

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

December 29, 2022

[REDACTED]
NORTH WALES 1089 MC BG OPCO LLC
[REDACTED]
[REDACTED]

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

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/23/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: PARK CREEK PLACE MEMORY CARE **License #:** 14256 **License Expiration:** 10/02/2022
Address: 1089 HORSHAM ROAD, NORTH WALES, PA 19454
County: MONTGOMERY **Region:** SOUTHEAST

Administrator

Name: [REDACTED] **Phone:** [REDACTED] **Email:** [REDACTED]
Executive Director

Legal Entity

Name: NORTH WALES 1089 MC BG OPCO LLC
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C 2 LP **Date:** 07/09/1996 **Issued By:** Labor & Industry

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 66 **Working Staff:** 50

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Incident **Exit Conference Date:** 08/23/2022

Inspection Dates and Department Representative

08/23/2022 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity: 48	Residents Served: 33		
Secured Dementia Care Unit			
In Home: Yes	Area: ENTIRE COMMUNITY	Capacity: 48	Residents Served: 33
Hospice			
Current Residents: 0			
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: 33		

Inspections / Reviews

08/23/2022 - Partial
Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 09/17/2022

09/21/2022 - POC Submission
Submitted By: [REDACTED] **Date Submitted:** 12/28/2022
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 10/16/2022

Inspections / Reviews *(continued)*

12/29/2022 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/28/2022

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

60b - Additional Staffing

1. Requirements

2600.

60.b. The Department may require additional staffing as necessary to protect the health, safety and well-being of the residents. Requirements for additional staffing will be based on the resident's assessment and support plan, the design and construction of the home and the operation and management of the home.

Description of Violation

On [REDACTED]/22, resident #1 was observed with [REDACTED] hands in the pants of resident #2. On [REDACTED]/22, there was not enough staff to supervise residents #1 and 2 in the living room, provide care for other residents and conduct activities.

POC Submission

Accept [REDACTED] - 09/21/2022)

- On [REDACTED]/22, there were a total of (8) resident care partners, and (2) Medication technicians on duty in a 24-hour period with a total of (33) residents within the home. There were (4) resident care partners, and (1) Medication technician in addition to the Care Services Manager (CSM) during the time of the State Surveyor's observation.
- On [REDACTED]/22, at the time Resident #1 placed [REDACTED] hands in the pants of resident #2, resident #1 did so under the supervision of a direct care staff person who immediately intervened and redirected and reported the behavior.
- On 09/16/22, the Regional Executive Director (RED) educated the CSM on the requirements set within regulation 2600.60b. (Exhibit A-1)
- On 09/16/22, the RED audited the direct care staff schedule for the preceding 14-days in an attempt to identify staffing shortages. No staffing shortages were identified. (Exhibit A-2)
- On 09/16/22, the RED audited the direct care staff schedule for the forthcoming 14 days and ensured direct care staffing was sufficient to supervise residents, provide care for other residents, and conduct activities. No staffing shortages were identified (Exhibit A-3)
- Beginning 09/19/22, the RED or designee will audit the direct care staffing schedule weekly x 4 weeks, then bi-weekly x 4 weeks, then monthly x 1 to validate sufficient staff are present within the home to supervise residents, provide care, and conduct activities. (Exhibit A-4)
- 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.
- Compliance date 09/16/22.

Licensee's Plan Completion Date: 09/16/2022

Implemented [REDACTED] - 12/29/2022)

62 - Contact List

2. Requirements

2600.

62. List of Staff Persons - The administrator shall maintain a current list of the names, addresses and telephone numbers of staff persons including substitute personnel and volunteers.

Description of Violation

The administrator shall maintain a current list of the names, addresses and telephone numbers of staff persons

62 - Contact List (continued)

including substitute personnel and volunteers. Staff persons A and B were not listed on the current staff list provided to the Department on 8/23/22.

POC Submission

Accept [REDACTED] - 09/21/2022)

- On 09/16/22, the RED updated the homes staff contact list to include the name, telephone number, and address for staff person A and B. (Exhibit B-1)
- On 09/16/22, the RED educated the CSM on the requirements set within regulation 2600.62. (Exhibit B-2)
- On 09/19/22, the RED audited the homes staff contact list to ensure current staff names, addresses, and telephone numbers were noted. No additional omissions were identified. (Exhibit B-3)
- Beginning 09/26/22, the RED or designee will audit the homes staff contact list weekly x 4 weeks, then bi-weekly x 4 weeks, the monthly x 1 to ensure current staff names, addresses, and telephone numbers are listed. (Exhibit B-4)
- 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.
- Compliance date 09/16/22.

Licensee's Plan Completion Date: 09/16/2022

Implemented [REDACTED] 12/29/2022)

66b - Training Plan Content

3. Requirements

2600.

66.b. The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:

1. The name, position and duties of each direct care staff person.
2. The required training courses for each staff person.
3. The dates, times and locations of the scheduled training for each staff person for the upcoming year.

Description of Violation

The home's staff training plan does not include sexual behaviors within the Alzheimer's population. The home serves the Alzheimer's population.

