

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

October 20, 2025

[REDACTED]  
Patrick Charles  
[REDACTED]

RE: BCC Personal Care Home  
205 Krewson Terrace  
Willow Grove, PA, 19090  
LICENSE/COC#: 15354

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/11/2025 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: *BCC Personal Care Home* License #: *15354* License Expiration:

Address: *205 Krewson Terrace, Willow Grove, PA 19090*

County: *MONTGOMERY* Region: *SOUTHEAST*

**Administrator**

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

**Legal Entity**

Name: *Patrick Charles*

Address: [Redacted]

Phone: [Redacted] Email: [Redacted]

**Certificate(s) of Occupancy**

Type: *R-4* Date: *01/17/2025* Issued By: *Upper Moreland Township*

**Staffing Hours**

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

**Inspection Information**

Type: *Partial* Notice: *Announced* BHA Docket #:

Reason: *New* Exit Conference Date: *09/11/2025*

**Inspection Dates and Department Representative**

*09/11/2025 - On-Site:* [Redacted]

**Resident Demographic Data as of Inspection Dates**

General Information

License Capacity: Residents Served: *0*

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: *0*

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

Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

**09/11/2025 Partial**

Lead Inspector: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *09/29/2025*

**10/01/2025 - POC Submission**

Submitted By: [Redacted] Date Submitted: *10/10/2025*

Reviewer: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *10/06/2025*

Inspections / Reviews *(continued)*

10/08/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/10/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/13/2025

10/20/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/10/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

91 - Telephone Numbers

1. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department, on or by the telephone in the first and second floor common areas.

Plan of Correction

Accept [redacted] - 10/08/2025)

Corrective Action:

- Root Cause for Violation: The emergency numbers were present but not yet posted on or by the telephones.
- Immediate: [redacted], CEO, posted emergency contact lists prominently by each phone with an outside line on 9/25/2025.
- Preventive: Monthly audits will verify postings remain intact and updated. Emergency numbers will be reviewed quarterly for accuracy.
- Responsible Party: [redacted], CEO.
- Completion Date: 9/25/2025

Licensee's Proposed Overall Completion Date: 10/03/2025

Implemented ([redacted] 10/20/2025)

94a - Interior/Exterior Doors

2. Requirements

2600.

94.a. Interior and exterior doors that open directly into a stairway and are used for exit doors, resident areas and fire exits must have a landing, which is a minimum of 3 feet by 3 feet.

Description of Violation

The 2nd-floor fire escape leading directly onto the first floor outside of the home does not have a landing spot that is 3 feet by 3 feet. The landing spot has rock and not a flat surface to land on.

Plan of Correction

Accept [redacted] - 10/08/2025)

See attached.

Corrective Action:

- Root Cause for Violation: This is a newly established facility and management was unaware that pebbles on the 3'x3' landing would be considered an unapproved surface
- Immediate: Leriche Home Builders LLC removed rocks and poured a 3'x3' cement slab on 9/16/2025 to create a flat surface to land on.
- Preventive: Annual safety inspections will include verification of landing dimensions and surface stability.
- Responsible Party: [redacted], CEO,
- Completion Date: 9/16/2025

Licensee's Proposed Overall Completion Date: 10/03/2025

94a - Interior/Exterior Doors (continued)

Implemented ( [REDACTED] - 10/20/2025)

96a - First Aid Kit

3. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The first aid kit in the first-floor nurses' station does not include a thermometer and eye coverings.

Plan of Correction

Accept [REDACTED] - 10/08/2025)

See attached.

Corrective Action:

- Root Cause for Violation: Newly established facility and management did not realize that the two missing items were not included in the kit.
- Immediate: Thermometer and eye coverings were added to both the first-floor nurse station first aid kit and the 2nd-floor First Aid Kit on 9/22/2025, resulting in a complete first aid kit.
- Preventive: Monthly inventory checklist implemented for all first aid kits.
- Responsible Party: [REDACTED], Administrator
- Completion Date: 9/22/2025

Licensee's Proposed Overall Completion Date: 10/03/2025

Implemented [REDACTED] - 10/20/2025)

102d - Grab/Hand/Assist Bar/Slip-Resistant Surface

4. Requirements

2600.

