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

April 13, 2026

[redacted]
NORTH WALES AL/MC, LLC
[redacted]

RE: PARK CREEK PLACE OF NORTH WALES
1091 HORSHAM ROAD
NORTH WALES, PA, 19454
LICENSE/COC#: 15087

[redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/02/2026 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: *PARK CREEK PLACE OF NORTH WALES* **License #**: *15087* **License Expiration**: *05/02/2026*

Address: *1091 HORSHAM ROAD, NORTH WALES, PA 19454*

County: *MONTGOMERY* **Region**: *SOUTHEAST*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *NORTH WALES AL/MC, LLC*

Address: [redacted]

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *04/28/1999* **Issued By**: *CWOPA L&I*

Staffing Hours

Resident Support Staff: **Total Daily Staff**: *29* **Waking Staff**: *22*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Complaint, Incident* **Exit Conference Date**: *03/02/2026*

Inspection Dates and Department Representative

03/02/2026 - On-Site [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *72* **Residents Served**: *27*

Secured Dementia Care Unit

In Home: *No* **Area**: **Capacity**: **Residents Served**:

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *27*

Diagnosed with Mental Illness: *4* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *2* **Have Physical Disability**: *0*

Inspections / Reviews

03/02/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *03/23/2026*

03/30/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *04/09/2026*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *04/09/2026*

Inspections / Reviews *(continued)*

04/13/2026 Document Submission

Submitted By: [redacted] **Date Submitted**: *04/09/2026*

Reviewer: [redacted] **Follow Up Type**: *Not Required*

42x - Safeguard

1. Requirements

2600.
42.x. A resident has the right to a system to safeguard a resident's money and property.

Description of Violation

On [redacted] during interviews residents reported that they do not have a way to safeguard their valuables because all staff persons have a key to their rooms. The home does not provide a system for safeguarding the resident's belongings.

Plan of Correction ***Accept ([redacted] 03/30/2026)***

• All Directors of the home will receive training on 2600.42x related to the safeguarding of residents' valuables by the Executive Director by 3/20/2026.
• Current personal care home residents will be educated on the availability and importance of a locked area in their apartment for their valuables by the Executive Director and/or Business Office Manager by discussing at the next resident council meeting, as well as via a letter distributed to all current personal care home residents discussing this information by 3/23/2026.
• Executive Director has updated the home's resident handbook, provided to all residents upon admission to the home, to include the home's procedure for offering a lockbox and the title of the staff member to contact if desired.

Licensee's Proposed Overall Completion Date: *03/23/2026*

Implemented [redacted] 04/13/2026)

51 - Criminal Background Check

2. Requirements

2600.
51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff person A, the administrator, who's first day was [redacted] did not have a background check completed. Additionally, staff person A resides out of state and did not have a FBI background check completed.

Plan of Correction ***Accept ([redacted] 03/30/2026)***

• Staff member A's background check has been completed as of 2/26/2026 by the Business Office Manager and FBI background check for fingerprints have been scheduled for 3/25/2026.
• The Executive Director will educate the Business Office Manager by 3/27/2026 on regulation 2600.51 and the need for criminal history record checks that include a Pennsylvania PATCH and with less than two years Pennsylvania residency, an FBI clearance.
• The Business Office Manager or designee will audit staff files by 3/27/2026 for a PA PATCH and with less than two years Pennsylvania residency has an FBI clearance. The Business Office Manager or designee will audit new employee files beginning 3/30/2026 weekly for four weeks, bi-weekly for four weeks, and monthly for one month beginning for a PA PATCH and with less than two years Pennsylvania residency, an FBI clearance.
• The results of the audits will be reviewed at the monthly Quality Assurance meetings with Executive Director and department Directors beginning 3/30/2026 and continued review will be based on three months' sustained compliance.

Licensee's Proposed Overall Completion Date: *03/31/2026*

51 - Criminal Background Check *(continued)*

Implemented [redacted] - 04/13/2026)

54a - Direct Care Staff

3. Requirements

2600.
54.a. Direct care staff persons shall have the following qualifications:
1. Be 18 years of age or older, except as permitted in subsection (b).
2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

Description of Violation

Direct care staff person B, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Direct care staff person C, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction ***Accept [redacted] - 03/30/2026)***

• Staff members B and C identified were removed from the schedule as of 3/2/2026. The home has obtained the high school diploma for staff member B and home retains this document in their personnel file. Staff member C is no longer employed with the home as of 3/13/2026.
• Executive Director or designee will audit all employee files to confirm eligibility of employment, as it pertains to 2600.54.C. Audit to begin on 3/11/2026 with an end date of no later than 3/25/2026.
• Executive Director will provide training with the Business Office Director on regulation 2600.54a on verifying new hires have a High School Diploma or GED and checking the active registry status for PA by 3/20/2026.
• The Executive Director will discuss & review audit with current Directors in attendance at the next Quality Assurance Review meeting 3/31/2026.

