

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

January 31, 2023

[REDACTED], ADMINISTRATOR
[REDACTED]
[REDACTED]

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/12/2022, 10/14/2022, 10/31/2022 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 - PERSONAL CARE* License #: *14257* License Expiration: *01/30/2024*
 Address: *1091 HORSHAM ROAD, NORTH WALES, PA 19454*
 County: *MONTGOMERY* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *NORTH WALES 1091 PCH BG OPCO LLC*
 Address: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *04/28/1999* Issued By: *Cwopa L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *68* Waking Staff: *51*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *10/31/2022*

Inspection Dates and Department Representative

10/12/2022 - Off-Site: [REDACTED]
 10/14/2022 - Off-Site: [REDACTED]
 10/31/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *72* Residents Served: *47*
 Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:
 Hospice
 Current Residents: *4*
 Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *47*
 Diagnosed with Mental Illness: *5* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *21* Have Physical Disability: *0*

Inspections / Reviews

10/12/2022 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/18/2022*

Inspections / Reviews *(continued)*

01/06/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/26/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 01/09/2023

01/31/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/26/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

23a - Activities of Daily Living Assistance

1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

The assessment and support plan, dated [REDACTED], for Resident 1 indicates the resident requires assistance with toileting. On [REDACTED], the resident did not receive this assistance as required.

Plan of Correction

Accept [REDACTED] - 01/06/2023)

- On 11/21/22, the Regional Executive Director (RED) educated the Care Service Manager (CSM) and Assistant Care Service Manager (ACSM) on Regulation 2600.23.a and Enlivant policy #02-1.5, titled, "Activities of Daily Living". (Exhibit A1 – in-service)
- On 11/29/22, the CSM queried current residents to ensure assistance with ADL's was being provided by community staff as indicated in the Residents Assessment and Support Plan (RASP). (Exhibit A2 – audit tool)
- On 11/30/22, the CSM and ACSM in-serviced direct care staff on Enlivant Policy #02-1.5, "Activities of Daily Living", and providing ADL assistance timely to residents as indicated in residents RASP. (Exhibit A3 – in-service)
- Beginning, 11/21/22 the CSM or designee will review the call bell wait time report twice weekly x 4 weeks, then bi-weekly x 4 weeks, then monthly to ensure residents needs addressed timely. (Exhibit A4 – audit tool)
- Beginning, 11/30/22 the CSM or designee will query 5 residents weekly x 4 weeks, then bi-weekly x 4 weeks, then monthly to ensure assistance with ADL's was being provided by community staff as necessary and as indicated in the resident's assessment and support plan. (Exhibit A5 – audit tool)
- 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 12/1/22.

Licensee's Proposed Overall Completion Date: 12/01/2022

Implemented [REDACTED] - 01/31/2023)

42b - Abuse

2. 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.

Description of Violation

On [REDACTED], at around [REDACTED], Resident 1 pressed their call pendant for assistant for toileting, shower and to be taken for lunch. Staff Person A did not respond to the call pendant until 3 hours 19 minutes later at around [REDACTED] pm. Resident 1 missed [REDACTED] lunch in the dining area and Staff Person A did not offer Resident 1 lunch when the Resident informed them that they had missed their lunch. Resident 1 missed lunch and did not eat again until dinner.

Plan of Correction

Accept [REDACTED] - 01/06/2023)

- On 11/21/22 the RED in-serviced the ED, CSM, and ACSM to the requirements set within regulation 2600.42.b, and Enlivant policy titled, "Abuse and Neglect, Pennsylvania". (Exhibit B1- in-service)
- On 11/30/22 the CSM in-serviced current staff to the requirements set within regulation 2600.42.b and Enlivant

42b - Abuse (continued)

Policy titled, "Abuse and Neglect, Pennsylvania". (Exhibit B2 – in-service)

- On 11/22/22 the CSM and ACSM audited current residents RASPs verifying the accuracy of care needs. (Exhibit B3 – audit tool)
- On 11/29/22 the CSM and ACSM rounded the community during lunch service and validated current residents were offered their meals. (Exhibit B4/C3 – audit tool)
- Beginning 11/30/22 the CSM or designee will query 5 residents receiving care assistance weekly x 4 weeks, then bi-weekly x 4 weeks, then monthly x 1, to validate that they received care as indicated on their RASP. (Exhibit B5 – Audit tool)
- Results of the audit will be discussed during QI meetings. The QI Committee will determine if continued auditing is necessary based on the three consecutive months of compliance.
- Completion date: 12/1/22.

Licensee's Proposed Overall Completion Date: 12/01/2022

Implemented () - 01/31/2023

162b - Missed Meals**3. Requirements**

2600.

162.b. When a resident misses a meal, food adequate to meet daily nutritional requirements shall be available and offered to the resident.

Description of Violation

On (), Staff Person A did not answer a call bell for 3 hours 19 minutes. This ended up being after lunch was served at the home. Resident 1 missed the lunch meal and Staff Person A did not offer the resident a replacement meal.

Plan of Correction

Accept () - 01/06/2023

- On 11/21/22 the RED in-serviced the ED, CSM, and ACSM to the requirements set within regulation 2600.162.b. (Exhibit C1 – in-service)
- On 11/30/22 the CSM in-serviced current staff to the requirements set within regulation 2600.162.b. (Exhibit C2 – in-service)
- On 11/29/22 the CSM and ACSM rounded the community during lunch service and validated current residents were offered their meals. (Exhibit B4/C3 – audit tool)
- Beginning 11/30/22 the CSM or designee will audit the meal service 3 times per week, alternating mealtimes (breakfast, lunch, dinner), weekly x 4 weeks, then bi-weekly x 4 weeks, the monthly x 1 to validate that present residents were offered their meal. (Exhibit C4 – audit tool)
- Results of the audit will be discussed during QI meetings. The QI Committee will determine if continued auditing is necessary based on the three consecutive months of compliance.
- Completion date: 12/1/22.

Licensee's Proposed Overall Completion Date: 12/01/2022

Implemented () - 01/31/2023