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

September 5, 2025

[redacted], CHIEF HEALTH SERVICES OFFICER
FOULKEWAYS AT GWYNEDD
1120 MEETING HOUSE ROAD
GWYNEDD, PA, 19436

RE: FOULKEWAYS AT GWYNEDD
1120 MEETING HOUSE ROAD
GWYNEDD, PA, 19436
LICENSE/COC#: 12774

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/21/2025, 07/21/2025 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: *FOULKEWAYS AT GWYNEDD* **License #:** *12774* **License Expiration:** *08/27/2025*

Address: *1120 MEETING HOUSE ROAD, GWYNEDD, PA 19436*

County: *MONTGOMERY* **Region:** *SOUTHEAST*

Administrator

Name: [redacted] **Phone:** [redacted] **Email:** [redacted]

Legal Entity

Name: *FOULKEWAYS AT GWYNEDD*

Address: *1120 MEETING HOUSE ROAD, GWYNEDD, PA, 19436*

Phone: [redacted] **Email:** [redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date:** *06/14/2004* **Issued By:** *COPA L & I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *82* **Waking Staff:** *62*

Inspection Information

Type: *Full* **Notice:** *Unannounced* **BHA Docket #:**

Reason: *Renewal* **Exit Conference Date:** *07/22/2025*

Inspection Dates and Department Representative

07/21/2025 - On-Site: [redacted]

07/21/2025 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *112* **Residents Served:** *76*

Secured Dementia Care Unit

In Home: *No* **Area:** **Capacity:** **Residents Served:**

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older:** *76*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability:** *0*

Have Mobility Need: *6* **Have Physical Disability:** *1*

Inspections / Reviews

07/21/2025 - Full

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *08/08/2025*

08/15/2025 - POC Submission

Submitted By: [redacted] **Date Submitted:** *09/05/2025*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *09/05/2025*

Inspections / Reviews *(continued)*

09/05/2025 - Document Submission

Submitted By: [redacted] **Date Submitted**: *09/05/2025*

Reviewer: [redacted] **Follow-Up Type**: *Not Required*

5a1 - DHS Access

1. Requirements

2600.
5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:
1. Agents of the Department.

Description of Violation

On 7/21/25, at 9:15 A.M., Human Services Licensing Representative, an agent of the Department, requested access to the resident list and the staff list. Staff person A did not provide access to the resident list until 12:00 P.M. and the staff list until 3:30 P.M.

Plan of Correction ***Accept ([redacted] - 08/15/2025)***

5a
The Personal Care Director (PCD) created an admission and discharge report of all current residents in personal care. This report will be reviewed weekly and placed in survey binder by PCD to ensure list is readily available for surveyor. PCD created a list of staff working in personal care to include ancillary staff. This report will be reviewed with Human Resources monthly to ensure staff are added and/or removed. Expected completion date 8/15/25.

Licensee's Proposed Overall Completion Date: *08/15/2025*

Implemented ([redacted] - 09/05/2025)

65g - Annual Training Content

3. Requirements

2600.
65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:
1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff Person B did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert during the training year January 1, 2024 to December 31, 2024.

Plan of Correction ***Accept ([redacted] - 08/15/2025)***

Sign in sheet for 2024 for Staff member B signature was unable to be located for submission. Staff member B records were reviewed to ensure fire safety training was completed by a trained fire safety expert for 2025. Fire safety trained employees have been educated to submit a copy of their fire safety training sign in sheets to Personal Care Director at the end of training for those staff who work in personal care. Trainings will be audited by Human Resource department monthly x 5 to ensure all staff working in Personal Care attend assigned training with results reported to QAPI on a quarterly basis. Expected completion date 8/15/25.

Licensee's Proposed Overall Completion Date: *08/15/2025*

Implemented ([redacted] - 09/05/2025)

103c - Food Protected

4. Requirements

2600.
103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

Description of Violation

On 7/21/25 at 2:17 P.M. there was an uncovered fruit tray stored in the main kitchen refrigerator.

Plan of Correction ***Accept ([redacted] - 08/15/2025)***

Immediately upon discovery the cover on the fruit in the refrigerator was adjusted to ensure that it coved all the containers. Dining services manager educated the dining staff working in personal care on the importance of adhering to regulation 2600.103c. Dining manger will audit weekly x 4 weeks, then monthly x 3 months to ensure food has a secured protected covering over it. Results will be reported in the QAPI meeting on a quarterly basis. Expected completion date 8/15/25.