Licensee's Proposed Overall Completion Date: *03/31/2026*

Implemented [redacted] - 04/13/2026)

65d - Initial Direct Care Training

4. Requirements

2600.
65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:
1. Training that includes a demonstration of job duties, followed by supervised practice.
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.
3. Initial direct care staff person training to include the following:
   i. Safe management techniques.
   ii. ADLs and IADLs
   iii. Personal hygiene.
   iv. Care of residents with dementia, mental illness, cognitive impairments, an intellectual disability and other mental disabilities.
   v. The normal aging-cognitive, psychological and functional abilities of individuals who are older.
   vi. Implementation of the initial assessment, annual assessment and support plan.

65d Initial Direct Care Training *(continued)*

vii. Nutrition, food handling and sanitation.
viii. Recreation, socialization, community resources, social services and activities in the community.
ix. Gerontology.
x. Staff person supervision, if applicable.
xi. Care and needs of residents with special emphasis on the residents being served in the home.
xii. Safety management and hazard prevention.
xiii. Universal precautions.
xiv. The requirements of this chapter.
xv. Infection control.
xvi. Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

Description of Violation

Direct care staff person C, hired on [redacted], began providing unsupervised ADL services on [redacted] However, the staff person did not complete and pass the Department approved direct care training course and pass the competency test.

Plan of Correction ***Accept [redacted] - 03/30/2026)***

• Staff person C identified was removed from the schedule as of 3/2/2026 and is no longer employed with the home as of 3/13/2026.

• Executive Director or designee will educate the Business Office Manager and Health and Wellness Director by 3/20/2026 on regulation 2600.65d and the required training topics and the completion and passing of the competency test for the Department approved direct care training course to be completed prior to providing unsupervised ADL services.

• The Business Office Manager or designee will audit staff files for direct care employees by 3/25/2026 for successful completion of the Department approved direct care training and competency test. The Business Office Manager or designee will audit new direct care employee files beginning 3/30/2026 weekly for four weeks, then bi weekly for four weeks, and then monthly for one month.

• The results of the audits will be reviewed at the monthly Quality Assurance meetings with ED and department Directors beginning 3/31/2026 and continued review will be based on three months of sustained compliance.

Licensee's Proposed Overall Completion Date: *03/31/2026*

Implemented [redacted] 04/13/2026)

65g - Annual Training Content

5. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

65g - Annual Training Content *(continued)*

Description of Violation

Staff persons B and C did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert, emergency preparedness procedures and recognition and response to crises and emergency situations, and resident rights during training year [redacted] to [redacted].

Plan of Correction ***Accept ([redacted] - 03/30/2026)***

Staff member B will receive training by a fire safety expert on 3/24/2026. Staff member C is no longer employed by the home as of 3/13/2026. Business Office Manager or designee will be responsible for ensuring documentation of the training is maintained by the home in the staff member's personnel file.

The Business Office Manager or designee will audit staff files for direct care employees by 3/25/2026 for successful completion of the Department-approved direct care training and competency test. The Business Office Manager or designee will audit new direct care employee files beginning 3/30/2026 weekly for four weeks, then bi-weekly for four weeks, and then monthly for one month.

• The results of the audits will be reviewed at the monthly Quality Assurance meetings with ED and department Directors beginning 3/31/2026 and continued review will be based on three months of sustained compliance.

Proposed Overall Completion Date: 03/24/2026

Licensee's Proposed Overall Completion Date: *03/24/2026*

Implemented [redacted] - 04/13/2026)

81b - Resident Personal Equipment

6. 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] resident [redacted] had an upside down u-shaped bedside mobility device slide between the mattress and box spring of [redacted] bed. The device was not attached to the bed at all and slid out easily when pulled.

Plan of Correction ***Accept [redacted] 03/30/2026)***

• Resident 1 bedside mobility device was removed 3/2/2026 by the Divisional Director of Health and Wellness.

• An audit was completed by the Divisional Director of Health and Wellness of current resident apartments to verify there were no enabler bars present on resident beds. Audit completed by 3/5/2026.

• Current staff will receive training on the company restraint policy, by the Executive Director or Designee, including reporting to a supervisor if an enabler bar is in use by 3/27/2026.

• The Executive Director will discuss the use of enabler bars and the audit completed at the next Quality Assurance review with current Directors in attendance on 3/31/2026.

Licensee's Proposed Overall Completion Date: *03/31/2026*

Implemented [redacted] - 04/13/2026)

100b - Removal Snow/Obstructions

7. Requirements

100b - Removal Snow/Obstructions *(continued)*

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 9:20 AM, there was an approximate 1/2 inch accumulation of icy snow on the concrete pathways in the back court yard. It last snowed 10 inches on [redacted]..

