

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

May 13, 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 03/04/2026 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: 136 Waking Staff: 102

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint, Incident Exit Conference Date: 03/04/2026

Inspection Dates and Department Representative

03/04/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 138 Residents Served: 87
 Secured Dementia Care Unit
 In Home: Yes Area: Garden House Capacity: 19 Residents Served: 17
 Hospice
 Current Residents: 10
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 87
 Diagnosed with Mental Illness: 4 Diagnosed with Intellectual Disability: 1
 Have Mobility Need: 49 Have Physical Disability: 0

Inspections / Reviews

03/04/2026 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/02/2026
 04/06/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 04/29/2026
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/11/2026

Inspections / Reviews *(continued)*

04/09/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/29/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/01/2026

05/13/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/29/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

187d - Follow Prescriber's Orders

1. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident # [REDACTED] is prescribed [REDACTED] - take one tab by mouth once daily for [REDACTED] - "hold for systolic blood pressure less than [REDACTED]". On [REDACTED] this medication was administered when the resident's systolic blood pressure was [REDACTED].

On [REDACTED] this medication was administered when the resident's systolic blood pressure was [REDACTED].

Repeat Violation Date: [REDACTED] et al; [REDACTED] et al

Plan of Correction**Directed [REDACTED] - 04/09/2026)**

The practitioner who prescribed [REDACTED] [REDACTED], with the established parameters, was notified of the administration outside of the established parameters. The prescriber provided no new orders.

The new Wellness Director was hired and educated on March 20th, 2026 by the Executive Director to the expectations of this regulatory guideline as well as the use of the Medication Omission Report and the 24-Hour Report as a tool for identifying issues or gaps in administration protocols. A new Wellness Coordinator was hired and educated on 4/6/26, by the Executive Director, to this regulatory guideline. The new Wellness Coordinator is also a licensed Personal Care Home Administrator.

The Medication Omission report will be used to identify that all medications are signed for and given. The 24-hour report will demonstrate that medications were available, ie: it will show if someone writes and oddity like not available for any reason. These reports are generated from the system based on the daily medication pass.

Beginning April 1st, 2026, and continuing for the next 30 days, the 11-7 Med Tech, or Designee, will pull the Medication Omission Report and the 24-Hour Report daily to ensure there are not outstanding omissions for medication administration documentation. Discrepancies will be highlighted and the Wellness Director, or Designee, will research, report and address any identified issues daily.

The new Wellness Director, who is a Registered Nurse, will complete a training with the Medication Technicians and Licensed Nurses regarding medication parameters and the impact and use of blood pressure/cardiac medications and the established parameter-based distributions in the Personal Care environment by 4/15/26. This training will include what to do if the staff are confused or have questions regarding the parameters and how to follow the physicians' orders properly.

The Wellness Director, or Designee, will be responsible for reviewing blood pressure medications with established parameters three times per week beginning April 13th, 2026, and continuing for the next thirty days. Administration errors will be reported by The Wellness Director, or Designee, per Department guidelines.

The Wellness Director, or Designee, will watch one medication pass per week for the next thirty days, beginning April 1st, 2026, to assure directions of the prescriber are being followed.

187d - Follow Prescriber's Orders (continued)

Findings and trends from the audits will be presented as part of the review of the Plans of Correction, by The Wellness Director or Designee, at the Quality Assurance meetings, held monthly by the last Friday of each month.

Proposed Overall Completion Date: 04/30/2026

Directed Plan of Correction (████ - 4/9/25):

To clarify, and in addition to the above plan of correction, starting 5 days from the receipt of the acceptable plan of correction, the administrator or designee shall perform weekly audits for 6 weeks of medication administration records for all residents where the prescriber has ordered special instructions related to the measurement of vital signs or blood glucose levels to ensure prescriber's orders are followed.

Directed Completion Date: 04/30/2026

Implemented █████ - 05/13/2026

231c - Preadmission Screening

2. Requirements

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident █████ was admitted to the Secure Dementia Care Unit (SDCU) on █████ however, the resident's written cognitive preadmission screening was completed on █████

Repeat Violation Date: █████ et al; █████

Plan of Correction

Accept █████ 04/06/2026

The Pinnacle continues to receive citations on Preadmission documents from timeframes when the current team was not employed at The Pinnacle. A comprehensive audit of Preadmission Screens will be completed and a POC explanation noting an audit of the screen will be attached to the original screening tool to avoid further citations on historic documents. The current Pinnacle staff cannot alter documents for individuals whose historic baselines may be very different from the individual who might be assessed at the time of the current audit.

The new Wellness Director and Wellness Coordinator will be trained on the regulatory expectations of 2600.231c by 4/15/26 by the Executive Director to ensure that new resident assessments for SDCU are compliant for date and geriatric assessment team parameters within the 72 hours prior to admission.

The Wellness Director, or Wellness Coordinator, will audit any Prescreen that they do not personally complete for a period of thirty days past the above training date (4/15/26-5/15/26.) They will initial the Pre Screen noting the additional review for this thirty-day timeframe.

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented █████ - 05/13/2026