

Department of Human Services  
Bureau of Human Service Licensing

March 26, 2021

██████████ REGIONAL EXECUTIVE DIRECTOR  
NORTH WALES 1091 PCH BG OPCO LLC  
330 N WABASH AVENUE,SUITE 3700  
CHICAGO, IL 60611

RE: PARK CREEK PLACE - PERSONAL  
CARE  
1091 HORSHAM ROAD  
NORTH WALES, PA, 19454  
LICENSE/COC#: 14257

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 12/22/2020, 12/23/2020, 12/24/2020, 12/28/2020, 12/30/2020, 01/04/2021, 01/06/2021, 01/14/2021, 01/15/2021 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,  
Claire Mendez

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 PERSONAL CARE      **Licence #:** 14257      **Licence Expiration Date:** 01/30/2022  
**Address:** 1091 HORSHAM ROAD, NORTH WALES, PA 19454  
**County:** MONTGOMERY      **Region:** SOUTHEAST

**Administrator**

**Name:** [REDACTED]      **Phone:** 2153703803      **Email:** [REDACTED]

**Legal Entity**

**Name:** NORTH WALES 1091 PCH BG OPCO LLC  
**Address:** 330 N WABASH AVENUE, SUITE 3700, CHICAGO, IL, 60611  
**Phone:** 2155429670      **Email:** [REDACTED]

**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:** 0      **Total Daily Staff:** 48      **Working Staff:** 36

**Inspection**

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Incident      **Exit Conference Date:** 01/15/2021

**Inspection Dates and Department Representative**

12/22/2020 - Off-Site: [REDACTED]  
12/23/2020 - Off-Site: [REDACTED]  
12/24/2020 - Off-Site: [REDACTED]  
12/28/2020 - Off-Site: [REDACTED]  
12/30/2020 - Off-Site: [REDACTED]  
01/04/2021 - Off-Site: [REDACTED]  
01/06/2021 - Off-Site: [REDACTED]  
01/14/2021 - Off-Site: [REDACTED]  
01/15/2021 - Off-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 72      **Residents Served:** 37

**Secured Dementia Care Unit**

**In Home:** No      **Area:**      **Capacity:**      **Residents Served:**

**Resident Demographic Data as of Inspection Dates (continued)**

**Hospice**

**Current Residents: 7**

**Number of Residents Who:**

**Receive Supplemental Security Income: 0**

**Are 60 Years of Age or Older: 37**

**Diagnosed with Mental Illness: 0**

**Diagnosed with Intellectual Disability: 0**

**Have Mobility Need: 11**

**Have Physical Disability: 0**

**Inspections / Reviews**

**12/22/2020 - Partial**

**Lead Inspector:** [REDACTED]

**Follow Up Type:** POC Submission

**Follow-Up Date:** 03/26/2021

**3/26/2021 POC Submission**

**Lead Reviewer:** [REDACTED]

**Follow-Up Type:** Document Submission

**Follow-Up Date:** 04/02/2021

## 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 12/18/20, Staff Member A took funds from the home's safe. All of the cash funds totaling \$3288.61: \$1200 from a holiday gift fund, \$300 on a petty cash card and \$1788.61 belonging to nine residents was missing. The home did not report this incident to the department until 12/21/20.*

### Plan of Correction

Accept

*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.*

- Staff member A return the entirety of the funds to the community on 12/22/2020.*
- Staff member A is no longer employed by the community. (Attachment A1)*
- Regional Director of Care Services (RDCS) educated Executive Director (ED) and Care Services Manager (CSM) on regulation 2600.16.c on 3/19/21. (Attachment A2)*
- ED educated Community Relations Manager (CRM), and Administrative Specialist regulation 2600.16c on 3/19/21. (Attachment A3)*
- ED and/or designee will audit internal incident reports that occurred and grievances/complaints that were received over the preceding 30 days, by 3/19/2021, to ensure allegations of suspected abuse of a resident were reported to the Local Area Agency on Aging as required. Identified allegations will be reported as necessary by the ED. (Attachment A4)*
- ED and/or designee will review internal incident reports and grievances/complaints by the following business day for 12 weeks to ensure that an incident or allegation that requires reporting under 2600.16c is immediately reported to the Local Area Agency on Aging. (Attachment A5)*
- Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be ongoing.*

**Completion Date:** 03/20/2021

## 20b4 - Use of Funds

### 1. Requirements

2600.

- 20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

4. Resident funds and property shall only be used for the resident's benefit.

20b4 - Use of Funds (continued)

**Description of Violation**

On 12/18/20 Staff Member A entered the home's safe and left the home with \$1788.61 of resident funds. Resident #1, Resident #2, Resident # 3, Resident #4, Resident #5, Resident # 6, Resident #7, Resident #8, and Resident #9 all had their funds taken from the home.

