

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

April 2, 2026

[REDACTED]
227 EVERGREEN ROAD OPERATIONS LLC
[REDACTED]

RE: SANATOGA COURT
227 EVERGREEN ROAD
POTTSTOWN, PA, 19464
LICENSE/COC#: 13614

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/02/2026 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: SANATOGA COURT	License #: 13614	License Expiration: 07/26/2026
Address: 227 EVERGREEN ROAD, POTTSTOWN, PA 19464		
County: MONTGOMERY	Region: SOUTHEAST	

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

Legal Entity		
Name: 227 EVERGREEN ROAD OPERATIONS LLC		
Address: [REDACTED]		
Phone: [REDACTED]	Email: [REDACTED]	

Certificate(s) of Occupancy		
Type: C-2 LP	Date: 03/10/1998	Issued By: CWOPA

Staffing Hours		
Resident Support Staff: 0	Total Daily Staff: 51	Waking Staff: 38

Inspection Information		
Type: Partial	Notice: Unannounced	BHA Docket #:
Reason: Fine, Monitoring	Exit Conference Date: 02/02/2026	

Inspection Dates and Department Representative	
02/02/2026 - On-Site: [REDACTED]	

Resident Demographic Data as of Inspection Dates			
General Information			
License Capacity: 85		Residents Served: 39	
Secured Dementia Care Unit			
In Home: Yes	Area: Homestead	Capacity: 28	Residents Served: 4
Hospice			
Current Residents: 2			
Number of Residents Who:			
Receive Supplemental Security Income: 0		Are 60 Years of Age or Older: 37	
Diagnosed with Mental Illness: 0		Diagnosed with Intellectual Disability: 0	
Have Mobility Need: 12		Have Physical Disability: 0	

Inspections / Reviews		
02/02/2026 Partial		
Lead Inspector: [REDACTED]	Follow-Up Type: POC Submission	Follow-Up Date: 02/21/2026
02/19/2026 - POC Submission		
Submitted By: [REDACTED]	Date Submitted: 04/01/2026	
Reviewer: [REDACTED]	Follow-Up Type: POC Submission	Follow-Up Date: 02/22/2026

Inspections / Reviews *(continued)*

02/23/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/01/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/13/2026

04/02/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/01/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

63a - First Aid/CPR Training

1. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On [REDACTED] from 11p-7a, 39 residents were present in the home. During this time no staff persons were present in the home who was certified in first aid and CPR.

On [REDACTED], from 3p-11p, 39 residents were present in the home. During this time no staff persons were present in the home who was certified in first aid and CPR.

On [REDACTED], from 11p-7a, 39 residents were present in the home. During this time no staff persons were present in the home who was certified in first aid and CPR.

Repeat violation dates: [REDACTED]

Plan of Correction

Accepted [REDACTED] - 02/23/2026)

Corrective Action Completed: 2/11/2026

Training Conducted in First Aid, CPR, AED, and Obstructed Airway Techniques

Trainer: Certified American Heart Association / Red Cross Instructor

Staff Trained: Direct Care Staff, Med Techs,

Training Dates: 2/11/2026

certification cards are maintained in employee files.

The Executive Director or designated staff will conduct a daily review of Personal Care Assistant (PCA) schedules. The purpose of this review is to ensure a staffing ratio of at least one CPR certified PCA per 50 residents is maintained for each shift (7:00 AM–3:00 PM, 3:00 PM–11:00 PM, and 11:00 PM–7:00 AM). Implementation began on February 3, 2026.

Licensee's Proposed Overall Completion Date: 02/23/2026

Implemented [REDACTED] 04/02/2026)

81b - Resident Personal Equipment

2. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

On [REDACTED], the bedside mobility device for Resident [REDACTED], was securely attached to the bedframe, however the spaces between bars of the device were 11 inches x 4.5 inches and not fully covered creating a hazardous entrapment zone.

Resident [REDACTED] has two bedside mobility devices attached to their bed on [REDACTED]. The bedside mobility device located on the left side of the bed, was securely attached to the bedframe, however the space between the top rail, side rails and the loosely attached black cover, measured 12 inches x 8 inches creating a hazardous entrapment zone.

81b Resident Personal Equipment (continued)

Repeat Violation Date: [REDACTED] et al.