Licensee's Proposed Overall Completion Date: *08/15/2025*

Implemented ([redacted] - 09/05/2025)

132c - Fire Drill Records

5. Requirements

2600.
132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the drill conducted on 4/12/25 does not include the actual time of the drill. The log lists 4:10, however there is no AM or PM designation.

The fire drill record for the drill conducted on 6/10/25 at 6:45 A.M. does not include the number of residents that evacuated in the fire drill.

Repeat Violation: 10/1/24 et al

Plan of Correction ***Accept ([redacted] - 08/15/2025)***

The 4/12/25 fire drill form was immediately updated by comparing it to the staff sign in sheets that coordinated with the drill to verify the time of the drill. Staff person responsible for conducting the fire drill and completing the documentation was in-serviced on the importance of complete and accurate information. Monthly x 5 the Personal Care Director will audit fire drill forms completed for accuracy prior to adding to survey binder with results reported in the QAPI meeting on a quarterly basis. Expected completion date 8/15/25.

Licensee's Proposed Overall Completion Date: *08/15/2025*

Implemented ([redacted] - 09/05/2025)

132h - Designated Meeting Place

6. Requirements

2600.
132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

132h - Designated Meeting Place *(continued)*

Description of Violation

During the fire drill on 6/11/25 at 6:50 A.M., residents did not evacuate to a designated meeting place away from the building or within the fire-safe area. During the 6/11/25 fire drill, only 50 residents evacuated to the ABH front entrance/stairwells. The home had 81 residents present in the home on 6/11/25 at 6:50 A.M.

During the fire drill on 6/10/25 at 6:45 A.M., residents did not evacuate to a designated meeting place away from the building or within the fire-safe area. During the 6/10/25 fire drill, only 31 residents evacuated to the AHN front entrance. The home had 81 residents present in the home on 6/10/25 at 6:45 A.M.

During the fire drill on 5/23/25 at 1:00 P.M., residents did not evacuate to a designated meeting place away from the building or within the fire-safe area. During the 5/23/25 fire drill, only 48 residents evacuated to AHE library stairwell. The home had 81 residents present in the home on 5/23/25 at 1:00 P.M.

Plan of Correction ***Accept (- 08/15/2025)***

Regulation 132h and internal Fire drill process reviewed with all team members to ensure understanding. The structure of the personal care home places residents by default in fire safe areas as there are fire walls and doors built into the structure. The drills reflected only the residents who had to be evacuated to safe area. Personal Care Director (PCD) will ensure that all residents are accounted for in the evacuation process moving forward. PCD or designee will audit the fire drill documentation monthly x 5 to ensure that all residents are accounted for in the evacuation process with results reported in the QAPI meeting on a quarterly basis. Expected completion date 8/15/25.

Licensee's Proposed Overall Completion Date: *08/15/2025*

Implemented (- 09/05/2025)

141a - Medical Evaluation

7. Requirements

2600.
141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

The medical evaluation was not complete within 60 days prior to admission or within 30 days after admission of the resident. Resident # 2 was admitted on and the medical evaluation was completed on

Plan of Correction ***Accept (- 08/15/2025)***

Resident record reviewed to ensure current DME was present. Regulation 2600.141a was reviewed with Nurse Practitioner and Physician to educate them on importance of adhering to this regulatory process. Personal Care Director will audit resident charts to ensure the DME is completed within the time frame provide by DHS. Audit tool for tracking the timely completion for new admission chart was created to ensure all required forms are competed in accordance with this regulation, weekly audit x 3 then monthly x 4 with results reported in the quarterly QAPI meeting. Expected completion date 8/15/25.

Licensee's Proposed Overall Completion Date: *08/15/2025*

Implemented (- 09/05/2025)

141a 1-10 Medical Evaluation Information

8. Requirements

2600.
141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #3's most recent medical evaluation dated [redacted] does not include an accurate indication of the residents ability to self administer their own medications. The residents current DME indicates that the resident is unable to self-administer [redacted] medications. Resident #3 has been evaluated to safely self-administer all medications as of 5/7/25.

Resident # 4's most recent medical evaluation was completed on [redacted] Resident # 4's most recent medical evaluation dated [redacted] does not have section 7 the medication addendum completed.

Plan of Correction ***Accept ([redacted] - 08/15/2025)***

DME forms were reviewed and updated to reflect self-medication administration ability for resident #3 and medication list completion for resident # 4. Regulation 141a reviewed with Nurse Practitioner and Physician to ensure understanding of importance of adhering to regulatory process 2600.141a. Personal Care Director (PCD) will audit current resident charts to ensure the medication self-administration status and RASP matched and that the DME medication section is completed. PCD or designee will audit resident chart weekly x 3, then monthly x 4 to ensure that resident medication administration status is noted on the DME and the required information included coincides with the RASP information. In addition, the medication section must be completed. These audit results will be reported in the quarterly QAPI meeting. Expected completion date 8/15/25.

