

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

June 11, 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 04/16/2026 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: 130 Waking Staff: 98

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
Reason: Monitoring Exit Conference Date: 04/16/2026

**Inspection Dates and Department Representative**

04/16/2026 - 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: 1st Floor Capacity: 19 Residents Served: 14  
Hospice  
Current Residents: 4  
Number of Residents Who:  
Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 87  
Diagnosed with Mental Illness: 5 Diagnosed with Intellectual Disability: 1  
Have Mobility Need: 43 Have Physical Disability: 0

**Inspections / Reviews**

04/16/2026 Partial  
Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/09/2026  
05/08/2026 - POC Submission  
Submitted By: [REDACTED] Date Submitted: 06/01/2026  
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/13/2026

Inspections / Reviews *(continued)*

05/11/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/01/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 06/02/2026

06/11/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/01/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

89a - Water Pressure

1. Requirements

2600.

89.a. The home must have hot and cold water under pressure in each bathroom, kitchen and laundry area to accommodate the needs of the residents in the home.

Description of Violation

On [redacted] at 9:15 A.M., the home did not have sufficient hot and cold water to resident bedroom [redacted]

Plan of Correction

Accept [redacted] - 05/08/2026)

As follow-up to the prior plan of correction regarding the untimely failure of the manufacturer seals in the hot water heaters, an event that could not have been foreshadowed but was immediately reported to The Department, the surveyor stated that the focus was on water access throughout the community.

The resident in Apartment Room [redacted] had hot and cold water at temperatures that met regulatory guidelines; however, the surveyor felt the water flow in the bathroom sink was not strong enough.

Immediately following the survey, The Facilities Director, removed the faucet screen restoring full flow to the spigot.

All staff will be retrained in the use of the online work order system, TELS, to complete requests for work orders for any issues or items identified to need repair in a resident's room or throughout the community. The Interim Executive Director, or Designee, expects to complete this training by May 31st, 2026.

Housekeepers are required to audit the resident's room weekly for functional repairs as they clean the room. The Facilities Director, or Designee, will complete a Housekeeping specific training on water temperatures and water flow to bring attention to this specific issue. This training is expected to be completed by May 31st, 2026, with the Maintenance and Housekeeping team members.

The timely completion of work orders entered in the TELS systems is monitored by the Facilities Director, Executive Director and Regional Support Positions.

Licensee's Proposed Overall Completion Date: 05/31/2026

Implemented [redacted] - 06/11/2026)

101j7 - Lighting/Operable Lamp

2. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident [redacted] does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept [redacted] 05/11/2026)

As mentioned at the time of survey, Resident # [redacted] family started clearing the room of residents' personal items in preparation for the residents moving to a higher level of care.

Staff placed a wall mount light next to the resident's bed for the remaining time that the resident resided at The

101j7 Lighting/Operable Lamp (continued)

Pinnacle. Resident [REDACTED] has discharged from The Pinnacle.

Auditing the bedside lighting source is a part of the weekly housekeeping cleaning protocol. Beginning the first week of May 2026 and continuing for the next thirty days/four weeks, the Housekeeping Supervisor, or Designee, will randomly audit three rooms per week for placement of a functioning light source by bedside in all Personal Care bedrooms. The absence of a lighting source will be immediately addressed, if found.

This, and all Plans of Correction will be reviewed as part of the monthly Quality Assurance Meeting, held monthly by the last Friday of the month.

Licensee's Proposed Overall Completion Date: 05/29/2026

Implemented [REDACTED] - 06/11/2026)

141a - Medical Evaluation

3. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

The medical evaluation was not complete within 60 days prior to admission or within 30 days after admission of the resident. Resident [REDACTED] was admitted to the home [REDACTED] and their medical evaluation was completed [REDACTED]

Plan of Correction

Directed [REDACTED] - 05/11/2026)

Resident [REDACTED] DME was completed within the regulatory guidelines. However, [REDACTED] assessment was completed in December of 2025, outside of the assessment guidelines.

Resident [REDACTED] shall have a new medical evaluation completed to reflect a reassessment. Resident #2 does not see the visiting health provider, therefore, this reassessment will be expected to be completed by May 20th, 2026.

The Wellness Director, Nurses and Marketing Team will be trained specifically in the physical examination guidelines by the Interim Executive Director, or Designee. This training will be expected to be completed by May 31st, 2026.

All new residents and annual DME's will be audited by The Wellness Director, or Designee, for adherence to these regulatory standards. The Wellness Director, or Designee, will initial all new admission, significant change and annual DME's until June 30th, 2026, as proof of the ongoing auditing compliance to this regulation.

This, and all Plans of Correction, will be reviewed as part of the monthly Quality Assurance Meeting, held monthly by the last Friday of the month.

Proposed Overall Completion Date: 06/30/2026

Directed Completion Date: 05/31/2026

Implemented [REDACTED] - 06/11/2026)

141a 1-10 Medical Evaluation Information

4. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

Resident [redacted] medical evaluation did not include their medical diagnoses.

Plan of Correction

Directed [redacted] - 05/11/2026)

Resident [redacted]’s DME was completed within the regulatory guidelines. However, [redacted] assessment was completed in December of 2025, outside of the assessment guidelines.

Resident [redacted] shall have a new medical evaluation completed to reflect a reassessment. Resident [redacted] does not see the visiting health provider, therefore, this reassessment will be expected to be completed by May 20th, 2026.

