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

August 4, 2026

[redacted]
PARK CREEK MC, LLC
[redacted]

RE: PARK CREEK PLACE MEMORY CARE
1089 HORSHAM ROAD
NORTH WALES, PA, 19454
LICENSE/COC#: 15085

[redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/05/2026 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 MEMORY CARE* **License #**: *15085* **License Expiration**: *06/14/2026*

Address: *1089 HORSHAM ROAD, NORTH WALES, PA 19454*

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

Administrator

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

Legal Entity

Name: *PARK CREEK MC, LLC*

Address: [redacted]

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

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *104.43* **Total Daily Staff**: *178.43* **Waking Staff**: *134*

Inspection Information

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

Reason: *Complaint, Incident* **Exit Conference Date**: *03/05/2026*

Inspection Dates and Department Representative

03/05/2026 On Site [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *48* **Residents Served**: *37*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Building* **Capacity**: *48* **Residents Served**: *37*

Hospice

Current Residents: *6*

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: *37* **Have Physical Disability**: *0*

Inspections / Reviews

03/05/2026 - Partial

Lead Inspector: [redacted] **Follow Up Type**: *POC Submission* **Follow Up Date**: *04/10/2026*

05/05/2026 POC Submission

Submitted By: [redacted] **Date Submitted**: *05/15/2026*

Reviewer: [redacted] **Follow Up Type**: *POC Submission* **Follow Up Date**: *05/10/2026*

Inspections / Reviews *(continued)*

05/12/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *05/15/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *05/18/2026*

08/04/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *05/15/2026*

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

42b - Abuse

1. Requirements

2600.
42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Resident [redacted] was admitted to the home on [redacted] with diagnoses of [redacted], [redacted] and [redacted]. Resident [redacted] progress notes upon admission to the home indicate that resident is" a [redacted] on a [redacted] and [redacted] and blood sugar should be monitored frequently and with caution". However, the home did not follow prescriber's instructions:

- *The resident is prescribed [redacted] unit dial- subcutaneous pen injector- 100 unit/ml- inject 17 units into subcutaneous layer of skin three times per day everyday at 8ma, 12pm, and 5pm. This medication was not administered on [redacted] at 5pm on [redacted] at 5pm.*
- *Resident [redacted] was prescribed blood sugar monitoring, "Accu-check" three times per day at 8a, 12p and 5p. The medication administration record (MAR) provided by the home showed spots for blood sugar checks at 8a and 12p only. It cannot be determined if resident [redacted] was receiving 5p blood sugar checks as prescribed as there was no space for a 5pm check on resident [redacted] MAR.*
- *Blood sugar monitoring was not performed on the following dates: [redacted] at 5pm, [redacted] at 8a/12pm; [redacted] at 8am/12pm/5pm; [redacted] at 8am/12pm/5pm; [redacted]- only two readings were obtained. On [redacted], only two readings were obtained. On [redacted] no readings were obtained. On [redacted], no readings were obtained.*
- *The resident is prescribed [redacted] 1 tab by mouth two times per day every day at 8am and 8pm with special instructions to hold for heart rate (HR) less than [redacted]. The resident was administered this medication from [redacted] through [redacted]. The home did not document that a heart rate was obtained prior to administering the medication.*
- *The resident is prescribed [redacted] two times per day every day at 8a and 8p with special instructions stating "hold for Blood pressure greater than [redacted]". However, the medication was administered continuously without documentation that the resident's blood pressure reading was taken prior to the administration of the medication.*

Resident [redacted] passed away on [redacted] Documentation provided by the home was reviewed for the duration of resident [redacted] stay from [redacted] through the date of death [redacted] The documentation did not contain evidence that staff completed or documented the required blood glucose checks, blood pressure checks or heart rate monitoring as ordered.

Repeated Violation: [redacted]

Plan of Correction ***Accept ([redacted] - 05/12/2026)***

1. ED or designee will educate the HWD and Med Techs on regulation 2600.42b by 4/17/26 and documentation shall be kept.
2. HWD or designee will audit the MAR for current residents by 4/20/26 to ensure proper documentation of medication administration, blood glucose checks, blood pressure checks and heart rate monitoring as ordered by the physician. ED or designee will review audits, and any discrepancies will be addressed.
3. HWD or designee will audit 5 resident's MAR beginning 4/20/26 weekly for 4 weeks, bi-weekly for 4 weeks and monthly for one month. ED or designee will review audits, and any discrepancies will be addressed. A minimum of 3 residents with a diagnoses of diabetes, use glucometers, or prescribed insulin will be audited.
4. The results of the audits will be reviewed at the monthly Quality Assurance meetings with ED and department

42b - Abuse (continued)

Directors beginning 5/15/26 and continued review will be based on three months' sustained compliance.

