

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

June 16, 2025

[REDACTED] REGIONAL DIRECTOR OF OPERATIONS  
NORTH WALES AL/MC, LLC  
[REDACTED]

RE: PARK CREEK PLACE OF NORTH  
WALES  
1091 HORSHAM ROAD  
NORTH WALES, PA, 19454  
LICENSE/COC#: 15087

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/05/2025 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 OF NORTH WALES* License #: *15087* License Expiration: *05/02/2026*  
Address: *1091 HORSHAM ROAD, NORTH WALES, PA 19454*  
County: *MONTGOMERY* Region: *SOUTHEAST*

**Administrator**

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

**Legal Entity**

Name: *NORTH WALES AL/MC, 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: *34* Waking Staff: *26*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *05/05/2025*

**Inspection Dates and Department Representative**

05/05/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information			
License Capacity:	72	Residents Served:	27
Secured Dementia Care Unit			
In Home:	No	Area:	Capacity:
Residents Served:			
Hospice			
Current Residents: 1			
Number of Residents Who:			
Receive Supplemental Security Income:	0	Are 60 Years of Age or Older:	27
Diagnosed with Mental Illness:	3	Diagnosed with Intellectual Disability:	0
Have Mobility Need:	7	Have Physical Disability:	0

**Inspections / Reviews**

05/05/2025 - Full  
Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/31/2025*

06/03/2025 - POC Submission  
Submitted By: [REDACTED] Date Submitted: *06/10/2025*  
Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *06/10/2025*

Inspections / Reviews *(continued)*

06/16/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/10/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

88a - Surfaces

1. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On 05/05/25 at 10 am, the courtyard door frame was in disrepair; the wood on the bottom of the frame was missing wood, and it had some broken pieces. The courtyard gazebo roof is also in disrepair, as the planks are loose and could easily fall off.

Plan of Correction

Accept ( [redacted] ) - 06/03/2025)

On 5/5/2025 the identified door to the courtyard and the gazebo was inspected and addressed by the Director of Maintenance. The doorframe and the gazebo was repaired by the Director of Maintenance by 5/29/2025. A full inspection of the exit doors, fire doors, and Resident apartment doors were completed by the Director of Maintenance on 5/27/2025, no additional areas were found that needed repair. A quarterly full inspection will be performed by the Director of Maintenance and the Executive Director will direct a plan for future repairs as they arise to be completed timely. The full inspection results will be discussed at the quarterly Quality Assurance Meetings, the next scheduled meeting is June 3, 2025. The Director of Maintenance will utilize a monthly exterior and interior walk through inspection form, the results will then be reviewed with the Executive Director monthly upon completion. The Director of Maintenance will utilize a weekly maintenance checklist effective 5/7/2025, the Director of Maintenance will review the results with the Executive Director weekly for 30 days. All staff were provided training by the Executive Director on promptly reporting any areas that need repair, training was completed by 5/29/2025. The Executive Director will oversee the Director of Maintenance ongoing and continuous for compliance.

Licensee's Proposed Overall Completion Date: 05/30/2025

Implemented ( [redacted] ) - 06/16/2025)

100a - Exterior - Free of Hazards

2. Requirements

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

On 05/05/25 at 10 am, a water hose was found on the courtyard's walkway. The water hose on the ground of the walkway presents a hazardous condition.

Plan of Correction

Accept ( [redacted] ) - 06/03/2025)

On 5/5/25 the water hose was immediately removed from the sidewalk upon identification by the Director of Maintenance. On 5/5/25 The Director of Maintenance and The Assistant Director of Maintenance were trained on the hazards of obstructed walkways. Training on safe storage practices and compliance was also provided by the Executive Director on 5/5/25. On 5/6/25 the Director of Maintenance, the Assistant Director of Maintenance, and Housekeeping received training on storing outdoor hoses, as well as trip and fall hazard prevention. On 5/7/25 weekly safety rounds were implemented by the Director of Maintenance, including checking for all hoses to be properly stored and equipment storage compliance. Findings of the safety rounds will be discussed by the Executive Director with current directors in attendance at the next Quality Assurance meeting on June 3, 2025. Safety rounds will be discussed ongoing at the quarterly Quality Assurance Meetings.

The Director of Maintenance will oversee the Assistant Director of Maintenance and housekeepers for ongoing compliance.

100a - Exterior - Free of Hazards (continued)

The Executive Director will oversee the Director of Maintenance for compliance ongoing and continuous.

Licensee's Proposed Overall Completion Date: 05/28/2025

Implemented (█) - 06/16/2025)

105g - Lint Removal and Duct Cleaning

3. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 05/05/25, there was an approximate 1/2 inch accumulation of lint in the lint trap of the B wing laundry. There were no clothes in the dryer at the time.

