

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

May 23, 2023

[REDACTED], EXECUTIVE DIRECTOR
[REDACTED]
[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 04/05/2023 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: *04/28/1999* Issued By: *CWOPA L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *48* Waking Staff: *36*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #: [REDACTED]
 Reason: *Complaint, Incident* Exit Conference Date: *04/05/2023*

Inspection Dates and Department Representative

04/05/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *72* Residents Served: *38*

Secured Dementia Care Unit
 In Home: *No* Area: [REDACTED] Capacity: [REDACTED] Residents Served: [REDACTED]

Hospice
 Current Residents: *1*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *38*
 Diagnosed with Mental Illness: *3* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *10* Have Physical Disability: *0*

Inspections / Reviews

04/05/2023 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/24/2023*

04/27/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *05/22/2023*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *05/16/2023*

Inspections / Reviews *(continued)*

05/23/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/22/2023

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

185b - Medication Procedures

1. Requirements

2600.

185.b. At a minimum, the procedures must include:

1. Documentation of the receipt of controlled substances and prescription medications.
2. A process to investigate and account for missing medications and medication errors.
3. Limited access to medication storage areas.
4. Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration. This requirement does not apply to a resident who self-administers medication without the assistance of a staff person and stores the medication in his room.

Description of Violation

Resident 1 is prescribed [REDACTED] as needed. According to staff interviews, on [REDACTED], staff person's A and B completed a narcotics count. [REDACTED] blister pack belonging to resident 1 had 30 tabs, however staff person A recorded 29 tabs. Staff person B stated its 30 tabs not 29, staff person A then popped 1 tab out and put it in [REDACTED] pocket stating I use this anyway.

On [REDACTED], the narcotics book for resident 2's [REDACTED] indicates a count of 25, however 24 pills were in the blister pack.

Plan of Correction

Accept [REDACTED] - 04/27/2023)

- On 3/26/2023, Staff Person A furnished the [REDACTED] tablet belonging to Resident #1, providing it to the Care Services Manager (CSM). The CSM and Assistant Care Services Manager (ACSM) subsequently destroyed the tablet. (Exhibit A1- destruction log)
- As of [REDACTED], Staff Person A is no longer employed by the community. (Exhibit A2 – Ultipro term)
- On 3/26/23, the ACSM ordered a replacement [REDACTED] for Resident #1 from the pharmacy and ensured the cost of the tablet was billed to the community. (Exhibit 00- Delivery form)
- On 3/26/23, the ACSM audited the contents and corresponding countdown records of the home's controlled substances locked drawers in the medication carts. No discrepancies were identified.
- On 3/26/23, the ACSM queried current employees with access to resident medications, asking if they have previously misappropriated medications. No additional instances were identified. (Exhibit A3- Audit tool)
- On 4/5/2023, the CSM reconciled Resident number 2's Hydrocodone/APAP 10/325mg tablet, validating the count of 24 tablets on-hand, was indeed correct and noted the reason the count was off was due to a medication technician's signature being omitted. The medication technician subsequently signed the countdown sheet. (Exhibit A4- signed sheet)
- On 4/11/23 the CSM in-serviced staff trained in medication administration on the requirements set within 2600.185b, Enlivant policies, titled "Controlled Drugs Medication Management", "Medication Administration Policy," and "Medication Documentation Policy". (Exhibit A5- in-service sign-in)
- Beginning 4/7/23 the CSM or designee will audit the contents and associated count-down records of the homes-controlled substance locked drawers located within the medication carts weekly for four weeks, then bi-weekly for four weeks, and then monthly for one month to validate sustained compliance. (Exhibit A6 – Audit tool)
- Results of these audits will be discussed during monthly QI meetings. The Executive Director will determine if continued auditing is necessary based on three consecutive months of compliance. (Exhibit A7-Audit Tool)

185b Medication Procedures (continued)

- Completion date: 04/24/2023.

Licensee's Proposed Overall Completion Date: 05/05/2023

Implemented () - 05/23/2023)

187b - Date/Time of Medication Admin.

2. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident 1 is prescribed [redacted]. Resident 1's April 2023 medication administration record does not include the initials of the staff person who administered [redacted] on [redacted] at [redacted] pm.

Resident 2 is prescribed [redacted]. Resident 2's April 2023 medication administration record does not include the initials of the staff person who administered [redacted] on [redacted] at [redacted] pm.

Plan of Correction

Accept () - 04/27/2023)

- On 4/5/2023, the Medication Technician that administered Resident #1's [redacted] tablet at [redacted] pm on [redacted], initialed the Medication Administration Record, accordingly, notating these entries were documented as late entries. (Exhibit B1 Front and back of MAR)
- On 4/5/2023, the Medication Technician that administered Resident #2's [redacted] tablet at 9:00 pm on 4/4/23 initiated the Medication Administration Record, notating this entry was documented as a late entry. (Exhibit B2 Front and back of MAR)
- On 4/5/23, the CSM audited the current month's MAR for documentation omissions; No further instances were identified.
- On 4/11/2023, the CSM in serviced currently employed Medication Technicians and Licensed Nurses on the requirements set within 2600.187.b and Enlivant policy titled, "Medication Documentation Policy." (Exhibit B3 In service)
- Beginning 4/17/2023, the CSM or designee will audit the home's MARs weekly for four weeks, then bi weekly for four weeks, and then monthly for one month to validate sustained compliance. (Exhibit B4 Audit tool)
- Results of these audits will be discussed during monthly QI meetings. The QI committee will determine if continued auditing is necessary based on three consecutive months of compliance. (Exhibit B5 Audit tool)

Licensee's Proposed Overall Completion Date: 05/15/2023

Implemented () - 05/23/2023)