Licensee's Proposed Overall Completion Date: *05/15/2026*

Implemented [redacted] - 08/04/2026)

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

A criminal background check was not completed for Staff person A, hired on [redacted] until [redacted] Staff person A was interviewed and stated they are a current resident of New York. An FBI criminal background check was not initiated or completed.

Plan of Correction ***Accept[redacted] - 05/05/2026)***

1. Staff Person A is no longer employed with the company effective 4/7/2026.

2. The ED or designee will educate the BOM by 4/17/26 on regulation 2600.51 and the need for Criminal History Checks to include a Pennsylvania PATCH and with less than two years Pennsylvania residency have an FBI clearance. Documentation shall be kept.

3. The BOM or designee will audit staff files by 4/20/26 for a PA PATCH and with less than two years Pennsylvania residency has an FBI clearance. The BOM or designee will audit new employee files beginning 4/20/26 weekly for four weeks, bi-weekly for four weeks, and monthly for one month for a PA PATCH and with less than two years Pennsylvania residency has an FBI clearance. ED or designee will review audits, and any discrepancies will be addressed.

4. The results of the audits will be reviewed at the monthly Quality Assurance meetings with ED and department Directors beginning 5/15/26 and continued review will be based on three months' sustained compliance.

Licensee's Proposed Overall Completion Date: *05/15/2026*

Implemented [redacted] - 08/04/2026)

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 or GED.

Plan of Correction ***Accept[redacted] - 05/05/2026)***

1. Staff Person B is no longer employed at the community and last day worked was 3/19/26.

54a Direct Care Staff (continued)

2. The ED or designee will educate the BOM by 4/17/26 on regulation 2600.54a and the need for direct care staff person to have a high school diploma, GED, or active registry on the Pennsylvania nurse aide registry. Documentation shall be kept.
3. The BOM or designee will audit direct care staff files by 4/20/26 for a high school diploma, GED, or active registry on the Pennsylvania nurse aide registry. ED or designee will review audits, and any discrepancies will be addressed.
4. The BOM or designee will audit new employee files beginning 4/20/26 weekly for four weeks, bi weekly for four weeks, and monthly for one month for a high school diploma, GED, or active registry on the Pennsylvania nurse aide registry. ED or designee will review audits, and any discrepancies will be addressed.
5. The results of the audits will be reviewed at the monthly Quality Assurance meetings with ED and department Directors beginning 5/15/26 and continued review will be based on three months' sustained compliance.

Licensee's Proposed Overall Completion Date: *05/15/2026*

Implemented [redacted] - 08/04/2026)

57c - 2 Hours/Day

4. Requirements

2600.
57.c. Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.

Description of Violation

On [redacted] there were 36 residents in the home, including 36 residents with mobility needs, requiring a total minimum of 72 hours of direct care service. On this date, only 66.99 hours of direct care staffing was provided.

Plan of Correction ***Accept [redacted] - 05/05/2026)***

1. On 3/27/26 the staffing schedule was adjusted to ensure that direct care staff shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.
2. The ED or designee will educate the HWD and MCD by 4/17/26 on regulation 2600.57.c and the need for direct care staff persons to be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs. Documentation shall be kept.
3. The HWD or designee will audit the direct care staffing schedule beginning 4/20/26 weekly for four weeks, bi weekly for four weeks, and monthly for one month to ensure staff is available to provide at least 2 hours per day of personal care service to each resident who has mobility needs. ED or designee will review audits, and any discrepancies will be addressed.
4. The results of the audits will be reviewed at the monthly Quality Assurance meetings with ED and department Directors beginning 5/15/26 and continued review will be based on three months' sustained compliance.

Licensee's Proposed Overall Completion Date: *05/15/2026*

Implemented [redacted] - 08/04/2026)

57d - Waking Hours

5. Requirements

2600.
57.d. At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

57d - Waking Hours *(continued)*

Description of Violation

On [redacted] a total of 72 hours of direct care was required. However, only 50.24 of the required hours, were provided during waking hours.

Plan of Correction ***Accept [redacted] - 05/05/2026)***

1. On 3/27/26 the staffing schedule was adjusted to ensure that direct care staffing hours are at least 75% of the personal care service hours shall be available during waking hours.
2. The ED or designee will educate the HWD and MCD by 4/17/26 on regulation 2600.57.d and the need for at least 75% of the personal care service hours shall be available during waking hours. Documentation shall be kept.
3. The HWD or designee will audit the direct care staffing schedules beginning 4/20/26 weekly for four weeks, bi-weekly for four weeks, and monthly for one month to ensure at least 75% of the personal care service hours are available during waking hours. ED or designee will review audits, and any discrepancies will be addressed.
4. The results of the audits will be reviewed at the monthly Quality Assurance meetings with ED and department Directors beginning 5/15/26 and continued review will be based on three months' sustained compliance.

