

Department of Human Services
Bureau of Human Service Licensing

December 11, 2020

JASON MCDOWELL, ED
NORTH WALES 1089 MC BG OPCO LLC
330 N WABASH AVENUE,SUITE 3700
CHICAGO, IL 60611

RE: PARK CREEK PLACE - MEMORY
CARE
1089 HORSHAM ROAD
NORTH WALES, PA, 19454
LICENSE/COC#: 14256

Dear Mr. McDowell,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/18/2020, 11/09/2020, 11/12/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Sandi Wooters

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY**

Facility Information

Name: *PARK CREEK PLACE - MEMORY CARE* License #: *14256* License Expiration Date: *10/02/2021*
 Address: *1089 HORSHAM ROAD, NORTH WALES, PA 19454*
 County: *MONTGOMERY* Region: *SOUTHEAST*

Administrator

Name: *Jason McDowell* Phone: *2155400520* Email: *JMcDowell@enlivant.com*

Legal Entity

Name: *NORTH WALES 1089 MC BG OPCO LLC*
 Address: *330 N WABASH AVENUE, SUITE 3700, CHICAGO, IL, 60611*
 Phone: *2155400520* Email: *LEGALHELP@ENLIVANT.COM*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *07/19/1996* Issued By: *L & I*

Staffing Hours

Resident Support Staff: Total Daily Staff: *66* Waking Staff: *50*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *11/18/2020*

Inspection Dates and Department Representative

11/18/2020 - Off-Site: Sandi Wooters
11/09/2020 - Off-Site: Sandi Wooters
11/12/2020 - Off-Site: Sandi Wooters

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *48* Residents Served: *33*

Secured Dementia Care Unit

In Home: *Yes* Area: *Facility* Capacity: *48* Residents Served: *33*

Hospice

Current Residents: *8*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *33*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *33* Have Physical Disability: *0*

Inspections / Reviews

11/18/2020 - Partial

Lead Inspector: *Sandi Wooters*Follow-Up Type: *POC Submission*Follow-Up Date: *11/30/2020*

12/3/2020 - POC Submission

Lead Reviewer: *Sandi Wooters*Follow-Up Type: *Document Submission*Follow-Up Date: *12/17/2020*

12/4/2020 - Document Submission

Lead Reviewer: *Sandi Wooters*Follow-Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

2600.

- 16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On October 13, 2020 direct care staff A was verbally disrespectful to resident #1. The home did not report this incident to the Department.

On November 2, 2020, resident #2 sexually assaulted #3. The home did not report this incident to the Department until November 6, 2020.

Plan of Correction

Accept

Resident #1, #2, and #3, were assessed by a registered professional nurse and did not suffer negative effects from these findings.

Staff Member A is no longer employed by the community.

The Executive Director and/or designee will conduct a documentation audit of current resident service notes, current resident incidents, and nursing twenty-four-hour communication report for the preceding 90 days to validate that any identified incidents that require reporting per 2600.16 c where reported. For instances or events noted that require reporting per 2600.16 c, and were not previously reported, the Executive Director or designee will report upon discovery. Audit will be completed by December 15, 2020. (See Attachment #1)

On 11/23/2020, staff and management were re-educated on 55PA code 2600.16(c) Reporting Abuse, by the Executive Director. (See Attachment #2)

The Executive Director and/or designee will review incidents weekly to ensure that reportable incidents have been completed and reported to the Department. Audits will be completed weekly for 4 weeks then monthly for two months. The QI committee will determine whether continued auditing is necessary based on three consecutive months of compliance. Monitoring will be ongoing. (See Attachment #3)

Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited, and is also NOT to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan of Correction. In addition, preparation and submission of this Plan of Correction does NOT constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.

Completion Date: 12/15/2020

16c - Written Incident Report (*continued*)**Document Submission****Implemented**

Resident #1, #2, and #3, were assessed by a registered professional nurse and did not suffer negative effects from these findings.

Staff Member A is no longer employed by the community.

The Executive Director and/or designee will conduct a documentation audit of current resident service notes, current resident incidents, and nursing twenty-four-hour communication report for the preceding 90 days to validate that any identified incidents that require reporting per 2600.16 c where reported. For instances or events noted that require reporting per 2600.16 c, and were not previously reported, the Executive Director or designee will report upon discovery. Audit will be completed by December 15, 2020. (See Attachment #1)

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42c - Treatment of Residents

1. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Repeat Violation

On October 13, 2020, direct care staff person A was observed by multiple staff using loud reprimanding and condensing tone of voice to redirect resident #1 away from resident #2's wheelchair.

