

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

March 3, 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 01/12/2026 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: 132 Waking Staff: 99

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Incident Exit Conference Date: 01/12/2026

Inspection Dates and Department Representative

01/12/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 138 Residents Served: 83
 Secured Dementia Care Unit
 In Home: Yes Area: Memory Care Capacity: 19 Residents Served: 13
 Hospice
 Current Residents: 5
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 83
 Diagnosed with Mental Illness: 5 Diagnosed with Intellectual Disability: 2
 Have Mobility Need: 49 Have Physical Disability: 0

Inspections / Reviews

01/12/2026 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/16/2026

02/18/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 03/02/2026
 Reviewed: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/21/2026

Inspections / Reviews *(continued)*

02/20/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/02/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/02/2026

03/03/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/02/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted] resident [redacted] was admitted to the hospital due to change of health status. The home did not report this incident to the department.

Repeated Violation: [redacted] et al

Plan of Correction

Accept [redacted] - 02/13/2026)

The Wellness Director, responsible for reporting changes in resident conditions, will be retrained by The Executive Director on reportable guidelines by 2/15/26. The Wellness Director will also be retrained on the importance of reviewing the 24-hour report in the electronic health record.

The Wellness Director will train the Wellness Nurses on the reportable guidelines imposed by 2600.16 by 2/28/26 to assure proper documentation into the electronic health record of events that impact the residents and may require reporting.

In acknowledging the importance of this regulation, The Pinnacle will host an all-staff training in February to review the reporting expectations of 2600.16.

Staff training and reportable incidents will be reviewed as part of the Quality Assurance process per the regulatory and Meridian Senior Living Guidelines.

Licensee's Proposed Overall Completion Date: 03/02/2026

Implemented [redacted] - 03/03/2026)

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

Resident [redacted] was admitted to the hospital on [redacted]. According to interviews conducted the resident's family member was visiting the home on [redacted] to gather some of resident # [redacted] belongings for [redacted] hospital stay. The agent of the Department was informed that they observed the resident having 3 full bottles of wine in a box and one bottle that was half full in the refrigerator. On an unknown date around Christmas, the resident's family member was gathering some belongings for [redacted] rehab stay. The family stated that the resident's room was locked, and they requested the home to open the resident's bedroom door. During this visit to the home, resident # [redacted] family member observed the 3 bottles of wine in the box were empty and placed back in the box. The bottle of wine in the refrigerator was also empty. As of [redacted] the resident has not returned to the home.

Repeated Violation: [redacted] et al, [redacted] et al, [redacted] et al.

42b - Abuse (continued)

Plan of Correction

Accept [REDACTED] - 02/13/2026)

This allegation was reported to BHSL immediately after staff became aware of the family's concerns related to three of the seven bottles of Chardonnay that they brought to the resident. This claim implies, and the family alleged, that staff are taking containers into the residents' room filling them with wine and leaving the empty bottles. There have been no reports from residents, visitors or families of staff smelling of alcohol or being intoxicated or under the influence while on duty.

As a precautionary measure, The Pinnacle will host an all-staff training in February to review Meridian policies related to consuming alcohol on the job or being under the influence while at work. Staff will also be reminded that personal cups or containers should not be in common areas or on medication carts.

The Executive Director, or Designee, will review Grievance procedures at the next Resident Roundtable Meeting in Personal Care with specific attention to reporting atypical behavior in the staff.

Staff training and reportable incidents will be reviewed as part of the Quality Assurance process per the regulatory and Meridian Senior Living Guidelines.

Licensee's Proposed Overall Completion Date: 03/02/2026

Implemented [REDACTED] - 03/03/2026)

82c - Locking Poisonous Materials

3. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

Degree deodorant, with a manufacture's label indicating " swallowed, get medical help or contact a poison control center right away", was unlocked, unattended, and accessible to residents [REDACTED] in the bathroom cabinet. Not all the residents of the home, including resident [REDACTED], have been assessed capable of recognizing and using poisons safely.

Zinc oxide cream, with a manufacture's label indicating " if ingestion of more than a small amount contact a physician or poison control center immediately", was unlocked, unattended, and accessible to residents [REDACTED] in the bathroom. Not all the residents of the home, including resident [REDACTED] have been assessed capable of recognizing and using poisons safely.

Repeated Violation: [REDACTED] et al, [REDACTED] et al

Plan of Correction

Accept [REDACTED] - 02/13/2026)

All poisonous material were immediately removed when identified.

The Pinnacle installed magnetic secured locks in all resident bathrooms in SDCU in 2025 to properly house potentially hazardous materials. In conducting a root cause analysis for this citation, The Pinnacle learned that staff were resetting the magnetic lock using a button that turned off the magnet.

82c Locking Poisonous Materials (continued)

All staff will be re educated by the SDCU Director by 2/28/26 regarding the implications of 2600.82c and the prohibition of turning off the magnetic lock for resident safety and security.

The SDCU Director will audit all SDCU rooms and common areas during [redacted] regular workdays for the next thirty days.

This Plan of Correction will be reviewed as part of the Quality Assurance process per the regulatory requirements and Meridian Senior Living Guidelines.