Licensee's Proposed Overall Completion Date: *05/15/2026*

Implemented [redacted] - 08/04/2026)

65d - Initial Direct Care Training

6. 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.
   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 B, hired on [redacted] began providing unsupervised ADL services on [redacted]

65d - Initial Direct Care Training (continued)

. However, the staff person did not complete the following initial direct care staff person training: successful completion and passing the Department-approved direct care training course.

Plan of Correction ***Accept [redacted] - 05/05/2026)***

1. Staff Person B is no longer employed at the community and last day worked was 3/19/26.
2. The ED or designee will educate the BOM and HWD by 4/17/26 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. Documentation shall be kept.
3. The BOM or designee will audit staff files for direct care employees by 4/20/26 for successful completion of the Department-approved direct care training and competency test. ED or designee will review audits, and any discrepancies will be addressed.
4. The BOM or designee will audit new direct care employee files beginning 4/27/26 weekly for four weeks, bi-weekly for four weeks, and monthly for one month. ED or designee will review audits, and any discrepancies will be addressed.
5. The results of the audits will be reviewed at the monthly Quality Assurance meetings with ED and department Directors beginning 5/15/26 and continued review will be based on three months' sustained compliance.

Licensee's Proposed Overall Completion Date: *05/15/2026*

Implemented [redacted] - 08/04/2026)

65g - Annual Training Content

7. 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.

Description of Violation

Staff persons C and D did not receive training in Fire Safety in person with Fire Safety Specialist during training year 2025.

Plan of Correction ***Accept [redacted] - 05/05/2026)***

1. Staff person C and D received training on 3/31/2026 in Fire Safety in person with Fire Safety Specialist. Documentation shall be kept.
2. ED or designee will educate BOM by 4/17/26 on regulation 2600.65g and the annual staff training requirements. Documentation shall be kept.
3. The BOM or designee will audit staff files for annual training as specified in 2600.65.g for training year 2025 by 4/20/26. ED or designee will review audits, and any discrepancies will be addressed.
4. The results of the audit and review of current year Fire Safety Specialist training schedule will be reviewed at the monthly Quality Assurance meetings with ED and department Directors beginning 5/15/26.

65g - Annual Training Content (continued)

Licensee's Proposed Overall Completion Date: *05/15/2026*

Implemented (- 08/04/2026)

183d - Prescription Current

8. Requirements

2600.
183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On , Refresh Tears prescribed for Resident use, was in the home's medication cart; however, the home was unable to show a current prescriber order.

Plan of Correction ***Accept - 05/05/2026)***

1. On 3/6/2026 Refresh Tears for resident were removed from the medication cart by the MCD.
2. HWD or designee will educate medication techs on regulation 2600.183.d and the need to only keep current prescriptions, OTC, samples, and CAM for individuals living in the home by 4/17/26. Documentation of the training will be kept.
3. HWD or designee will audit 5 resident's current prescriptions beginning 4/12/26 weekly for 4 weeks, bi-weekly for 4 weeks, and monthly for one month to ensure that only current prescriptions, OTC, samples, and CAM are kept in the home. ED or designee will review audits, and any discrepancies will be addressed.
4. The results of the audits will be reviewed at the monthly Quality Assurance meetings with ED and department Directors beginning 5/15/26 and continued review will be based on three months' sustained compliance.

Licensee's Proposed Overall Completion Date: *05/15/2026*

Implemented - 08/04/2026)

187b - Date/Time of Medication Admin.

9. Requirements

2600.
187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

On , resident passed away at approximately 5:30am. The resident's medication administration record indicates that staff person B administered the resident's medications at 8am that day to include:

- [redacted]

187b Date/Time of Medication Admin. *(continued)*

Plan of Correction ***Accept [redacted] - 05/12/2026)***

1. Staff Person B is no longer employed at the community and last day worked was 3/19/26.
2. HWD or designee will educate Med Techs and licensed staff by 4/17/26 on regulation 2600.187.b and the need to accurately record the time the medication has been administered and ensure that medications are available for administration as ordered by a physician. Documentation of the training will be kept.
3. HWD or designee will observe medication technician administer 3 residents medication pass 1 time per week times 4 weeks, then monthly for two months.
4. The results of the audits will be reviewed at the monthly Quality Assurance meetings with ED and department Directors beginning 5/15/26 and continued review will be based on three months' sustained compliance.

Licensee's Proposed Overall Completion Date: *05/15/2026*

Implemented ([redacted] - 08/04/2026)

187d - Follow Prescriber's Orders

10. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident[redacted] is prescribed [redacted] unit dial subcutaneous pen injector 100 unit/ml inject 17 units into subcutis layer of skin 3 times per day every day at 8am, 12pm, and 5pm. However, resident[redacted] was not administered [redacted] on [redacted] at 5pm.

