

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

February 17, 2026

[REDACTED]
WHITEMARSH CONTINUING CARE RETIREMENT COMMUNITY
[REDACTED]

RE: THE HILL AT WHITEMARSH -
OAKLEY HALL ASSISTED LIVING
4000 FOX HOUND DRIVE
LAFAYETTE HILL, PA, 19444
LICENSE/COC#: 13902

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/21/2026, 01/23/2026, 01/26/2026 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 HILL AT WHITEMARSH - OAKLEY HALL ASSISTED LIVING **License #:** 13902 **License Expiration:** 03/22/2026
Address: 4000 FOX HOUND DRIVE, LAFAYETTE HILL, PA 19444
County: MONTGOMERY **Region:** SOUTHEAST

Administrator

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

Legal Entity

Name: WHITEMARSH CONTINUING CARE RETIREMENT COMMUNITY
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: I-2 **Date:** 05/11/2007 **Issued By:** Whitemarsh Township

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 46 **Waking Staff:** 35

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal, Complaint, Incident **Exit Conference Date:** 01/26/2026

Inspection Dates and Department Representative

01/21/2026 - On-Site: [REDACTED]
 01/23/2026 - Off-Site: [REDACTED]
 01/26/2026 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity: 52		Residents Served: 23	
Special Care Unit			
In Home: Yes	Area: McKeon	Capacity: 14	Residents Served: 8
Hospice			
Current Residents: 0			
Number of Residents Who:			
Receive Supplemental Security Income: 0		Are 60 Years of Age or Older: 23	
Diagnosed with Mental Illness: 0		Diagnosed with Intellectual Disability: 0	
Have Mobility Need: 23		Have Physical Disability: 0	

Inspections / Reviews

01/21/2026 Full
Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 02/21/2026

Inspections / Reviews (*continued*)

02/13/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/17/2026

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 02/16/2026

02/17/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/17/2026

Reviewer: [REDACTED]

Follow Up Type: Bypass Document
Submission

02/17/2026 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/17/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

123c Evacuation diagrams

1. Requirements

2800.

123.c. For a residence serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

Description of Violation

The residence currently serves 23 residents. However, there were no emergency evacuation diagrams posted on the second floor in the special care unit.

Plan of Correction

Accept [REDACTED] - 02/17/2026)

Emergency Evacuation Diagram was immediately placed in a conspicuous and public place on the second floor in the special care unit at time of licensing inspection on 1/21/2026 (see attached photo)

Weekly walk thru of Special Care Unit with Administrator or Designee to ensure Emergency Evacuation Diagram is placed in a conspicuous and public place. These weekly audits will begin on 2/11/2026 and will continue for 3 months

Licensee's Proposed Overall Completion Date: 02/18/2026

Implemented [REDACTED] - 02/17/2026)

183b Medications and syringes locked

2. Requirements

2800.

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 living unit.

Description of Violation

On [REDACTED] at 10:07 A.M., the fourth floor medication cart was unlocked, unattended, and accessible in the hallway.

Plan of Correction

Accept [REDACTED] 02/17/2026)

Medication Cart on 4th floor was immediately locked when violation was noticed. Nurse on duty was educated immediately on Regulation 2800.183.b.

On 1/22/2026 and 1/30/2026 an Inservice was given to Memory Care Nursing Staff (2nd Floor) and Oakley Hall Nursing Staff (4th floor) on Regulation 2800.183.b .

Administrator or designee will conduct weekly cart checks at random times for 3 months to monitor compliance that cart is locked. These weekly audits will be started on 2/11/2026

Licensee's Proposed Overall Completion Date: 02/18/2026

Implemented [REDACTED] - 02/17/2026)

231c1 Preadmit screening

3. Requirements

2800.

231.c.1. Special care unit for residents with Alzheimer's disease or dementia.

231c1 Preadmit screening (continued)

- i. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's cognitive preadmission screening form shall be completed for each resident within 72 hours prior to admission to a special care unit.
- ii. A geriatric assessment team is a group of multidisciplinary specialists in the care of adults who are older that conducts a multidimensional evaluation of a resident and assists in developing a support plan by working with the resident's physician, designated person and the resident's family to coordinate the resident's care.

Description of Violation

Resident [REDACTED] was admitted to the special care unit on [REDACTED]. However, Resident [REDACTED]'s written cognitive preadmission screening was not completed on the Departments specific cognitive preadmission screening form.

Plan of Correction

Accept [REDACTED] - 02/17/2026)

At time of Licensing inspection, Administrator was educated on specific cognitive preadmission screening form to be used for each Resident. The corrected form was completed on 2/6/2026 and reviewed/signed by Resident and Family. Administrator or designee will complete monthly chart check for 3 months to ensure specific cognitive readmission screening form has been used. These monthly audits will begin on 2/11/2026

Licensee's Proposed Overall Completion Date: 02/18/2026

Implemented [REDACTED] - 02/17/2026)