Plan of Correction ***Accept [redacted] - 03/30/2026)***

• Snow and ice were removed immediately upon notification. Ice melt was applied to all exterior surfaces.
• Walkways were inspected by the Plant Operations Director to ensure safe resident access and egress.
• Snow removal policy to be reviewed with the current maintenance staff by the Executive Director and re-education on prompt snow and ice removal requirements by 3/20/2026.
• During winter months, exterior walkways will be checked a minimum of three times daily during active snowfall by the maintenance staff.
• Plant Operations Director or designee to be responsible for ensuring continued compliance with policy.

Licensee's Proposed Overall Completion Date: *03/20/2026*

Implemented [redacted] - 04/13/2026)

101j2 - Bedroom Chairs

8. Requirements

2600.
101.j. Each resident shall have the following in the bedroom:
2. A chair for each resident that meets the resident's needs.

Description of Violation

Bedroom [redacted] is occupied by 1 resident; however, there is no chair in this room.

Plan of Correction ***Accept [redacted] - 03/30/2026)***

• The resident identified to not have a chair in apartment as indicated has a chair in their respective apartment as of 3/5/2026.
• An audit was completed by the Divisional Director of Health & Wellness to verify that current residents each have a usable chair in their apartment. Results of the audit were reviewed with the Executive Director on 3/5/2026.
• All current staff, including directors, will receive training by the Executive Director or designee on 2600.101j2 to include that each resident will have available to them a usable chair in their apartment by 3/27/2026.
• For the next 3 months, the home will conduct an audit for every new resident admission to the home to ensure a chair that meets the resident's needs is located in the resident's apartment. The results of this audit will be maintained on-file for Department review as needed, and included in the home's next QA meeting. The Plant Operations Director or designee will responsible for compliance to this corrective action.

Licensee's Proposed Overall Completion Date: *03/27/2026*

Implemented [redacted] - 04/13/2026)

125a - Combustible Storage

9. Requirements

2600.

125a - Combustible Storage *(continued)*

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

On [redacted] there were four large paint buckets stored next to the water heater in the maintenance room.

Plan of Correction ***Accept[redacted] - 03/30/2026)***

• Paint buckets identified during the survey were immediately removed by the Plant Operations Director on 3/2/2026.

• Area was inspected by the Executive Director and Plant Operations Director to ensure required clearance around the water heater was maintained on 3/2/2026.

• All maintenance and utility rooms were inspected facility-wide to verify compliance with storage and clearance requirements by the Plant Operations Director on 3/2/2026.

• All current maintenance and housekeeping staff members to receive education by the Executive Director on fire safety and equipment clearance standards by 3/27/2026.

• The Executive Director or designee will audit all mechanical rooms weekly for 30 days or until compliance is established, starting 3/23/2026.

• Results of the audits will be discussed by the Executive Director with current directors in attendance at the next QA meeting on 3/31/2026.

Licensee's Proposed Overall Completion Date: *03/31/2026*

Implemented[redacted] - 04/13/2026)

131f - Fire Extinguisher Inspection

10. Requirements

2600.
131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

The fire extinguishers in Elkin's Park hallway and outside the tearoom did not have a date of last inspection.

Plan of Correction ***Accept[redacted] - 03/30/2026)***

• All current fire extinguishers tags were replaced and verified by home's fire safety expert and Plant Operations Director as part of the annual inspection process on 3/3/2026.

• Maintenance staff to be educated by the Executive Director on the expectation of monthly inspection requirements and documentation by 3/27/2026. Executive Director or designee will audit/verify inspections are completed and signed monthly and deficiencies identified will be corrected immediately. Audits/verifications will begin 4/1/2026 and continue for the next 3 months.

• Results of the audits/verifications will be reviewed by the Executive Director with all Directors at the next QA meeting on 3/31/2026.

Licensee's Proposed Overall Completion Date: *03/31/2026*

Implemented[redacted] - 04/13/2026)

182b - Prescription Medication

11. Requirements

182b - Prescription Medication *(continued)*

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

1. A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
2. A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
3. A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Description of Violation

On [redacted] at 9:00 PM staff person C administered medications to residents to include the following; [redacted] and [redacted] to resident [redacted] Staff person C is not a staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of [redacted] and [redacted] medications; [redacted] and [redacted] injections for [redacted] or other allergies.

Plan of Correction ***Accept [redacted] - 03/30/2026)***

• Upon notification by DHS, staff member C was removed from medication administration duties and medication administration was assigned to properly trained and documented staff to administer medication until training was completed. Staff member C is no longer an employee of the home as of 3/13/2026.

• The Executive Director implemented a medication administration tracking log for current and newly hired medication technicians Health & Wellness Director, and the Executive Director will monitor the training log monthly for compliance and ongoing required competency reviews. Tracking log was implemented on 3/19/2026.

• Business Office Manager or Designee to audit all current staff members with the medication technician title to verify staff members are in accordance with regulatory requirements. The audit began 3/11/2026 and will be completed by 3/25/2026.The Executive Director will review the result of the audit with the Director team at the next scheduled Quality Assurance review on 3/31/2026.

Licensee's Proposed Overall Completion Date: *03/31/2026*

Implemented ([redacted] - 04/13/2026)