

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

November 19, 2025

[REDACTED]
PARK CREEK MC, LLC
[REDACTED]

RE: PARK CREEK PLACE MEMORY CARE
1089 HORSHAM ROAD
NORTH WALES, PA, 19454
LICENSE/COC#: 15085

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/22/2025 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 MEMORY CARE* License #: *15085* License Expiration: *06/14/2026*
 Address: *1089 HORSHAM ROAD, NORTH WALES, PA 19454*
 County: *MONTGOMERY* Region: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *PARK CREEK MC, LLC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: Total Daily Staff: *50* Waking Staff: *38*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint, Incident* Exit Conference Date: *09/22/2025*

Inspection Dates and Department Representative

09/22/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *48* Residents Served: *25*

Secured Dementia Care Unit
 In Home: *Yes* Area: *entire home* Capacity: *0* Residents Served: *25*

Hospice
 Current Residents: *x*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *25*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *25* Have Physical Disability: *0*

Inspections / Reviews

09/22/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/20/2025*

10/21/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *11/06/2025*
 Reviewer: *Claire Mendez* Follow-Up Type: *POC Submission* Follow-Up Date: *10/26/2025*

Inspections / Reviews *(continued)*

10/27/2025 POC Submission

Submitted By: [REDACTED] Date Submitted: 11/06/2025

Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 11/17/2025

11/19/2025 Document Submission

Submitted By: [REDACTED] Date Submitted: 11/06/2025

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], for resident [REDACTED] was not signed by the resident.

Repeat Violation: [REDACTED]

Plan of Correction

Accept [REDACTED] - 10/27/2025)

- Resident #1 contract was signed by the POA on 6/23/2025. The Resident did not sign or make a mark. In an attempt for signature the Resident was unable to sign, this is noted on the contract with an attempt to sign on 10-22-2025.
- On October 24,2025, this Resident signed the contract in accordance with 2600.25b
- Effective immediately, all contracts will be reviewed by the Executive Director or designee upon admission to ensure contracts are signed in accordance with regulation 2600.25b. This verification process will remain in effect indefinitely as part of the community's ongoing admission protocol.
- An audit will be completed by 10/31/2025 by the Business Office Manager to verify all current contracts were signed by the Resident or designated person with attempts of a refusal to sign or unable to sign documented.
- The Business Office Manager and the Executive Director received will receive training on this regulation, will be completed by 10/31/2025 by the Regional Director of Operations.
- Audit findings will be reviewed by the Executive Director at the quarterly Quality Assurance Meeting with current Directors in attendance, completed by 10/31/2025.

Licensee's Proposed Overall Completion Date: 10/24/2025

Implemented ([REDACTED] - 11/19/2025)

42b - Abuse

2. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [REDACTED] around 06:45 PM, Resident [REDACTED] struck resident [REDACTED] above the left eye brow. After wandering into resident [REDACTED] room and touching the resident's belongings, resident [REDACTED] asked resident [REDACTED] to leave; resident [REDACTED] shouted "Shut up" and did not leave. Resident [REDACTED] took a tool used for picking up items, called a "reacher grabber", belonging to resident [REDACTED], which was leaning against the wall next to a dresser. Resident [REDACTED] picked it up, swung the tool, which struck resident [REDACTED] on the head. Resident [REDACTED] suffered a [REDACTED] approximately 1/4 - 1/2 inch on the temple above the left eye brow. Resident [REDACTED] was sent out to an emergency room and returned to the home the same day with 3 sutures. Resident [REDACTED] was later diagnosed with a [REDACTED]

Repeat violation: [REDACTED]

42b - Abuse (continued)

Plan of Correction

Accept [redacted] - 10/21/2025)

Current staff, as well as Directors were re-educated regarding regulation 42B; allegations, the types of abuse, and the reporting requirements of the Older Adult Protective Services Act by the Executive Director, completed by 10/17/2025. Current Directors will be in attendance at the Quality Assurance meeting on 10/27/2025., led by the Executive Director. To prevent this violation from reoccurring the Memory Care Director will conduct weekly interviews with current Resident's and staff for 4 weeks to provide protection of Resident Rights to establish compliance, effective 10/17/2025, then monthly thereafter. The Executive Director will maintain ongoing compliance through monthly training sessions with all staff continuously.

Licensee's Proposed Overall Completion Date: 10/19/2025

Implemented [redacted] - 11/19/2025)

141a 1-10 Medical Evaluation Information

3. 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 [redacted] medical evaluation dated [redacted] indicates "min[imal] assist[ance]" on (8) Body positioning and movement stimulation. The resident utilizes a wheelchair and a walker for ambulation. The resident's assessment and support plan, dated [redacted] indicates that the resident requires the assistance of one staff for transferring in/out of bed/chair and some physical assistance with toileting

Plan of Correction

Directed ([redacted] 10/27/2025)

- An audit of the current Resident Medical Evaluations will be conducted and completed by 10/31/2025 to verify that all current Resident Medical Evaluations are accurate by the Executive Director or designee.
- The Resident Care Coordinator and the Memory Care Director will receive training on the accuracy of the Medical Evaluation in accordance of meeting the needs of the Resident, the training will be completed by the Executive Director or designee by 10/31/2025
- The Health and Wellness Director, or designee will verify compliance with 2600.141b by conducting a one hundred per cent audit of current Resident files to verify that each contains a current medical evaluation that accurately reflects the needs of the Resident and the support plan. This audit will be completed by 10/31/2025.
- The Executive Director will conduct an audit of current Resident Medical Evaluations to verify ongoing compliance with 2600.141b. The Executive Director or designee will audit six Resident charts monthly for three months to verify ongoing compliance.

141a 1-10 Medical Evaluation Information (continued)

- *The findings of the audit will be reviewed by the Executive Director during the quarterly Quality Assurance meeting with current Directors in attendance, completed by 10/31/2025.*

Proposed Overall Completion Date: 10/24/2025

Directed Plan of Correction (10/27/2025)

Within 20 days of the receipt of the acceptable plan of correction, the administrator shall ensure that resident's medical evaluation is updated/corrected by a medical professional.

Directed Completion Date: 11/16/2025

Implemented - 11/19/2025)