Resident[redacted] is prescribed blood sugar monitoring "Accu checks" three times per day every day at 8am, 12pm and 5mp Accu checks were not performed on the following dates: [redacted] at 5pm; [redacted] at 8am/12pm; [redacted] at 8am/12pm/5pm, [redacted] at 8am/12pm/5pm; on [redacted], there were only two readings completed; on [redacted], there were only two readings completed; on [redacted], there were no readings completed; on [redacted] there were no readings completed.

Resident [redacted] was prescribed [redacted] "1 tab by mouth two times per day every day at 8am and 8pm" with special instructions to "hold for heart rate less than [redacted]". The home had no documentation that the resident's heart rate was checked prior to administering this medication from [redacted] through [redacted] at 8am. On [redacted], the 8pm dose of the medication was not administered with a notation indicating the medication was not available. However, the medication was administered on [redacted] and [redacted] at 8am and 8pm and [redacted] at 8am. On [redacted] at 8pm, the medication administration record indicates the medication was not administered because the medication was not available; However, the medication was again administered on [redacted] at 8am and 8pm and [redacted] at 8am.

Resident [redacted] is prescribed [redacted] "1 tablet by mouth two times per day every day" with special instructions to Hold if B/P [blood pressure] is GREATER than [redacted]". This medication was administered from [redacted] through [redacted] The home could not provide documentation that the resident's blood pressure was obtained prior to administering this medication for any of the administrations.

Plan of Correction ***Accept [redacted] - 05/12/2026)***

1. Resident [redacted] no longer resides at the community effective 1/10/26.

187d - Follow Prescriber's Orders (continued)

2. HWD or designee will educate Med Techs by 4/17/26 on regulation 2600.187.d and the need to administer medications as ordered by the prescriber. Documentation of the training will be kept.
3. HWD or designee will audit 5 residents MAR to Medication Cart weekly for 4 weeks, and monthly for two months. ED or designee will review audits, and any discrepancies will be addressed. A minimum of 3 residents with medications that have special instructions (parameters), those using glucometers and those that have prescribed insulin for each audit
4. The results of the audits will be reviewed at the monthly Quality Assurance meetings with ED and department Directors beginning 5/15/26 and continued review will be based on three months' sustained compliance.

Licensee's Proposed Overall Completion Date: *05/15/2026*

Implemented ([redacted] - 08/04/2026)

190c - Record of Training

11. Requirements

2600.
190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

Description of Violation

The annual practicum for staff person B shows that only one Medication Record Review was completed in "10-2024". The document does not show the completion date of the re-qualification nor the original qualification date.

Staff person B administered medications to resident [redacted] to include the following:

- [redacted] *on* [redacted] *at 8a*
- [redacted] *on* [redacted] *at 8a and 12p*
- [redacted] *on* [redacted] *at 8a*

Plan of Correction ***Accept [redacted] - 05/12/2026)***

1. Staff Person B is no longer employed at the community and last day worked was 3/19/26.
2. ED or designee will educate the HWD by 4/17/26 on regulation 2600.190c and the need appropriate documentation of med tech training. Documentation shall be kept.
3. HWD or designee will audit current med tech records for proper documentation by 4/20/26 then quarterly thereafter. ED or designee will review audits, and any discrepancies will be addressed. PA Medication Administration train the trainer within Senior Lifestyle Organization will review and train Medication technicians and document completion of the course as applicable
2. Medication Technicians will be removed from medication administration duties until remediation or re-completion of the course is completed, depending on the program requirements.
4. The results of the audits will be reviewed at the monthly Quality Assurance meetings with ED and department Directors beginning 5/15/26 and continued review will be based on three months' sustained compliance.

Licensee's Proposed Overall Completion Date: *05/15/2026*

190c Record of Training *(continued)*

Implemented [redacted] - 08/04/2026)

224a Preadmission Screen Form

12. Requirements

2600.
224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident [redacted] preadmission screening form, dated [redacted], does not include a determination that the needs of the resident can be met by the services provided by the home.

Plan of Correction ***Accept[redacted] 05/12/2026)***

1. Resident[redacted] preadmission screening form was updated by Provider by 3/10/2026.
2. HWD or designee will audit current resident records for proper documentation by 4/30/26 ED or designee will review preadmission screening documentation prior to admission. . ED or designee will review audits, and any discrepancies will be addressed.
3. The results of the audits will be reviewed at the monthly Quality Assurance meetings with ED and department Directors beginning 5/15/26 and continued review will be based on three months' sustained compliance.
4. 1. HWD was educated by ED or designee on 4/16/2026 on regulation 2600.224a

Licensee's Proposed Overall Completion Date: *05/15/2026*

Implemented[redacted] - 08/04/2026)