Licensee's Proposed Overall Completion Date: 03/02/2026

Implemented [redacted] 03/03/2026)

85a - Sanitary Conditions

4. Requirements

2600. 85.a. Sanitary conditions shall be maintained.

Description of Violation

On [redacted], at approximately 2:30 pm, feces was observed smeared on the back of resident [redacted] toilet.

Plan of Correction

Accept [redacted] - 02/13/2026)

Pinnacle staff were made aware of this issue at the exit conference, delaying staff's immediate response to the issue. Housekeeping was sent to the room after the exit conference; however the smudged area was clean.

Resident [redacted] does occasionally, on days of better health, take himself to the restroom.

The Pinnacle will host an all staff training in February to review expectations regarding 2600.82c and the implications of infection control and sanitation procedures. Staff will also be re educated regarding the need to ensure that a resident bathroom is clean prior to leaving after providing care.

This Plan of Correction will be reviewed as part of the Quality Assurance process per the regulatory requirements and Meridian Senior Living Guidelines.

Licensee's Proposed Overall Completion Date: 03/02/2026

Implemented [redacted] - 03/03/2026)

102h - Toilet Paper

5. Requirements

2600. 102.h. Toilet paper shall be provided for every toilet.

Description of Violation

On [redacted], at approximately 9:47 am, there was no toilet paper for the toilet in the bathroom in resident [redacted]'s room.

102h - Toilet Paper (continued)

Repeated Violation: [REDACTED] et al

Plan of Correction

Accept [REDACTED] - 02/13/2026)

Resident [REDACTED] resides in SDCU. The SDCU Director will audit all SDCU rooms during [REDACTED] regular workdays for the next thirty days for placement of toilet paper.

The Pinnacle has hired a new Housekeeping Supervisor who starts on 2/11/26. The Housekeeping Supervisor will be trained to this regulatory expectation on [REDACTED] date of hire to ensure that [REDACTED] is reinforcing this expectation with the Housekeeping staff.

The Pinnacle will host an all-staff training by the end of February to review regulation 102h and its regulatory implications.

This Plan of Correction will be reviewed as part of the Quality Assurance process per the regulatory requirements and Meridian Senior Living Guidelines.

Licensee's Proposed Overall Completion Date: 03/02/2026

Implemented [REDACTED] - 03/03/2026)

121a - Unobstructed Egress

6. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On [REDACTED] at approximately 9:39 am, the back exit door by the kitchen did not open more than two inches. The door to the fenced area that contained the dumpsters was blocking the exit from the kitchen.

Repeated Violation: [REDACTED] et al, [REDACTED] et al

Plan of Correction

Accept [REDACTED] - 02/13/2026)

The Pinnacle conducted a root cause analysis of this issue and noted that this problem could easily continue without removing one of the fence doors at the dumpster area. Therefore, the Maintenance Department removed the fence door to permanently address and alleviate any threat of unobstructed egress from the back kitchen door.

Licensee's Proposed Overall Completion Date: 02/13/2026

Implemented [REDACTED] - 03/03/2026)

183b - Meds and Syringes Locked

8. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On [REDACTED], at approximately 2:30 pm, A and D Ointment, fluticasone propionate nasal spray, and skin prep

183b - Meds and Syringes Locked (continued)

wound care were unlocked, unattended, and accessible in resident [REDACTED] bedroom.

Repeated Violation: [REDACTED] et al

Plan of Correction

Accept [REDACTED] - 02/18/2026)

Medication Technicians, Nurses and Personal Care staff will be retrained by The Wellness Director, or Designee, regarding the regulatory parameters for residents self-medicating at The Pinnacle. This training will be completed on or before March 1st, 2026.

The Wellness Director, or Designee, will audit self medicating residents weekly for the next thirty days to ensure that medications are being stored per regulatory and Meridian standards.

This Plan of Correction will be reviewed as part of the Quality Assurance process per the regulatory requirements and Meridian Senior Living Guidelines.

Licensee's Proposed Overall Completion Date: 03/02/2026

Implemented [REDACTED] - 03/03/2026)

227d - Support Plan Medical/Dental**9. Requirements**

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment for resident [REDACTED], dated [REDACTED], indicates the resident has a need for mobility and transfers. The resident uses a bedside device. The resident's assessment, dated [REDACTED], does not mention the device and does not include the specific need for the device, the intended use and any risks associated with such use, the resident's ability to use the device safely for its intended purpose, and an Identification of the specific device to be used and whether a cover is required to meet FDA guidelines.

Plan of Correction

Accept [REDACTED] - 02/18/2026)

Resident [REDACTED] Support Plan has been updated to reflect [REDACTED] use and placement of enablers.

The Pinnacle's Regional Nurse has completed an audit of all Personal Care rooms to assess for enablers. The results have been reviewed by the Wellness Director and Support Plans have been updated.

The Pinnacle will host an all-staff training by the end of February to review the regulatory requirements for enablers and other bed devices to promote greater awareness of device usage and the need to report these devices for Support Plan initiation and safety assessment.

This Plan of Correction will be reviewed as part of the Quality Assurance process per the regulatory requirements and Meridian Senior Living Guidelines.

227d - Support Plan Medical/Dental (continued)

Licensee's Proposed Overall Completion Date: 03/02/2026

Implemented [REDACTED] 03/03/2026)