



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to NORTH WALES 1091 PCH BG OPCO LLC
LEGAL ENTITY

To operate PARK CREEK PLACE - PERSONAL CARE
NAME OF FACILITY OR AGENCY

Located at 1091 HORSHAM ROAD, NORTH WALES, PA 19454
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 72
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from January 30, 2020 until January 30, 2021,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **142570**

Robert E. Robinson
ISSUING OFFICER

[Signature]
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

January 30, 2020

Mr. Matthew Coleman
Vice President
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. Coleman:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing (Department), licensing inspections on December 17 and 18, 2019, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read "Kevin Hancock".

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

Violation Report

Facility Information

Name: *PARK CREEK PLACE - PERSONAL CARE*

License Number: *14257*

Address: *1091 HORSHAM ROAD,, NORTH WALES, PA 19454*

County: *MONTGOMERY*

Region: *SOUTHEAST*

Administrator

Name: *Lori Bellport*

Phone: *2155429670*

Email: *ALCLICENSE@ENLIVANT.COM*

Legal Entity

Name: *NORTH WALES 1091 PCH BG OPCO LLC*

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

Certificate(s) of Occupancy

Type: *C-2 LP*

Date: *01/26/2017*

Issued By: *Montgomery Twp*

Type: *I-2*

Date: *01/26/2017*

Issued By: *Montgomery Twp*

Staffing Hours

Resident Support Staff: *63*

Total Daily Staff: *133*

Waking Staff: *100*

Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Provisional*

Inspection Dates and Department Representative

12/17/2019 - On-Site: Susan Smith, Taheisha Thomas, David Carrion

12/18/2019 - On-Site: Susan Smith, Taheisha Thomas, David Carrion

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *72*

Residents Served: *53*

Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *53*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *17*

Have Physical Disability: *0*

64a - Admin Training

Regulations

2600.

64.a. Prior to initial employment as an administrator, a candidate shall successfully complete the following:

- 1. An orientation program approved and administered by the Department.

Description of Violation

Staff person A did not complete an orientation program approved and administered by the Department prior to initial employment as an Administrator.

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 their orientation program approved and administered by the Department on 12/19/19. Verification of completion was filed in Staff person A's personnel file. (attachment A)

There are no other Executive Directors/Administrators employed at Park Creek Personal Care.

Vice President of Operations was educated on PA code 2600.64a, including the requirement for administrators to complete an orientation program approved and administered by the Department prior to initial employment as an administrator by the Regional Director of Care Services on 12/18/19. (attachment B)

Vice President of Operations will conduct an audit and review of potential Executive Director/Administrators training certifications, including proof of participation in an orientation program approved and administered by the department prior to employment.

Results of the audit/review will be reviewed in QI as necessary

Legal Entity Representative

Signature *Lori Bellport* Printed Name and Title Lori Bellport, Executive Director Date 1/16/20

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

The above plan of correction is approved as of 1/30/2020 (Date) Plan of correction implementation status as of 1/30/2020 (Date)

The above plan of correction was approved by *CM* (Initials) Implemented Not Implemented