Administrator trained on requirement on 4/26/19 by Penn State.
- Admission Audit completed by Administrator on all new admissions to ensure completion of RASP, see attached (page 5)
- Monitoring to continue, compliance to be determined thru QA process.

Maintain documentation of audits, trainings and tracking list. 8/8/19 *MJ*

Legal Entity Representative

Richard M. Winslow
Signature

Richard M. Winslow AED 7/16/19
Printed Name and Title Date

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

PARK CREEK PLACE MEMORY CARE

142560

227h - Support Plan Refuse Sign

Regulations

2600.

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

Description of Violation

Resident #1 participated in the development of his support plan on 03/06/18. The resident was unable to sign the support plan. The home did not make a notation regarding the resident's inability to sign.

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 partially completed support plan from 3/6/18 unable to be completed, new support plan created for resident on 5/30/19, noted resident's inability to sign.
- Active resident charts audited for assessment and support plans. Assessment and support plans completed for all active residents as of May 30, 2019. See attached audit/tickler file maintained by CSM to track DMEs and RASPs (page 3c and 3d).
- CSM trained on proper completion of RASP on 5/13/19, see attached training record (page 6a-6f)
- Administrator trained on requirement on 4/26/19 by Penn State.
- Admission Audit completed by Administrator on all new admissions to ensure completion of RASP, see attached (page 5)
- Monitoring to continue, compliance to be determined thru QA process.

Maintain documentation of audits, trainings and tracking list. 8/8/19 *MG*

Legal Entity Representative

Richard M. Winslow
Signature

Richard M. Winslow AED 7/16/19
Printed Name and Title Date

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PARK CREEK PLACE MEMORY CARE

142560

231c - Preadmission Screening

Regulations

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident #2 was admitted to the Secure Dementia Care Unit (SDCU) on 04/01/19. However, the resident #2's written cognitive preadmission screening was not completed.

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 cognitive preadmission screening corrected 6/19/19.
- current resident files audited on 6/19/19 for preadmission / cognitive screening completion. See attached prescreen audit (page 4e). As of 6/19/19, all current resident files compliant with regulation.
- Administrator trained on requirement on 4/26/19 by Penn State.
- CSM trained on preadmission screening completion on 5/13/19, see attached training record (page 6a-6f).
- Admission Audit (see attached, page 5) completed by Administrator or designee to ensure completion of prescreen prior to move.
- Monitoring to be ongoing, compliance to be determined thru QA process.

Maintain documentation of audits, trainings and tracking list. 8/8/19 *MJ*

Legal Entity Representative

[Handwritten Signature]

Signature

Richard M. Winslow AED

Printed Name and Title

7/10/19

Date

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

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PARK CREEK PLACE MEMORY CARE

142560

234a - Admission Support Plan

Regulations

2600.

234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident #2 was admitted to the Secure Dementia Care Unit (SDCU) on 04/01/19. However, the resident's initial support plan was completed on 05/30/19.

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.)

- Active resident charts audited for assessment and support plans. Assessment and support plans completed for all active residents as of May 30, 2019. See attached audit/tickler file maintained by CSM to track DMEs and RASPs (page 3c and 3d).
- CSM trained on proper completion of RASP on 5/13/19, see attached training record (page 6a-6f)
- Administrator trained on requirement on 4/26/19 by Penn State.
- Admission Audit completed by Administrator on all new admissions to ensure completion of RASP, see attached (page 5)
- Monitoring to continue, compliance to be determined thru QA process.

Maintain documentation of audits, trainings and tracking list. 8/8/19 *mwj*

Legal Entity Representative

Richard M. Winslow
Signature

Richard M. Winslow
Printed Name and Title

7/16/19
Date

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PARK CREEK PLACE MEMORY CARE

142560

234b - Support Plan Needs Elements

Regulations

2600.

234.b. The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

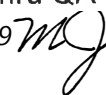
Description of Violation

The support plan, dated 03/06/18, for resident #1 does not address physical, medical, social, cognitive and safety needs.

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 partially completed support plan can not be altered/completed; a current support plan was created for resident on 5/30/19.
- Active resident charts audited for assessment and support plans. Assessment and support plans completed for all active residents as of May 30, 2019. See attached audit/tickler file maintained by CSM to track/audit RASPs and DMEs (page 3c and 3d).
- CSM trained on proper completion of RASP on 5/13/19, see attached training record (page 6a-6f)
- Administrator trained on requirement on 4/26/19 by Penn State.
- Admission Audit completed by Administrator on all new admissions to ensure completion of RASP, see attached (page 5)
- Monitoring to continue, compliance to be determined thru QA process.

Maintain documentation of audits, trainings and tracking list. 8/8/19 

Legal Entity Representative



Signature

Richard M. Winslow AED 7/16/19

Printed Name and Title

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