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

July 8, 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 04/13/2026 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: *0* **Total Daily Staff**: *37* **Waking Staff**: *28*

Inspection Information

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

Reason: *Incident* **Exit Conference Date**: *04/13/2026*

Inspection Dates and Department Representative

04/13/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *72* **Residents Served**: *29*

Secured Dementia Care Unit

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

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *29*

Diagnosed with Mental Illness: *3* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *8* **Have Physical Disability**: *0*

Inspections / Reviews

04/13/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *05/30/2026*

06/01/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *06/10/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *06/06/2026*

Inspections / Reviews *(continued)*

06/08/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *06/10/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *06/26/2026*

07/08/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *06/10/2026*

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

In January 2026, Resident [redacted] attempted to take their own life via an overdose of [redacted] approximately one week after the death of their partner. The resident was sent to the emergency department and subsequently to a senior behavioral health unit for psychiatric evaluation and assessment on [redacted] Per notes provided from this psychiatric evaluation, Resident [redacted] reported that they would attempt [redacted] again if discharged home. On [redacted] the personal care home completed an assessment for this resident at the behavioral health unit and found them appropriate for admission to the personal care home. On [redacted], Resident [redacted] was admitted to the home from a behavioral health unit with [redacted] and a previous attempt to self-harm. Per the personal care home residency agreement, this community is licensed as a personal care home and is not designed to provide higher levels of care, such as 24-hour skilled nursing or care for serious [redacted] disorders. On [redacted] at approximately 1:30am, Staff Member A was performing their nightly rounds. They entered the room of Resident [redacted] and observed the floor, bed and blankets covered in blood. Resident [redacted] was found by Staff Member A in bed, bleeding from their arms, while clutching the ashes of their late partner. Resident [redacted] was gripping a shard of glass. Staff Member A asked Resident [redacted] if they tried to kill themselves. Resident [redacted] stated, "Yes and I can't even do that right." Resident [redacted] stated they broke the glass from the picture frame they kept at bedside that held a photo of their late partner. Emergency services were contacted and the resident was taken to the emergency department for evaluation and treatment. Interviews with staff members at the home indicated that they had not been advised of this resident's previous suicide attempts upon admission.

Plan of Correction ***Directed [redacted] 06/08/2026)***

1. Resident sent out for evaluation and did not return to community. Belongings were removed from Mr. Bishop's apartment 4/26/26. Staff have been educated on the criteria and will follow protocols during screening process.
2. HWD or designee will audit current residents by June 15, 2026 to verify that residents are appropriate to reside in Personal care home.
3. ED will review HWD or designee prescreen assessment initially on all residents in house to ensure resident is appropriate to reside in personal care home. ED will review new resident prescreens weekly x 4 weeks and monthly x 2 or until compliance is established . Staff have been re- educated on the pre screen form along with Move in/Move out policy
4. The results of the audit will be reviewed by the Executive Director at the next Quality Assurance meeting. conducted 6/5/2026

Proposed Overall Completion Date: 06/15/2026

Directed Plan of Correction (6/8/2026 - [redacted])

To clarify and add to the above plan of correction, within 5 days of the receipt of the acceptable plan of correction, the administrator shall review the home's admission and discharge criteria and written policies and make revisions where required.

42b Abuse (continued)

Within 10 days of the receipt of the acceptable plan of correction, the administrator or designee shall educate staff responsible for admission decisions and evaluation on the home's written admission and discharge policies.

Within 10 days of the receipt of the acceptable plan of correction, the administrator or designee shall provide trauma informed training to all direct care staff related to the identification and reporting of residents who express ideations or intent to self harm.

Directed Completion Date: *06/25/2026*

Implemented [redacted] 07/08/2026)

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 member B, hired [redacted] does not reside in Pennsylvania. The home has not performed an FBI criminal background check in accordance with the Older Adult Protective Services Act (OAPSA) (35 P. S. § § 10225.101 10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Repeated Violation: [redacted]

Plan of Correction ***Accept [redacted] 06/01/2026)***

1. Staff member B completed a background check on 4/14/26 at Identogo. Results were received and employees eligible to continue employment.
2. The Executive Director will educate the Business Office Manager 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 6/3/26
3. The Business Office Manager, or designee will audit staff files by 6/12/26 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 6/15/26 weekly for four weeks, monthly x 2.The Executive Director will review the results of the audits
4. The results of the audits will be reviewed by the Executive Director at the next Quality Assurance meetings.

Licensee's Proposed Overall Completion Date: *06/15/2026*

Implemented [redacted] - 07/08/2026)

63a - First Aid/CPR Training

3. 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.

63a - First Aid/CPR Training *(continued)*

Description of Violation

On [redacted], from 3:00pm to 11:00pm, 29 residents were present in the home. During this time, no staff person was present in the home who was certified in CPR/first aid.

On [redacted] from 3:00pm to 11:00pm, 29 residents were present in the home. During this time, no staff person was present in the home who was certified in CPR/first aid.