Plan of Correction

Accept (█) - 06/03/2025)

On 5/5/25 the lint trap for the dryer in the B wing was immediately cleaned upon discovery by the Director of Maintenance, at that time all other dryers were checked for lint, completed on 5/5/25. Nursing staff perform the laundry on site, all nursing staff were re-trained on dryer safety, lint trap cleaning frequency before and after every load, recognizing signs of dryer inefficiency or risk, training was completed on 5/28/25 by the Director of Maintenance. Maintenance inspections and procedures were updated to include weekly inspections of dryers and exhaust vents on 5/28/25 by the Director of Maintenance. The Director of Maintenance will perform random spot checks three times weekly and report to the Executive Director of deficient practices that will be addressed immediately, effective 5/7/25 and continue for 30 days, or until compliance is established.

The Director of Maintenance will be responsible for overseeing the dryers for compliance.

The Executive Director will oversee the Director of Maintenance ongoing and continuous.

Licensee's Proposed Overall Completion Date: 05/28/2025

Implemented (█) - 06/16/2025)

107d - Procedure Emergency Management Agency Submission

4. 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 emergency management agency since 02/20/24.

Plan of Correction

Accept (█) - 06/03/2025)

The Executive Director contacted Emergency Preparedness Director for Montgomery County on 5/6/25, a meeting was established for June 4, 2025 to review the Emergency Preparedness Plan for Park Creek Place. On June 4,

107d - Procedure Emergency Management Agency Submission (continued)

2025 the written emergency procedures will be reviewed with the Executive Director and Emergency Preparedness Director for Montgomery County, updated if necessary with Emergency Preparedness Director for Montgomery County and submitted in [redacted] presence to [redacted] Next year's appointment will be pre-set for January 2026 to ensure all emergency procedures are reviewed and submitted timely for the annual submission, going forward all appointments will be made in January of the following year. The Executive Director provided training to the Director of Maintenance on 5-12-2025 on the importance of written emergency procedures, regulatory requirements for this regulation, and January submission timelines for this regulation. The Home will implement quarterly audits lead by the Director of Maintenance, effective 5/28/25. The Executive Director will review quarterly audits upon completion by the Director of Maintenance. All will be reviewed at the quarterly Quality Assurance Meetings , the next upcoming meeting is also June 4, 2025 this quarter, and ongoing, the meeting is led by the executive Director.

The Executive Director will oversee this regulation ongoing and continuous for compliance.

Licensee's Proposed Overall Completion Date: 05/28/2025

Implemented ([redacted] - 06/16/2025)

126a - Furnace Inspection

5. Requirements

2600.

126.a. A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

Description of Violation

The last inspection of the furnace was conducted on 12/03/23.

Plan of Correction

Accept ([redacted] - 06/03/2025)

The furnace inspection for 2025 was completed on May 23rd, that encompassed A, B, C, D, E, F wings and the tea room common area furnace all safeties were tested as well as complete system operations, all are in safe working order. The furnace inspection was conducted by [redacted] Service Group. The Executive Director immediately trained the Director of Maintenance on the importance of timely inspections and the regulatory requirements for heating systems, including the Home's furnaces, completed on May 23, 2025. The Maintenance Director will establish appointments for furnace inspections every January of the calendar year to ensure timely inspections for safety, efficiency , regulatory purposes.

The Executive Director will oversee the Director of Maintenance for compliance of annual furnace inspections and timely repairs if necessary.

The Executive Director will monitor for compliance ongoing and continuous .

Licensee's Proposed Overall Completion Date: 05/28/2025

Implemented ([redacted] - 06/16/2025)

144d - Smoking Outside

6. Requirements

2600.

144.d. Smoking outside of the smoking room is prohibited.

144d - Smoking Outside (continued)

**Description of Violation**

On 05/05/25 at 4 pm, staff member A was smoking behind the kitchen door, which is not the home's designated smoking area. The home is a smoke-free environment and does not permit smoking anywhere on property.

**Plan of Correction**

Accept (█) - 06/03/2025)

The Executive Director conducted a training session for all staff on 5/27/25 regarding the smoke-free environment of the Home and the no smoking policy, completed 5/27/25. On 5/27/25 The Director of Maintenance and the Executive Director began conducted unannounced checks in all areas outside the Home to ensure staff are adhering to the no smoking policy. The Executive Director will discuss the smoke-free environment and the no smoking standard at the next quarterly Quality Assurance meeting on June 3, 2025 and ongoing at the quarterly Quality Assurance Meetings with all directors.

The Director of Maintenance as well as The Executive Director will ensure this policy is adhered to, the Executive Director will oversee the Director of Maintenance.