The Wellness Director, Nurses and Marketing Team will be trained specifically in the expectation that .141a 2-10 be completed/included and signed as a part of the expectation for admission of a resident to The Pinnacle. This training will be expected to be completed by May 31st, 2026.

All new residents, annual and significant change DME’s will be audited by The Wellness Director, or Designee, for adherence to these regulatory standards. The Wellness Director, or Designee, will initial all new admission, significant change and annual DME’s until June 30th, 2026, as proof of the ongoing auditing compliance to this regulation.

This, and all Plans of Correction, will be reviewed as part of the monthly Quality Assurance Meeting, held monthly by the last Friday of the month.

Proposed Overall Completion Date: 06/30/2026

Directed Completion Date: 05/31/2026

Implemented [redacted] - 06/11/2026)

162c - Menus Posted

5. Requirements

2600.

162c - Menus Posted (continued)

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's menu for the weeks of [redacted] to [redacted] were posted. However, the week of [redacted] to [redacted] was not posted.

Plan of Correction

Accept [redacted] - 05/08/2026)

The current week's menu was removed to make an adjustment to the dining offerings for the week, secondary to food delivery/order availability. The surveyor saw the Executive Chef rehang the current week while on site near the Second Floor Dining Room at the time of the physical survey walkthrough of The Pinnacle.

Shortly after the 4/16/26 survey, The Pinnacle promoted the Executive Chef into the position of Dining Services Director. The new Dining Services Director will be trained in this regulatory expectation by The Interim Executive Director. This training is expected to be completed by May 15th, 2026.

The new Dining Services Director will also be trained, by the Interim Executive Director, regarding the practice of keeping the weekly menus posted at all times. The weekly menu will include a caveat statement indicating the listed items are subject to change. Daily menus, which are posted for the upcoming days meals after dinner the prior day, will reflect any menu changes or alterations for the upcoming day or upcoming meal. The weekly menus, once removed at the end of the week, will be updated permanently to match the daily revisions and kept for a period of one year, should a regulatory review be required. This will help prevent future occurrences of an unposted weekly menu, as a root cause analysis has determined that this is what occurred in the past two circumstances of unposted weekly menus. Evidence of this can be found in the surveyor's own observations, as mentioned above, ie: the upcoming two weeks of menus were already posted. This referenced training is also expected to be completed by May 15th, 2026.

The new Dining Services Director, or Designee, will audit the required postings for a period of sixty (60) days beginning April 1st, 2026, to ensure that the weekly menu and advanced menu remain posted conspicuously per the regulatory guidelines.

Dining Team members were trained in this regulatory expectation on April 20th, 2026.

Licensee's Proposed Overall Completion Date: 05/31/2026

Implemented [redacted] - 06/11/2026)

185a - Implement Storage Procedures

6. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident # [redacted] is prescribed [redacted] as needed. On [redacted] this medication was not available in the home.

**185a Implement Storage Procedures (continued)**

Resident [REDACTED] is prescribed [REDACTED] as needed. On [REDACTED] this medication was not available in the home.

**Plan of Correction**

Accept ( [REDACTED] - 05/08/2026)

Resident [REDACTED] s [REDACTED] was reviewed with the Nurse Practitioner and discontinued.

Resident [REDACTED] s [REDACTED] was reordered.

The new Wellness Director was trained to the expectations of this regulation on April 6th, 2026, by the Interim Executive Director.

The new Wellness Director, or Designee, will educate the Medication Technicians and Nurses regarding the implications of regulations 2600.185, most especially with regarding to prn/as needed medications.

Pinnacle med carts are currently being audited weekly either by The Pharmacy, a Nurse or a Medication Technician. The medication cart audit includes checking that the prn/as needed medications are present on the cart. These audits began on April 1st, 2026, and will continue for 45 days.

As an additional proactive measure, the Wellness Director or Designee will pull one resident's prn medications per week during a Practicum Observer observation audit with a staff person and assure that all prn medications are present for that resident. This audit will begin during the week of 5/6/26 and continue for thirty days.

This, and all Plans of Correction, will be reviewed as part of the monthly Quality Assurance Meeting, held monthly by the last Friday of the month.

Licensee's Proposed Overall Completion Date: 05/31/2026

Implemented ( [REDACTED] 06/11/2026)

**231b - Medical Evaluation****7. 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] and did not include that Resident [REDACTED] requires dementia related care in a secured area.

**Plan of Correction**

Accept ( [REDACTED] - 05/08/2026)

Although "transfer to SDCU" is clearly written on the DME, in the status change and immobile status section, as the reason for the new DME Resident [REDACTED]'s need for SDCU (the box at #14) is checked "no" in error.

Resident [REDACTED] s Medical Evaluation under #14 was updated by the Nurse Practitioner to indicate that Resident [REDACTED]

**231b - Medical Evaluation (continued)**

*requires dementia related care in a secure area.*

*The Wellness Director and Nurses will be trained in expectations of this regulatory guideline, 2600.231, by The Interim Executive Director. This training will be expected to be completed by May 31st, 2026.*

*All new, annual and significant changes DME's will be audited by The Wellness Director, or Designee, for adherence to these regulatory standards. The Wellness Director, or Designee, will initial all new admission, significant change and annual DME's until June 30th, 2026, as proof of the ongoing auditing compliance to this regulation.*

*This, and all Plans of Correction, will be reviewed as part of the monthly Quality Assurance Meeting, held monthly by the last Friday of the month.*

**Licensee's Proposed Overall Completion Date: 05/31/2026**

**Implemented [REDACTED] - 06/11/2026)**