Plan of Correction ***Accept [redacted] - 06/08/2026)***

1. Audits have been conducted by BOM identifying staff needed to fulfill regulation and SL requirements. PCHA or designee along with HR will have required documentation completed by 6/15/26 bringing staff fully compliant with SL and regulatory requirements by 6/15/26.
2. Newly hired Med Tech staff will be required by HWD or designee to have CPR/First Aid training before working on the floor. Audits will be completed weekly x 4 weeks and monthly x 2 by BOM beginning week of 5/3/26 who will identify current CPR certificates to ensure active status and expiration dates and will have audits completed by 6/5/26 PCHA or designee will review audits.
3. Audits will be forwarded to QAPI for review and recommendations by 6/5/26

Licensee's Proposed Overall Completion Date: *06/15/2026*

Implemented [redacted] - 07/08/2026)

85a - Sanitary Conditions

4. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On [redacted] at 9:41am, the common toilet in the Elkins Park section of the home was clogged with feces and toilet paper.

On [redacted] at 9:42am, the common toilet in the Drexel Park section of the home was visibly soiled with gunk and grime inside of the toilet bowl.

Plan of Correction ***Accept [redacted] - 06/08/2026)***

1. Restrooms were cleaned and placed on a routine daily cleaning scheduled to be followed by staff[ST1.1][GJ1.2] and monitored by Housekeeping Director or designee. Staffed trained and documentation on file.
2. Housekeeping director or designee will conduct daily rounds for 4 weeks, monthly x 2 to ensure cleanliness to begin weekly 5/17/26 and completed 6/15/26
3. Audits will be discussed by the Executive Directors with current directors in attendance at the next quarterly

85a - Sanitary Conditions (continued)

Quality Assurance Review 6/5/26

Licensee's Proposed Overall Completion Date: *06/15/2026*

Implemented [redacted] - 07/08/2026)

131f - Fire Extinguisher Inspection

5. 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

On [redacted] at 9:41am, the fire extinguisher located outside the common bathroom of the Elkins Park section of the home did not have an inspection tag present.

Repeat Violation Date: [redacted]

Plan of Correction ***Accept ([redacted] - 06/08/2026)***

1. 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 4/20/26 Audits began
2. Maintenance staff to be educated by the Executive Director or designee on the expectation of monthly inspection requirements and documentation by 6/3/26
3. Executive Director or designee will audit/verify inspections that are completed monthly x 3 months beginning 4/18/26.
4. Audits will be discussed by the Executive Directors with current directors in attendance at the next quarterly Quality Assurance Review. 6/5/25

Licensee's Proposed Overall Completion Date: *06/15/2026*

Implemented [redacted] - 07/08/2026)

187b - Date/Time of Medication Admin.

6. 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

Resident [redacted] is prescribed [redacted] and [redacted] The medication administration record reflects initials showing these medications were administered on [redacted] at 9:00am. However, during this time, the resident was out of the home admitted to the hospital. The resident left the home by ambulance at approximately 1:30am.

Plan of Correction ***Accept [redacted] - 06/08/2026)***

1. HWD or designee will educate Med Techs and licensed staff by 6/12/26 on regulation 2600.187.b and the need

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

to accurately record the time medication has been administered and ensure that medications are available for administration as ordered by physician. Documentation of training will be kept.
2. HWD or designee will observe medication technician administer 3 residents medication pass 1 time per week for 4 weeks beginning 4/23/26 and monthly x 2. These observations will be completed at random varying times .
3. Audits will be discussed by the Executive Directors with current directors in attendance at the next quarterly Quality Assurance Review.6/5/26

Licensee's Proposed Overall Completion Date: *06/15/2026*

Implemented [redacted] - 07/08/2026)

187d - Follow Prescriber's Orders

7. Requirements

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

Description of Violation

Resident[redacted] is prescribed[redacted] - take 1 tablet by mouth every day at 6am. The resident did not receive this medication as prescribed on [redacted] as the medication was not available in the home.

Resident [redacted] is prescribed [redacted] - take one tablet by mouth one time per day at 8pm. The resident did not receive this medication as prescribed on [redacted] as the medication was not available in the home.

Repeat Violation Date:[redacted]

Plan of Correction ***Accept ([redacted] - 06/08/2026)***

1. HWD or designee will educate current Med techs & or licensed staff by 6/12/26 on regulation 2600.187.d and the company's PA medication policy & will include the reporting process of missed doses of medication due to the medication not being available Documentation of the training will be kept[ST2.1].
2. The Health and Wellness Director or designee will educate current Med Techs & licensed staff on timely reordering of medications & will review the company's medication ordering guidelines .
3. HWD or designee will[ST3.1] conduct weekly audits beginning 4/23/26 of medications carts & Mar documentation for 30 days to verify compliance. Any identified concerns will be addressed immediately & reported to the Executive Director or designee.
4. Audit results will be reviewed to identify trends and ensure ongoing compliance with medication management procedures & will be discussed by the Executive Director with current directors in attendance at the next quarterly Quality Assurance review 6/5/26

Licensee's Proposed Overall Completion Date: *06/15/2026*

Implemented [redacted] - 07/08/2026)