42c - Treatment of Residents (*continued*)**Plan of Correction****Accept**

Resident #1 was assessed by a registered professional nurse and did not suffer any negative effects from this finding. Staff Member A is no longer employed by the community.

On 11/23/2020, the Executive Director re-educated staff and management on 55PA code 2600.42(c), Treating Residents with Dignity and Respect. (See Attachment #4)

The Executive Director and/or designee will conduct a documentation audit of current resident service notes, current resident incidents, and nursing twenty-four-hour communication report for the preceding 90 days to validate that residents have been treated with dignity and respect. For any instances or events noted that require reporting per 2600.42 c, and not previously reported, the Executive Director or designee will report upon discovery. Audit will be completed by December 15, 2020. (See Attachment #1)

The Executive Director and/or designee will observe five random residents weekly to validate that they are being treated with dignity and respect. This audit will be conducted weekly for four weeks then monthly for two months. The QI committee will determine whether continued observations/auditing is necessary based on three consecutive months of compliance. Monitoring will be ongoing. (See Attachment #5)

The Executive Director and/or designee will interview 5 random employees weekly to validate that residents are being treated with dignity and respect. This audit will be conducted weekly for four weeks then monthly for two months. The QI committee will determine whether continued staff interviews are necessary based on three consecutive months of compliance. Monitoring will be ongoing. (See Attachment #6)

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Completion Date: 12/15/2020

42c - Treatment of Residents (*continued*)**Document Submission****Implemented**

Resident #1 was assessed by a registered professional nurse and did not suffer any negative effects from this finding. Staff Member A is no longer employed by the community.

On 11/23/2020, the Executive Director re-educated staff and management on 55PA code 2600.42(c), Treating Residents with Dignity and Respect. (See Attachment #4)

The Executive Director and/or designee will conduct a documentation audit of current resident service notes, current resident incidents, and nursing twenty-four-hour communication report for the preceding 90 days to validate that residents have been treated with dignity and respect. For any instances or events noted that require reporting per 2600.42 c, and not previously reported, the Executive Director or designee will report upon discovery. Audit will be completed by December 15, 2020. (See Attachment #1)

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65i - Training Record

1. Requirements

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

The home's record of direct care staff training does not include the length of time of the trainings dates for staff A and B: 3/3/2020 – PPL; 3/23/20 -COVID/Preventing Falls; 4/13/20 -PPE/Handwashing; 4/23/20-Signs Symptoms of Covid; 4/26/20 -PPE; 5/13/20 -Handwashing/PPE; 5/9/20-Dementia Care; 6/24/20 – Elder Abuse/Neglect, Management of Elopement.

65i - Training Record (continued)

Plan of Correction

Accept

On 11/23/2020 the training records for direct care staff A and direct care staff B were amended by the Executive Director, with the length of time, in minutes, the training was conducted.

The Executive Director and/or designee will audit staff in-services conducted over the preceding eleven months, notating duration of training omissions. Duration of training will be added to each record accordingly, as per department request. Audit will be completed by December 15, 2020. (See Attachment #7)

On 11/23/2020, the Executive Director re-educated managers on what information is required to be documented on a staff training record, i.e. name of staff person trained, date of training, source of training, content and length of each course, copy of any certificates. (See Attachment #8)

The Executive Director and/or designee will audit documented staff in-services weekly to validate that all required information is present. This audit will be conducted weekly for four weeks then monthly for two months. The QI committee will determine whether continued auditing is necessary based on three consecutive months of compliance. Monitoring will be ongoing. (See Attachment #9)

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Completion Date: 12/15/2020

Document Submission

Implemented

On 11/23/2020 the training records for direct care staff A and direct care staff B were amended by the Executive Director, with the length of time, in minutes, the training was conducted.

The Executive Director and/or designee will audit staff in-services conducted over the preceding eleven months, notating duration of training omissions. Duration of training will be added to each record accordingly, as per department request. Audit will be completed by December 15, 2020. (See Attachment #7)

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