

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

January 2, 2026

[REDACTED]
MSA PLYMOUTH MEETING OPERATING, LLC
[REDACTED]
[REDACTED]

RE: THE PINNACLE AT PLYMOUTH
MEETING
215 PLYMOUTH ROAD
PLYMOUTH MEETING, PA, 19462
LICENSE/COC#: 15023

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/01/2025 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: THE PINNACLE AT PLYMOUTH MEETING License #: 15023 License Expiration: 03/24/2026
 Address: 215 PLYMOUTH ROAD, PLYMOUTH MEETING, PA 19462
 County: MONTGOMERY Region: SOUTHEAST

Administrator

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

Legal Entity

Name: MSA PLYMOUTH MEETING OPERATING, LLC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: I-1 Date: 07/02/2020 Issued By: Plymouth Township
 Type: I-2 Date: 07/02/2020 Issued By: Plymouth Township

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 146 Waking Staff: 110

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint, Incident Exit Conference Date: 12/01/2025

Inspection Dates and Department Representative

12/01/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 138 Residents Served: 94
 Secured Dementia Care Unit
 In Home: Yes Area: 1st Floor Capacity: 19 Residents Served: 17
 Hospice
 Current Residents: 7
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 94
 Diagnosed with Mental Illness: 5 Diagnosed with Intellectual Disability: 2
 Have Mobility Need: 52 Have Physical Disability: 0

Inspections / Reviews

12/01/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/26/2025

12/24/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 12/31/2025
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 01/07/2026

Inspections / Reviews *(continued)*

01/02/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/31/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

23a - Activities of Daily Living Assistance

1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

The support plan, dated [redacted] for resident [redacted] indicates the resident requires toileting assistance and assistance with peri-care, and that resident [redacted] will call staff when they assistance to the restroom. On [redacted] at 10:07 pm, the resident activated their call-bell pendant and waited for 18 minutes and 53 seconds for this assistance.

The support plan, dated [redacted] for resident [redacted] indicates the resident requires assistance with bathing/showering. On [redacted] at approximately 10:50 am, resident [redacted] activated their call bell for assistance on their scheduled shower day. This assistance was delayed for approximately half an hour, as the assigned caregiver, staff person A, was in a meeting, while staff person B, the med-tech on the floor, who was covering for staff person A while in the meeting, had misplaced their pager and did not receive the alert for the call bell activation. Resident [redacted] eventually called the front desk to request assistance from staff, however, no one answered. Resident [redacted] then resorted to emailing the Administrator to request assistance from staff.

Plan of Correction

Accept [redacted] - 12/24/2025)

The Medication Technician involved in the 10/24/25 incident was disciplined for [redacted] failure to carry [redacted] walkie/pager causing the service delay. [redacted] is no longer employed at The Pinnacle.

The Pinnacle completed Call Bell Policy training in June and September of 2025 to embrace and promote the importance of timely responsiveness to resident's needs.

As per a previously approved Plan of Correction in September of 2025, with a compliance and completion date of 12/31/25, The Pinnacle identified that the call bell system software was delayed in response receipt and antiquated in system capabilities. The system required software and hardware upgrades. The capital expense purchase was enacted, and the system was upgraded mid-December of 2025.

The Pinnacle continues to work with the provider to address upgrades issues and reports to streamline the new system.

The Pinnacle purchased additional pagers, walkies and pendants to address mechanism failures and improve previous methodologies that required only the Medication Technicians to carry a pager. Beginning November 10th, 2025, the Care Staff now also carry alert pagers to expedite response times.

Call bell response times are reviewed and posted for all staff in the staff lounge daily to keep resident service at the forefront of our process improvement efforts as equipment and software support have been upgraded.

Licensee's Proposed Overall Completion Date: 12/31/2025

Implemented [redacted] - 01/02/2026)

42c - Treatment of Residents

2. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

Resident [REDACTED] has a wound that requires the assistance of staff. The resident's support plan, dated [REDACTED], indicates that treatment is to be provided by staff or wound care nurse as directed, however, resident [REDACTED] actually provides most of the wound care themselves, only asking for assistance in obtaining items needed for the bandages.

On the evening of [REDACTED] resident [REDACTED] requested a pair of scissors from staff person C to change their bandages. Staff person C responded in a demeaning tone, acted as if the request was a problem, and criticized resident [REDACTED] for not making the request of a med-tech on the previous shift. Staff person C then retrieved a pair of scissors. However, the resident, who has a diagnosis of major depressive disorder, reported that staff person C's response and attitude made them very upset as resident [REDACTED] stated, they "yelled at me and made me feel like dirt."

On the following day, resident [REDACTED] approached staff person C in hopes of reconciling the conflict from the previous night, but staff person C said they were too busy to talk and began walking away. Resident [REDACTED] became upset, yelling to the staff person, "You will never disrespect me again." Later in the afternoon, staff person C admitting to moving to the opposite side of the third-floor hallway to avoid resident [REDACTED] as they crossed paths, further causing the resident to feel dismissed.

Plan of Correction

Accept ([REDACTED] - 12/24/2025)

Staff Member C was suspended pending investigation of the reported incident and has since been terminated.

The Pinnacle conducted staff training regarding allegations of abuse and reporting protocols in April, July, September and November of 2025. The Pinnacle also conducted training in specific aspects of Residents Rights in August of 2025 and again in December of 2025.

The Pinnacle has trained staff and reminded residents during monthly resident meetings of the formal Grievance process as a means of reporting and resolving issues prior to circumstances escalating toward potential abuse or resident rights violations. Grievances are addressed within regulatory required deadlines and maintained for identification of trends and root cause analysis.

The Administrator randomly interviewed a sample of 5 residents weekly for 4 weeks and then monthly for 2 months for protection of resident's rights with the emphasis on receiving care from staff with dignity and respect and freedom of abuse to allow proactive identification of issues.

In November of 2025, The Pinnacle's Department Heads began meeting monthly with Personal Care residents to more closely monitor staff interventions and service issues. In the past, this monthly group meeting included Independent Living residents, and the needs or voices of The Personal Care residents were not as easily heard and reflected.

Department Heads, and Managers on Duty, are required to do daily rounds of Personal Care to encourage resident feedback and input regarding issues and needs.

Licensee's Proposed Overall Completion Date: 12/31/2025

Implemented ([REDACTED] - 01/02/2026)

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]’s medical evaluation dated [redacted] did not include health status.

Plan of Correction

Accept [redacted] - 12/24/2025)

A comprehensive audit of all residents’ medical evaluations was completed in August 2025 by the new Wellness Director.

Per a previous Plan of Correction, new DME’s are being obtained for all residents admitted prior to July 1st, 2025, by December 30th, 2025, to address all of the prior period issues with outstanding or incomplete DME’s. Resident [redacted] will be included in this initiative.

Each document requiring revisions will be permanently identified and marked with a caveat statement or notation concerning the Plan of Correction as the reason for the noncompliant dating or missing information to prevent future citations on the same document or regulation.

New residents admitted will be compliant with this regulatory standard and the Wellness Director, or Designee, will audit all new admissions and annual documentation per these regulatory guidelines for timely completion of Medical Evaluations.

Licensee’s Proposed Overall Completion Date: 12/31/2025

Implemented [redacted] 01/02/2026)