

Department of Human Services  
Bureau of Human Service Licensing

June 17, 2021

██████████ DIR. OF HEALTH SERVICES  
GDL FARMS CORPORATION  
3455 DAVISVILLE ROAD  
ATTN: PCH ADMINISTRATOR  
HATBORO, PA 19040

RE: PERSONAL CARE/MEMORY CARE @  
THE PARK  
3455 DAVISVILLE ROAD  
HATBORO, PA, 19040  
LICENSE/COC#: 12790

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/02/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Shawn Parker

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:** PERSONAL CARE/MEMORY CARE @ THE PARK      **Licen e #:** 12790      **Licen e Expiration Date:** 07/26/2021  
**Addr e :** 3455 DAVISVILLE ROAD, HATBORO, PA 19040  
**County:** MONTGOMERY      **Region:** SOUTHEAST

**Administrator**

**Name:** [REDACTED]      **Phone:** 2156593900      **Email:** [REDACTED]

**Legal Entity**

**Name:** GDL FARMS CORPORATION  
**Address:** 3455 DAVISVILLE ROAD, ATTN: PCH ADMINISTRATOR, HATBORO, PA, 19040  
**Phone:** 2156593900      **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** I-2      **Date:** 06/06/2009      **Issued By:** CWOPA Upper Moreland Township Mont. Co.

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 86      **Waking Staff:** 65

**Inspection**

**Type:** Full      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Renewal      **Exit Conference Date:** 06/02/2021

**Inspection Dates and Department Representative**

06/02/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 113      **Residents Served:** 51

**Secured Dementia Care Unit**

**In Home:** Yes      **Area:** Memory Care Bldg      **Capacity:** 48      **Residents Served:** 22

**Hospice**

**Current Resident :** 6

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 51  
**Diagnosed with Mental Illness:** 1      **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 35      **Have Physical Disability:** 0

## Inspections / Reviews

06/02/2021 - Full

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow-Up Date: *06/18/2021*

6/16/2021 POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *06/21/2021*

6/17/2021 - Document Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Not Required*

## 103f - Refrigerator/Freezer Temps

### 1. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

### Description of Violation

*On 6/2/21, the temperature in the ice cream freezer, pie freezer and walk in freezer exceeded 0 degrees Fahrenheit.*

- *The ice cream freezer temperature was 10 degrees Fahrenheit.*
- *The pie freezer and walk in freezer temperature was 20 degrees Fahrenheit.*

### Plan of Correction

Accept

*The ice cream freezer, pie freezer and walk-in freezer were immediately lowered to 0 degrees. The Dietary Director, Assistant Dietary Director and cooks will monitor all freezer temperatures on a daily basis. Temperatures will be logged to ensure compliance. See attached.*

**Completion Date:** 06/15/2021

### Document Submission

Implemented

*See attached.*

## 252 Record Content

### 1. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. A photograph of the resident that is no more than 2 years old.
4. Language or means of communication spoken or used by the resident.
5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.
6. The name, address and telephone number of the resident's physician or source of health care.

### Description of Violation

*Resident #1, #2 and #4's record does not include a photograph of the resident that is no more than 2 years old.*

*Resident #3's record did not include a photograph of the resident.*

### Plan of Correction

Accept

*Resident photographs are currently and routinely updated in the medication book. All resident photographs have been added to resident charts. The Administrator, Director of Nursing and Activities staff will be responsible for maintaining resident pictures upon admission and yearly in the resident charts. An annual resident photograph check list will be maintained. See attached.*

**Completion Date:** 06/15/2021

### Document Submission

Implemented

*See attached.*