Plan of Correction

Directed [REDACTED] - 02/23/2026)

Corrective Action Completed

Immediately upon identification, all enabler bars were inspected by Nursing and Maintenance.

Any bed assist devices found to have: Missing covers Incorrect covers Loose or damaged padding were removed from use immediately.

Replacement covers/devices were obtained and installed on 2/11/2025

All installed covers were verified to be secure, properly fitted, and compliant with safety standards.

A daily audit of the following Enabler elements present, secured and properly installed, cover in place, and no damage was initiated on 1/18/2026. This audit must be performed by ED/designated staff for three months, or until confirmed compliance is achieved. A new audit was implemented on 2/11/2026 following the replacement of the new enabler.

DIRECTED PLAN OF CORRECTION: In addition to the above plan, the administrator or ED shall provide training to nursing and maintenance staff on the FDA guidelines for the acceptable and safe use of the bedside mobility devices. This training shall be conducted within 15 calendar days of the date of receipt of this plan of correction. Additionally, the administrator shall update the staff annual training plan to include training on the safe use of bedside devices so that all direct care, nursing and maintenance staff receive continued training. Documentation of the trainings, and monitoring shall be kept and made available for Department review.

Directed Completion Date: 03/10/2026

Implemented [REDACTED] - 04/02/2026)

100b - Removal Snow/Obstructions

3. 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 [REDACTED] at 9:48am, there was an approximate 6 inch accumulation of snow on the memory care courtyard walkways and outside exit door #4 located in memory care.

Plan of Correction

Accepted [REDACTED] - 02/19/2026)

Corrective Action Completed

Snow and ice were removed from all exterior walkways, entrances, and exit pathways the same day the concern was identified 02/02/2026. All exits were verified to be accessible and free of obstruction following removal.

The contracted snow removal vendor was notified and placed on 24hr snow removal watch during snow storms and will salt and remove snow from parking lots and fire exits until April 1st 2026

Maintenance will conduct clearing of court yards.

Director of maintenance educated maintenance helper of policy and procedures on 2/3/2026

100b - Removal Snow/Obstructions (continued)

Licensee's Proposed Overall Completion Date: 02/19/2026

Implemented [REDACTED] - 04/02/2026)

183e - Storing Medications

4. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On [REDACTED], two and a half loose pills were observed in the Carrington medication cart.

Repeat Violation Date: [REDACTED] et al.

Plan of Correction

Accept [REDACTED] - 02/23/2026)

Upon discovery, the loose medications located in the Carrington medication cart were immediately removed and properly disposed of in accordance with medication disposal policy and pharmacy guidelines on 02/02/2026.

The medication cart was inspected in its entirety to ensure no additional loose or improperly stored medications were present. The cart was cleaned, organized, and secured.

The Director of Health & Wellness (DHW) began weekly random medication cart audits to monitor for loose pills.

This initiative started on February 6, 2026, and is scheduled to continue for 30 days.

Licensee's Proposed Overall Completion Date: 02/23/2026

Implemented [REDACTED] - 04/02/2026)

231b - Medical Evaluation

5. Requirements

2600.

231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

Resident [REDACTED] was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]; however, the resident's medical evaluation was completed on [REDACTED] which was after the resident's admission and did not indicate the need for Resident [REDACTED] to be in a Secured Dementia Care Unit.

Plan of Correction

Accept [REDACTED] 02/23/2026)

On 2/13/26 the resident's physician was contacted immediately to clarify the resident's diagnosis and level of care needs.

An updated medical evaluation was obtained from the physician which: Reflected the resident's dementia diagnosis, The updated documentation was received, reviewed, and placed in the resident's medical record to ensure compliance with admission and retention requirements.

231b - Medical Evaluation (continued)

The Director of Health & Wellness (DHW)/ Designated staff are responsible for conducting weekly audits, for a period of 30 days, to review new admissions to the Special Dementia Unit (SDU) for dementia or cognitive impairment. These audits will specifically verify that the Durable Medical Equipment (DME) is appropriately reflected. Implementation of these audits began on February 11, 2026.

Licensee's Proposed Overall Completion Date: 02/23/2026

Implemented [REDACTED] - 04/02/2026)