Licensee's Proposed Overall Completion Date: *08/15/2025*

Implemented ([redacted] - 09/05/2025)

181d -Storing Medication

9. Requirements

2600.
181.d. If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

Description of Violation

Resident # 3 self-administers medications and stores medications in [redacted] room. On 7/21/25 at 1:50 P.M., there were several unlocked, unattended medications to include all of [redacted] medications in Resident # 3's bedroom. Resident # 3 stated [redacted] does not lock [redacted] medications or their bedroom door.

181d -Storing Medication (continued)

Repeat Violation: 10/1/24 et al

Plan of Correction ***Accept (- 08/15/2025)***

All residents who currently self-administer medication were re-informed of the importance of locking their door and signed an agreement of understanding. Personal Care Director (PCD) will review with residents quarterly during their monthly meeting the importance of locking door their door if they self-administer medications and offer the alternative option of a locked container if locking one's door causes a hardship. PCD or designee will audit locking devices weekly x 3, then monthly x 4 to ensure residents are adhering to this regulatory process with results reported in the quarterly QAPI meeting. Expected completion date 8/15/25.

Licensee's Proposed Overall Completion Date: *08/15/2025*

Implemented (- 09/05/2025)

183d - Prescription Current

10. Requirements

2600.
183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 7/22/25, erythromycin prescribed for Resident # 2, was in the home's medication cart; however, the medication was discontinued on 1/22/25.

On 7/22/25, acetaminophen prescribed for Resident # 2, was in the home's medication cart; however, the medication was discontinued on 2/5/25.

Repeat Violation: 10/1/24 et al

Plan of Correction ***Accept (- 08/15/2025)***

Resident order for erythematic and acetaminophen was immediately removed from the medication cart and sent to pharmacy for destruction. Education for licensed nurses administering medications was provided regarding the importance of adhering to this regulation. Personal Care Director or designee will audit all orders to ensure discontinued medications have been removed from the medication cart. Audit will be done weekly x 3, then monthly x 4 with the results reported in the quarterly QAPI meeting. Expected date of completion 8/15/2025.

Licensee's Proposed Overall Completion Date: *08/15/2025*

Implemented (- 09/05/2025)

187b - Date/Time of Medication Admin.

11. 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 #5 is prescribed Calcium Carbonate 500 mg 1 tablet daily . Resident # 5's July 2025 medication administration record does not include the initials of the staff person who administered Calcium Carbonate on 7/8/25 at 11:00 A.M.

187b - Date/Time of Medication Admin. (continued)

Resident # 5 is prescribed Pregabalin 150 mg 1 tablet twice daily at 6:00 A.M. and 1:00 P.M. Resident # 5's July 2025 medication administration record does not include the initials of the staff person who administered Pregabalin on 7/8/25 at 1:00 P.M.

Repeat Violation: 10/1/24 et al

Plan of Correction ***Accept (- 08/15/2025)***

Resident interview conducted to determine if the resident received medication as ordered. Per interview, the medication was administered; however, the medication administration record is not able to be updated. A late entry note was written to indicate that the medications was given to the resident. Formal education provided to employee responsible for missing the documentation. Education provided to staff regarding the importance of adhering to this regulation process. All other residents with medication orders for 1 pm on the same cart were reviewed to check for proper administration and documentation. Personal Care Director or designee will audit the resident's medication administration record weekly x 4, then monthly x 5 with results reported in the quarterly QAPI meeting. Expected date of completion 8/15/25.

Licensee's Proposed Overall Completion Date: *08/15/2025*

Implemented (- 09/05/2025)

227g -Support Plan Signatures

12. Requirements

2600.
227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #6 participated in the development of support plan on However, the resident did not sign the support plan.

Plan of Correction ***Accept (- 08/15/2025)***

Resident 6 is currently not present in the community. Signature will be obtained from resident upon return. All support plans in that location were reviewed to ensure they are signed. Personal Care Director or designee will audit all support plans completed to ensure the resident signature is present on a weekly basis x 3, then monthly x 4. Results will be reported in the quarterly QAPI meeting. Expected date of completion 8/15/25.

Licensee's Proposed Overall Completion Date: *08/15/2025*

Implemented (- 09/05/2025)