POC Submission

Accept [REDACTED] - 09/21/2022)

- On 09/16/22, the RED educated the CSM on the requirements within regulation 2600.66b. (Exhibit C-1)
- On 09/21/22, the RSCSM added the Relias training course titled, "Sexuality and Persons with Dementia" to the homes direct care staff training plan. (Exhibit C-2)
- By 09/21/22, the RSCSM will assign the Relias online course titled, "Sexuality and Persons with Dementia" to the homes direct care staff. (Exhibit C-3)
- By 10/15/22, current direct care staff will complete the Relias online training course titled "Sexuality and Persons with Dementia. (Exhibit C-4)
- Beginning 09/21/22, the RED or designee will audit newly hired staff's completion of the Relias course titled, "Sexuality and Persons with Dementia", once weekly x 4 weeks, then bi-weekly x 4 weeks, then monthly x 1 to validate sustained compliance. (Exhibit C-5)
- 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.
- Compliance date 10/15/22.

66b - Training Plan Content *(continued)*

Licensee's Plan Completion Date: 10/17/2022

Implemented (█) 12/29/2022)

201 - Positive Interventions

4. Requirements

2600.

201. Safe Management Techniques - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

Description of Violation

On █/22, staff person A, witnessed resident #1 with █ hand down the pants of resident #2 in the common area of the home. Resident #1, has been identified in engaging in inappropriate touching of residents on multiple occasions. The home failed to modify the impulsive touching of resident #1 by not implementing safety strategies and /or positive interventions. The interventions will assist in eliminating █ inappropriate sexual touch.

POC Submission

Accept (█) - 09/21/2022)

- On 9/16/22, the CSM updated Resident #1's Resident Assessment and Support Plan (RASP) to include safe management techniques to eliminate or redirect resident #1 exhibiting inappropriate sexual touch. (Exhibit D-1)
- On 09/16/22, the RED educated the CSM as to the requirements set within regulation 2600.201. (Exhibit D-2)
- On 09/19/22, the CSM audited current resident RASPs to identify additional residents that may require safe management techniques to eliminate or redirect residents that exhibit inappropriate sexual touch. No other residents were identified as requiring these techniques. (Exhibit D-3)
- Beginning 09/26/22, the CSM will audit the RASPs of current or new residents that exhibit inappropriate sexual touch weekly x 4 weeks, then bi-weekly x 4 weeks, the monthly x 1, to validate that safe management techniques are documented to eliminate or redirect inappropriate sexual touch. (Exhibit D-4)
- 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.
- Compliance date 9/19/22.

Licensee's Plan Completion Date: 09/19/2022

Implemented (█) - 12/29/2022)

225c - Additional Assessment

5. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident #1's most recent assessment was completed on 6/17/22. The Department request an additional assessment

225c - Additional Assessment (continued)

based on the incident that occurred on [REDACTED]/22 involving the inappropriate touching of resident #2.

POC Submission

Accept ([REDACTED] - 09/21/2022)

On 09/20/22, Resident #1's physician completed a Documentation of Medication Evaluation (DME). (Exhibit E-1)

On 09/20/22, the CSM completed a new RASP. (Exhibit E-2)

Licensee's Plan Completion Date: 09/20/2022

Implemented ([REDACTED] - 12/29/2022)

234b - Support Plan Needs Elements**6. Requirements**

2600.

234.b. The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

Description of Violation

The support plan, dated 6/17/22, for resident #1 does not address [REDACTED] behavior of inappropriate touching of residents.

The support plan, dated 3/25/22, for resident #2 does not address how [REDACTED] communication needs will be are met when Google Translator is unable to translate the [REDACTED] words phrases that are being communicated.

POC Submission

Accept (MJ - 09/21/2022)

- On 09/16/22, the CSM updated Resident #1's Resident Assessment and Support Plan (RASP) to include sexually inappropriate behavior. (Exhibit F-1)
- On 09/16/22, the RED educated the CSM as to the requirements set within regulation 2600.234(b). (Exhibit F-2)
- On 09/19/22, the CSM audited current resident RASPs to identify additional residents that may require documentation revisions due to exhibiting sexually inappropriate behavior. No additional residents were identified. (Exhibit F-3)
- Beginning 09/26/22, the CSM will audit the RASPs of current or new residents that (Exhibit F-4) inappropriate sexual behaviors weekly x 4 weeks, then bi-weekly x 4 weeks, the monthly x 1, to validate that behaviors are accurately documented.
- On 09/16/22, the CSM provided Resident #2 with a communication form with images of basic needs, to supplement Google Translate, in the event Google Translate does not translate illogic words or phrases. Resident #2 is capable of pointing to the images. (Exhibit F-5)
- On 09/19, the CSM audited the support plans of current residents to ensure non-English speaking residents can effectively utilize Google Translate. In the event the non-English speaking resident vocalizes illogical words or phrases communication forms with images would be made available to the resident. No additional non-English speaking residents were identified. (Exhibit F-6)
- Beginning, 09/19/22 the CSM will audit current or new non-English speaking residents RASPs to determine if Google Translate effectively translates their communication. In the event the non-English speaking resident vocalizes illogical words or phrases a communication form with images will be made available to the resident. The audit will occur weekly x 4 weeks, bi-weekly x 4 weeks, and monthly x 1 to validate compliance. (Exhibit F-7)
- Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued

234b - Support Plan Needs Elements (continued)

auditing is necessary based on three consecutive months of compliance.

- Compliance date 9/19/22.

Licensee's Plan Completion Date: 09/19/2022

Implemented [REDACTED] - 12/29/2022)