**Plan of Correction**

Accept

- Residents 1,2,3,4,5,6,7,8, and 9 did not suffer any negative effects.
- Staff member A returned the entirety of the funds to the community on 12/22/2020.
- Staff member A is no longer employed by the community. (Attachment B1)
- Residents 1, 2, 3, 4, 5, 6, 7, 8, and 9 had their funds replaced by the community on 12/22/2020. (Attachment B2)
- RDCS educated ED, CSM, CRM, and Administrative Specialist on regulation 2600.20.b on 3/19/2021. (Attachment B3)
- ED and/or designee audited current resident funds on 3/25/2021 to ensure monies withdrawn over the preceding 30 days were used for the residents' benefit. (Attachment B4)
- ED and/or designee will audit the contents of the community safe weekly for 4 weeks, then monthly for two months to ensure resident funds are accounted for, and that any funds used was for the residents' benefit. (Attachment B4)
- Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be ongoing.

Completion Date: 03/25/2021

20b6 - Interest Bearing Account

**1. Requirements**

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

- 6. If a home is holding more than \$200 for a resident for more than 2 consecutive months, the administrator shall notify the resident and offer assistance in establishing an interest-bearing account in the resident's name at a local Federally-insured financial institution. This does not include security deposits.

**Description of Violation**

The home held money for Resident # 7, from 7/17/2020 to 1/15/2021, during which time the balance of those funds did not fall below \$200.00. The home has not offered assistance to Resident # 7 in obtaining an interest bearing account.

The home held money for Resident #8, from 4/15/19 to 1/15/21, during which time the balance of those funds did not fall below \$200.00. The home has not offered assistance to Resident #8 in obtaining an interest bearing account.

20b6 - Interest Bearing Account (continued)

Plan of Correction

Accept

- As of 3/25/2021 Residents #7 and #8 funds no longer have funds exceeding \$200 held by the community.
- RDCS educated ED, CSM, CRM, and Administrative Specialist on regulation 2600.20.b on 3/19/2021. (See Attachment C1)
- ED and/or designee will audit resident funds weekly for 4 weeks, then monthly for two months to ensure that resident accounts contain no more than a \$200.00 balance. In the event a balance equal to or greater than \$200.00 is noted, the ED will assist the resident in obtaining an interest bearing account in the residents name at a local Federally insured financial institution. (See Attachment C2)
- Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be ongoing.

Completion Date 03/25/2021

20b8 Quarterly Account

1. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

- 8. The home shall give the resident and the resident’s designated person, an itemized account of financial transactions made on the resident’s behalf on a quarterly basis.

Description of Violation

Resident # 9 has not received a quarterly account of financial transactions.

Plan of Correction

Accept

- Resident #9 received a quarterly itemized account statement on 3/24/2021. (Attachment D1)
- RDCS educated ED, CSM, CRM, and Administrative Specialist on regulation 2600.20.b on 3/19/2021. (Attachment D2)
- ED and/or designee will audit resident fund accounts held by the community to ensure quarterly accounting of financial transactions are sent to resident and their designated person weekly for 4 weeks, then monthly for two months. (Attachment D3)
- Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be ongoing.

Completion Date: 03/25/2021

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

42b - Abuse (continued)

**Description of Violation**

*On 12/18/20 Staff Member A was observed in the Business Office by Staff Member B. A safe containing resident funds, petty cash, and other valuables is located in this office. On 12/21/20 Staff Member C went into the home's safe and discovered that all of the cash funds totaling \$3288.61: \$1200 from a holiday gift fund, \$300 on a petty cash card and \$1788.61 belonging to nine residents was missing. Only Staff Member A and Staff Member C have access to the safe.*

**Plan of Correction**

**Accept**

*(Staff member A is no longer employed with the community.)*

- ED educated staff on regulation 2600.42.b on 3/25/2021. (Attachment E1)*
- RDCS educated ED, CSM, CRM, and Administrative Assistant on regulation 2600.20.b4, 6 and 8 on 3/19/2021. (Attachments B3, C1 and D2)*
- On 3/19/2021 Administrative Assistant, ED, CSM, and CRM were in-serviced on the Safe Access Log. (Attachment E2)*
- Effective 3/24/2021 a Safe Access Log was implemented. Two managers must now be present to open the safe. The log will record the managers names, titles, date, and time the safe was accessed. (Attachment E3)*
- ED and/or designee will audit the Safe Access Logs integrity by asking the individuals who have co-signed the log if they accessed the safe on their entries respective date and time. Audits will be completed weekly for 4 weeks then monthly for two months. (Attachment E4)*
- Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be ongoing.*

**Completion Date:** 03/24/2021

42x - Safeguard

**1. Requirements**

2600.

42.x. A resident has the right to a system to safeguard a resident's money and property.

