

Department of Human Services  
Bureau of Human Service Licensing

October 22, 2021


NORTH WALES 1091 PCH BG OPCO LLC, LEGAL ENTITY  
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/COCC#: 14257

Dear Mr. 1091 PCH BG OPCO LLC,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/29/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,



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

**Administrator**

Name: [REDACTED] Phone: *2155429670* 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: *04/28/1999* Issued By: *COPA*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *56* Waking Staff: *42*

**Inspection**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *09/29/2021*

**Inspection Dates and Department Representative**

09/29/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *72* Residents Served: *41*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *2*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *40*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *15* Have Physical Disability: *1*

**Inspections / Reviews**

**09/29/2021 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/25/2021*

Inspections / Reviews *(continued)*

10/21/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *10/28/2021*

10/22/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

25b - Contract Signatures

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [redacted], for resident #1 was not signed by the resident.
The resident-home contract, dated [redacted], for resident #2 was not signed by the resident.
The resident-home contract, dated [redacted], for resident #3 was not signed by the resident.

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.

- Residents #1, #2 and #3 have signed their respective resident-home contracts as of [redacted]
• On 10/19/2021, the Regional Director of Care Services (RDCS) educated the Executive Director (ED) and Community Relations Manager (CRM) on the requirements set within regulation 2600.25.b (Attachment 01)
• On 10/18/2021, the ED completed an internal audit of current resident-home contracts to ensure they were signed by the resident. No additional omitted signatures were noted. (Attachment 02)
• The ED and/or designee will audit new resident contracts weekly x 4 weeks, then biweekly x 4 weeks, then monthly x 1 to validate resident-home contracts were signed by the resident if able. (Attachment 03)
• 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.

Completion Date: 10/21/2021

Document Submission

Implemented

Attachments added

41e - Signed Statement

1. Requirements

2600.

41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Description of Violation

Resident #1's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

Resident #2's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

41e - Signed Statement (continued)

**Plan of Correction**

**Accept**

- On 10/18/2021, Residents #1 and #2 received a copy of their resident rights and complaint procedures, as evidenced by their signature and corresponding date on the Resident Rights and Complaint Procedures form. A signed copy of the forms were placed within the resident record. (Attachment04)
- On 10/19/2021, the RDCS educated the ED and CRM on the requirements set within regulation 2600.41.e. (Attachment 05)
- On 10/18/2021, the ED completed an internal audit of current resident records to ensure the Resident Rights and Complaint Procedures form was signed by the resident. Unsigned forms identified were subsequently presented to the resident for signing and a copy was placed within their record. (Attachment 02)
- ED and/or designee will audit new resident records weekly x 4 weeks, then biweekly x 4 weeks, then monthly x 1 month to ensure there is a resident signature acknowledging receipt of the Resident Rights and Complaint Procedures form. (Attachment 06)
- 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.

Completion Date: 10/21/2021

**Document Submission**

**Implemented**

Attachments added

107d - Procedure Emergency Management Agency Submission

**1. Requirements**

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

**Description of Violation**

The home's written emergency procedures have not been submitted to the local emergency management agency. The date that the plan was most recently submitted is unknown as it is not documented by the home.

**Plan of Correction**

**Accept**

- On 10/19/2021, the ED submitted the homes emergency procedures to the local emergency management agency. (Attachment 07)
- On 10/19/2021, the ED placed a copy of the dated letter that was submitted to the local emergency management agency within the community's survey binder.
- On 10/19/2021. The RDCS educated the ED on the requirements set within regulation 2600.107.d. (Attachment 08)
- The community's emergency plan will be reviewed quarterly x 4 by the QI committee to ensure plan is reviewed, updated, and submitted annually. .

Completion Date: 10/21/2021

**Document Submission**

**Implemented**

Attachments added

191 - Resident Right to Refuse

**1. Requirements**

2600.

191 - Resident Right to Refuse *(continued)*

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

**Description of Violation**

*Resident #1, has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.*

*Resident #2, has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error*

**Plan of Correction**

**Accept**

*Resident #1 and resident #2 did not suffer an adverse effect from this finding.*

- On 10/18/2021, the CSM educated residents #1 and #2 on their right to refuse their medication, if they believe that there may be a medication error. The Resident Rights form was subsequently signed by the resident and a copy was placed within their record. (Attachment 04)*
- On 10/19/2021, the RDCS educated the ED and CSM on the requirement set within regulation 2600.191. (Attachment 09)*
- On 10/18/2021 the ED completed an internal audit of current resident records to ensure receipt of the Resident Rights were signed by the resident. (Attachment 02)*
- The ED and/or designee will audit new resident records weekly for 4 weeks, then biweekly x 4 weeks, then monthly x 1 month to validate the presence of a signed Resident Rights form (Attachment 10)*
- 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.*

**Completion Date:** 10/21/2021

**Document Submission**

**Implemented**

*Attachments added*