

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

January 24, 2023

[REDACTED]
NORTH WALES 1091 PCH BG OPCO LLC
[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 11/15/2022 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]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C 2 LP* Date: *01/26/2017* Issued By: *Montgomery Township*
 Type: *I 2* Date: *01/26/2017* Issued By: *Montgomery Township*

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: *11/15/2022*

Inspection Dates and Department Representative

11/15/2022 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: *5*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *47*
 Diagnosed with Mental Illness: *3* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *21* Have Physical Disability: *0*

Inspections / Reviews

11/15/2022 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/03/2022*

12/02/2022 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *01/22/2023*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *01/10/2023*

Inspections / Reviews *(continued)*

01/24/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/22/2023

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]/22, for resident #1 was not signed by the resident.

Plan of Correction

Accept [REDACTED] - 12/02/2022)

- Resident #1 signed their resident-home contract on [REDACTED]/2022. (Exhibit AA1- Signed contract)
- On 11/30/2022, the Regional Executive Director (RED) educated the Executive Director (ED), Community Relations Manager (CRM), and Administrative Specialist on the requirements set within regulation 2600.25.b (Exhibit AA2 – In-service)
- On 12/02/2022, the ED completed an internal audit of current resident-home contracts to ensure they were signed by the resident. Contracts identified having omitted signatures were presented accordingly for signing. (Exhibit AA3- Audit tool)
- 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. (Exhibit AA4 – Audit tool)
- Results of the audit will be discussed during monthly Quality Improvement (QI) meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance.

Licensee's Proposed Overall Completion Date: 12/02/2022

Implemented [REDACTED] - 01/24/2023)

60a - Staff/Support Plan

2. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

On [REDACTED]/22, resident #2 did not receive [REDACTED] management, as required by his/her assessment and support plan. According to staff interviews, these services could not be provided due to lack of available direct care staffing in the home. Staff member A was serving breakfast and assisting other residents in dining room. Resident #2's daughter located staff member A and asked the staff member to provide the services that resident #2 needed. Also, at approximately [REDACTED] am, resident #2 was observed moaning for a drink of water. Staff member B, who was assisting the surveyor, stopped to provide the resident a drink of water. All other Direct Care Staff were in the dining room serving residents' breakfast.

Plan of Correction

Accept [REDACTED] - 12/02/2022)

- On 11/30/2022 Regional Director of Care Services (RDCS) educated the ED and Care Services Manager (CSM) on the requirements of regulation 2600.60a and Enlivant Policy titled, "Activities of Daily Living". (Exhibit BB1 – In-service).
- On 12/09/2022 the ED and CSM queried current residents, asking if they have received care in accordance with their Resident Assessment and Support Place (RASP). (Exhibit BB2 – Audit tool)
- On 11/15/2022, In response to Resident #2's daughters request, Staff member A assisted Resident #2 with [REDACTED] management in accordance with Resident #2's Resident Assessment and Support Plan (RASP).

60a - Staff/Support Plan (continued)

- On 12/02/2022 the ED reviewed the homes staffing schedule to ensure that an adequate number of direct care staff (DCS) are scheduled for the succeeding 30 days to meet the resident's needs, as outlined in the RASP. (Exhibit BB3-Schedule).
- On 12/2/2022 the ED in-serviced current staff, informing them one direct-care person will be assigned by the CSM or designee to answer resident pendant calls during meal services., (Exhibit BB4- In-service)
- On 12/09/2022 the CSM or designee will query 5 residents weekly x 4 weeks, then bi-weekly x 4 weeks, then monthly x 1, asking if they have received care in accordance with their RASP. (Exhibit BB5 - 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.

Licensee's Proposed Overall Completion Date: 12/09/2022

Implemented () - 01/24/2023)

60c - Housekeeping/Maintenance

3. Requirements

2600.

60.c. Additional staff hours, or contractual hours, shall be provided as necessary to meet the laundry, food service, housekeeping and maintenance needs of the home.

Description of Violation

On 11/15/22, during the initial walk-through, residents were upset that food service was delayed. According to staff and resident interviews, the service was not provided due to a lack of staff to complete the task. Resident #3 stated that the home's cook did not come in to work and they must wait for another cook to come to work. Staff then were tasked with serving residents' breakfast and the resident did not receive the raisin toast that was requested. Staff member A reported that during the morning routine, not all residents are up at the same time. Those residents are brought to dining room and served their meals, but staff must stop to answer call bells and other residents that request assistance to get up and come for breakfast. The home does not have servers, and direct care staff are providing dining services.

Plan of Correction

Accept () - 12/02/2022)

- On 11/30/2022 The Regional Executive Director (RED) in-serviced the ED and Chef on the requirements set within 2600.60.c. (Exhibit CC1-In Service)
- On 12/02/2022 the ED reviewed the homes staffing schedule to ensure that an adequate number of dietary staff are scheduled for the succeeding 30 days to facilitate meal service (Audit tool CC2 Audit Tool)
- On 11/06/2022 the ED tasked the Quality Assurance and Improvement Committee to evaluate, propose, and implement solutions by 12/10/2022 to address dietary service wait times.
- Beginning 12/01/2022 the ED or designee will supervise 3 meal services per week x 4 weeks, then bi-weekly x 4 weeks, then monthly x 1 to validate dietary service wait times are kept at a reasonable minimum. (Exhibit CC3 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.

Licensee's Proposed Overall Completion Date: 12/02/2022

Implemented () - 01/24/2023)

65d - Initial Direct Care Training

4. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

1. Training that includes a demonstration of job duties, followed by supervised practice.
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person C, hired on [REDACTED]/22, began providing unsupervised ADL services on [REDACTED] 22. However, the staff person did not complete and pass the Department approved direct care training course and pass the competency test until [REDACTED]/2022. This staff person also did not complete training that included a demonstration of job duties, followed by supervised practice.

Plan of Correction

Accept ([REDACTED] - 12/02/2022)

On 11/17/2022 staff person C completed and passed the Department-approved direct care training course.

On 11/17/2022 staff person C completed their orientation checklist, that reflects having been trained, followed by supervised practice of their job duties (Exhibit – orientation checklist)

On 11/30/2022, Regional Executive Director (RED) educated the Executive Director and Administrative Specialist to the requirements set within 2600.65d (in-service)

On 11/15/2022, the ED audited the homes personnel files and validated that currently employed unlicensed/uncertified direct care staff completed and passed the Departments direct care training course. (Exhibit – Audit tool)

On 11/15/2022 the ED audited the home personnel files and validated that currently employed direct care staff completed an orientation checklist, indicating that they have received training that included a demonstration of job duties, followed by supervised practice. (Exhibit – Audit tool)

Beginning 11/15/2022 the ED or designee will audit newly hired, unlicensed/uncertified, direct care staff personnel records for documented completion of the Department-approved direct care training course. The audit will occur , before direct-care can be rendered. (Exhibit -Audit tool)

The ED or designee will audit, if applicable, one newly hired or promoted direct-care personnel record weekly x 4 weeks, bi-weekly x 4 weeks and monthly x 1 to validate the employee completed and passed the Department-approved direct care training course prior to performing direct care.

The ED or designee will audit one newly hired or promoted direct-care personnel record weekly x 4 weeks, bi-weekly 4 weeks, and monthly x 1 to validate the completion of the employees orientation checklist, indicating that they have received training that included a demonstration of job duties, followed by supervised practice. (Exhibit-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.

Licensee's Proposed Overall Completion Date: 12/02/2022

Implemented ([REDACTED] 01/24/2023)