**Description of Violation**

*The home has a safe to safeguard resident's money and valuable possessions. However, the home has not provided a policy that describes access to the safe.*

*On 12/18/20, Staff Member A accessed the safe and removed resident's funds from the building without the resident's permission or knowledge.*

42x - Safeguard (continued)

**Plan of Correction**

**Accept**

- Staff member A is no longer employed by the community.
- Effective 3/05/2021 the key to the community's safe is exclusively safeguarded by the Administrative Assistant.
- RDCS educated ED, CSM, CRM, and Administrative Assistant on regulation 2600.42.x on 3/19/2021. (Attachment F1)
- On 3/19/2021 Administrative Assistant, ED, CSM, and CRM were in-serviced on the Safe Access Log. (Attachment F2)
- Effective 3/24/2021 a Safe Access Log was implemented and maintained by the Administrative Assistant. Two managers must now be present to open the safe. The log will record the managers names, titles, date, and time the safe was accessed. (Attachment F3)
- ED and/or designee will audit the Safe Access Logs integrity by asking the individuals who have co-signed the log if they accessed the safe on their entries respective date and time. Audits will be completed weekly for 4 weeks then monthly for two months. (Attachment F4)
- Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be ongoing.

Completion Date: 03/24/2021

51 - Criminal Background Check

**1. Requirements**

2600.

- 51. Criminal History Checks - Criminal history checks and hiring policies 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).

**Description of Violation**

Staff Member A had a criminal background check completed on 10/10/20 by a private company. The staff member has been a resident of Pennsylvania for the past two years. A Pennsylvania State Police Criminal Background Check was not obtained for Staff Member A.

**Plan of Correction**

**Accept**

- Staff member A is no longer employed at the community.
- RDCS educated ED and Administrative Assistant on regulation 2600.51 on 3/19/2021. (Attachment G1)
- On 3/25/2021 ED audited current employee personnel files to ensure employees had a Pennsylvania State Police Criminal Background Check on record. (Attachment G2)
- ED and/or designee will audit newly hired personnel files weekly for 12 weeks, to ensure that a Pennsylvania State Police Criminal Background Check was completed and placed in their respective file. (Attachment G3)
- Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be ongoing.

Completion Date: 03/25/2021

141a - Medical Evaluation

**1. Requirements**

2600.

141a - Medical Evaluation (continued)

141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

Resident #10 was admitted on [REDACTED]. Resident #10's medical evaluation was completed on 10/20/20.

Plan of Correction

Accept

- Resident #10 did not sustain any negative effects due to this finding.
- RDCS educated ED, CSM and Assistant Care Services Manager (ACSM) on 2600.141.a on 3/19/2021. (Attachment H1)
- CSM and/or designee will audit current resident’s health records by 3/20/2021 to ensure the presence of a valid medical evaluation. (Attachment H2)
- ED and/or designee will audit the records of new residents to the community to ensure that the medical evaluation is completed and dated within 60 days prior to admission or within 30 days after admission. (Attachment H3)
- Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be ongoing.

Completion Date: 03/20/2021

181f - Record of Medication

1. Requirements

2600.

181.f. The resident’s record shall include a current list of prescription, CAM and OTC medications for each resident who is self-administering his medication.

Description of Violation

On 12/19/20, Resident #10's record did not include a current list of medications. The list in the resident's record did not include Vicodin.

Plan of Correction

Accept

- Resident #10 did not sustain any negative effects from this finding.
- RDCS educated ED, CSM and Assistant Care Services Manager (ACSM) on regulation 2600.141.a on 3/19/2021. Attachment I1)
- ED educated LPN and Medication Technicians on regulation 2600.141.a on 3/19/2021. (Attachment I2)
- On 3/25/2021 the ED audited the Physician Order Summary’s (POS) of current residents who self-administer their medications to ensure their POS reflects all prescribed medications. (Attachment I3)
- ED and/or designee will audit the POS of residents that self-administer medications to ensure that they each have a current and accurate list of medications. Audits will be completed weekly for 4 weeks then monthly for two months. See Attachment I4)
- Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be ongoing.

Completion Date: 03/25/2021

185a - Implement Storage Procedures

1. Requirements

2600.

**185a - Implement Storage Procedures (continued)**

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

**Description of Violation**

*Resident #10 is prescribed Oxycodone 5mg 1 tablet every four hours as needed. On 12/20/20 the oxycodone was not available in the home.*

**Plan of Correction****Accept**

- *Resident #10 did not sustain any negative effects from this finding.*
- *RDCS educated ED, CSM and ACSM on regulation 2600.185.a on 3/19/2021. (Attachment J1)*
- *On 3/19/2021 ED educated LPN and Medication Technicians on regulation 2600.185.a. (Attachment J2)*
- *On 3/25/201 medication cart audits were completed by CSM and ACSM to validate current residents medications were available in the home (See attachment J3)*
- *ED and/or designee will conduct an audit of 5 random residents POS and the availability of their ordered medications. Audits will be completed weekly for 4 weeks then monthly for two months. (See Attachment J4)*
- *Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be ongoing.*

**Completion Date:** 03/25/2021