102.d. Toilet and bath areas must have grab bars, hand rails or assist bars. Bathtubs and showers must have slip-resistant surfaces.

Description of Violation

There is no grab bar, handrail, or assist bar in both bathrooms located on the first and second floors.

Plan of Correction

Accept [REDACTED] 10/08/2025)

See attached.

Corrective Action:

- Root Cause for Violation: This is a newly established facility, and management had purchased the wrong type of grab bar. The grab bars were present but not installed.
- Immediate: Grab bars were installed in both first and second-floor bathrooms by Leriche Home Builders LLC on 9/16/2025.
- Preventive: Annual facility safety audit will verify compliance in all bathrooms.
- Responsible Party: [REDACTED] CEO
- Completion Date: 9/16/2025

Licensee's Proposed Overall Completion Date: 10/03/2025

102d - Grab/Hand/Assist Bar/Slip-Resistant Surface (continued)

Implemented [redacted] - 10/20/2025)

107d - Procedure Emergency Management Agency Submission

5. 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 reviewed and submitted to the emergency management agency.

Plan of Correction

Accept [redacted] 10/08/2025)

See attached.

Corrective Action:

- Root Cause for Violation: This is a newly established facility with no residents to date, management was unaware that a license was already issued prior to the inspection and that the emergency procedures needed to be provided prior to the inspection.
- Immediate: [redacted] CEO, reviewed and submitted procedures via email to Upper Moreland Township Emergency Management on 9/12/2025.
- Preventive: Annual calendar reminder set for September to ensure timely review and submission.
- Responsible Party: [redacted], CEO
- Completion Date: 9/12/2025

Licensee's Proposed Overall Completion Date: 10/03/2025

Implemented [redacted] 10/20/2025)

124 - Notice to Fire Department

6. Requirements

2600.

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The home does not have documentation of written notification to the local fire department of the address of the home, location of the bedrooms, and the assistance needed to evacuate in an emergency.

Plan of Correction

Accept [redacted] - 10/08/2025)

See attached.

Corrective Action:

- Root Cause for Violation: This is a newly established facility with no residents to date; management was unaware that a license was already issued prior to the inspection and that the written notification to the fire department needed to be provided prior to the inspection.
- Immediate: Written notification was sent to Upper Moreland Township Fire Department on 10/1/2025, via email, including address, bedroom locations, and evacuation assistance with copies of the home's floor plan.
- Preventive: Notification will be updated within 24 hours of any resident admission or change in evacuation needs.

124 Notice to Fire Department (continued)

- Responsible Party: [REDACTED], CEO
- Completion Date: 10/1/2025

Licensee's Proposed Overall Completion Date: 10/03/2025

Implemented [REDACTED] 10/20/2025)

132a - Monthly Fire Drill

7. Requirements

2600.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

The home has not held an unannounced fire drill.

Plan of Correction

Accept [REDACTED] - 10/08/2025)

See attached.

Corrective Action:

- Root Cause for Violation: This is a newly established facility with no residents, inspection occurred prior to the unannounced fire drill
- Immediate: Unannounced fire drill held on 9/16/2025 at 11:50 AM.
- Preventive: Fire drill schedule created with monthly reminders; documentation maintained in compliance binder.
- Responsible Party: [REDACTED], Administrator
- Completion Date: 9/16/2025

Licensee's Proposed Overall Completion Date: 10/03/2025

Implemented [REDACTED] - 10/20/2025)

132b - Safety Inspection/Fire Drill

8. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The home has not completed a fire safety inspection and drill observed by a fire safety expert.

Plan of Correction

Accept [REDACTED] 10/08/2025)

See attached.

Corrective Action:

- Root Cause for Violation: This is a newly established facility, inspection occurred prior to the scheduled fire safety inspection
- Immediate: Fire safety inspection and drill completed and observed on 9/24/2025 by [REDACTED] fire safety expert.
- Preventive: Annual contract established with fire safety consultant to ensure timely inspections.
- Responsible Party: [REDACTED], CEO
- Completion Date: 9/24/2025

132b - Safety Inspection/Fire Drill (*continued*)

Licensee's Proposed Overall Completion Date: 10/03/2025

Implemented [REDACTED] - 10/20/2025)