

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

April 16, 2026

[REDACTED], OWNER
BCC PERSONAL CARE HOME LLC
205 KREWSON TERRACE
WILLOW GROVE, PA, 19090

RE: BCC PERSONAL CARE HOME LLC
205 KREWSON TERRACE
WILLOW GROVE, PA, 19090
LICENSE/COC#: 15354

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/29/2026 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: BCC PERSONAL CARE HOME LLC License #: 15354 License Expiration: 10/21/2026
 Address: 205 KREWSON TERRACE, WILLOW GROVE, PA 19090
 County: MONTGOMERY Region: SOUTHEAST

Administrator

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

Legal Entity

Name: BCC PERSONAL CARE HOME LLC
 Address: 205 KREWSON TERRACE, WILLOW GROVE, PA, 19090
 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: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 01/29/2026

Inspection Dates and Department Representative

01/29/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 16 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

01/29/2026 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/05/2026

03/13/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 04/15/2026
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 03/16/2026

Inspections / Reviews *(continued)*

04/16/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/15/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

42s - Privacy

1. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On 1/29/2026 at 10:08 am, the home had cameras recording audio and video of resident rooms and the bathroom on the second floor.

Plan of Correction

Accept (█ - 03/13/2026)

On January 29, 2026, all interior hallway cameras and any cameras positioned near bedroom or bathroom doorways were permanently disabled. Audio recording capability was permanently disabled on all cameras located on the property, including exterior cameras. The Administrator verified camera placement and functionality to ensure no interior hallway monitoring remains and no audio recording capability is active.

Preventive Measures:

The facility implemented a written Video Monitoring Policy prohibiting:

- Video monitoring inside the interior of the home in areas leading to bedrooms
- Monitoring of bedroom or bathroom doors
- Audio recording anywhere on the grounds

The Administrator will conduct and document quarterly camera compliance reviews. Any future camera installation will require written Administrator review and approval prior to activation.

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

Implemented (█ - 04/16/2026)

100b - Removal Snow/Obstructions

2. Requirements

2600.

100.b. The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

Description of Violation

On 1/29/2026 at 9:06 am, there was an approximate 12-inch accumulation of snow and ice in the driveway. Snow stopped falling on 1/25/2026.

Plan of Correction

Accept (█ - 03/13/2026)

On January 29, 2026, all snow and ice were removed from the driveway, walkways, and exterior areas. Ice-melt treatment was applied to prevent refreezing.

Preventive:

The facility implemented a Winter Safety Procedure requiring removal of snow and ice within 12 hours after precipitation ends.

A daily exterior safety check will be conducted during winter months.

Emergency exits will receive priority clearing during snow events.

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

Implemented (█ - 04/16/2026)

100b - Removal Snow/Obstructions (continued)

121a - Unobstructed Egress

3. 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 1/29/2026 at 10:02 am, snow and ice blocked egress from the home's emergency exits.

Plan of Correction

Accept ([redacted] - 03/13/2026)

On January 29, 2026, all emergency exits and egress pathways were cleared and verified to be unobstructed.

Preventive Measures:

Administrator will verify that stairways, hallways, doorways, passageways, and egress routes remain unobstructed on a daily basis.

Staff received instruction that emergency exits must remain unlocked and free of obstruction at all times.

See attached.

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

Implemented ([redacted] - 04/16/2026)

132a - Monthly Fire Drill

4. Requirements

2600.

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

Description of Violation

The fire drills held on 9/16, 10/15, 11/3, 12/17/2025 and 1/3/2026 were known in advance by family and friends of the operator, who are not staff. These individuals were asked to come to the home for the sole purpose of participating in fire drills.

Plan of Correction

Accept ([redacted] - 03/13/2026)

Effective immediately, the facility discontinued notifying any non-staff individuals in advance of fire drills. Fire drills will be conducted unannounced.

Preventive:

Fire drills will be conducted monthly on an unannounced basis.

Only staff (and residents when applicable) will participate.

Fire drill documentation has been revised to include verification that the drill was unannounced.

The Administrator will review fire drill documentation quarterly for compliance.

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

132a Monthly Fire Drill (*continued*)

Implemented ([REDACTED] - 04/16/2026)