The Executive Director will oversee for continued compliance ongoing and continuous

Licensee's Proposed Overall Completion Date: 05/28/2025

Implemented (█) - 06/16/2025)

185a - Implement Storage Procedures

**7. Requirements**

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

**Description of Violation**

Resident #1 is prescribed an Accu-Checks daily at 8am, 11:30am and 4:30pm.

On 05/05/25 at 8:02am, the glucometer had a reading of 187, however there is no recorded level on the residents glucose log.

On 05/04/25 at 9:32am, the glucometer had a reading of 97, however there is no recorded level on the residents glucose log.

On 05/03/25 at 4:38pm, the glucometer had a reading of 230, however it was recorded on the glucose log as 283.

**Plan of Correction**

Accept (█) - 06/03/2025)

An audit of all blood glucose monitoring logs were conducted on 5/6/25 by the Health & Wellness Director. Current Medication Technicians received training on 5/28/25 by the Health and Wellness Director on proper glucometer use and calibration, accurate documentation procedures in the electronic record, and how and when to report abnormal readings of the Accu-Chek. Medication Technicians completed a demonstration on safe glucometer techniques, including accurate recording of glucose checks with the Health & Wellness Director. The Health and Wellness Director utilized a competency checklist with completion on 5/28/25. The Health and Wellness Director will spot check Medication Technicians weekly for continued compliance, the Health & Wellness Director will provide weekly audits with different Medication Technicians weekly for continued compliance effective 5/7/25 for 30 days, or until compliance is maintained.

## 185a - Implement Storage Procedures (continued)

*The Health & Wellness Director will oversee the Medication Technicians for compliance.*

*The Executive Director will oversee the Health & Wellness Director ongoing and continuous for compliance.*

**Licensee's Proposed Overall Completion Date:** 05/29/2025

**Implemented (█ - 06/16/2025)**

## 187a - Medication Record

## 8. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

## Description of Violation

*Resident #1 is prescribed Novolog FlexPen 100 unit/ML with administration time of 8am, 11:30am, and 4:30pm, according to sliding scale 300-400 6 units and 401 or greater 8 units. On 5/5/25 the residents glucose level was 346 at 11:30am and Novolog was administered at this time however, resident #1's May 2025 medication administration record does not indicate the number of units administered to the resident.*

## Plan of Correction

**Accept (█ - 06/03/2025)**

*The Health & Wellness Director provided training on 5/8/25 to Medication Technicians on MAR documentation including diabetic recording of blood sugar results and documenting the dose administered. On 5/8/25 the Health & Wellness Director reviewed the current MAR for Resident #1's insulin order being correctly recorded, this includes the current insulin order is correctly recorded, including blood sugar results and the applicable amount of insulin is given. The Health & Wellness Director is monitoring the prescriber's order is followed daily for continued compliance. The Health & Wellness Director is providing daily audits of current resident's MAR who are prescribed insulin for 30 days or until compliance is established. The results of the audits will be immediately reported to the Executive Director if there is an area of noncompliance, beginning on 5/8/25.*

*The Health & Wellness Director will oversee the Medication Technicians for ongoing compliance.*

*The Executive Director will oversee the Health & Wellness Director ongoing and continuous.*

**187a - Medication Record (continued)**

Licensee's Proposed Overall Completion Date: 05/29/2025

Implemented (█) - 06/16/2025

**187d - Follow Prescriber's Orders****9. Requirements**

2600.

187.d. The home shall follow the directions of the prescriber.

**Description of Violation**

*Resident #1 is prescribed an Accu-Checks daily at 8am, 11:30am and 4:30pm. However, resident #1's 5/4/25 8am glucose check was completed at 9:32am.*

*Resident #2 is prescribed Acetaminophen 500mg; take two caplets by mouth every 8 hours for pain. However, resident #2 was not administered this medication on 05/05/25 at 2pm. The medication packet was still in the cart for May 5, 2025, at 2pm. Although, the medication administration record was already initialed as administered for medication.*

**Plan of Correction**

Accepted (█) - 06/03/2025

*On 5/8/25 an audit was conducted by the Health & Wellness Director, ensuring the physician's order matched the MAR. The Health & Wellness Director will conduct weekly audits effective 5/8/25 for 30 days, or until compliance is established. The Health & Wellness Director provided training to all Medication Technicians on following the physicians order for all Residents. The Health & Wellness Director will conduct unannounced observations effective 5/8/2025 of medication pass and observations of Accu-Checks for 30 days and will audit the MAR for compliance of blood sugar results.*

*The Health & Wellness Director will oversee the Medication Technicians for ongoing compliance.*

*The Executive Director will oversee the Wellness Director ongoing and continuous.*

Licensee's Proposed Overall Completion Date: 05/29/2025

Implemented (█) - 06/16/2025