





# Pennsylvania Department of Human Services

Emailing Date: July 1, 2026

[REDACTED]  
[REDACTED]

227 Evergreen Road Operations, LLC  
227 Evergreen Road  
Pottstown, Pennsylvania 19464

RE: Sanatoga Court  
License #: 136140

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing (Department), licensing inspections on May 4 and 5, 2026, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

Juliet Marsala  
Deputy Secretary  
Office of Long-term Living

Enclosures  
License  
Licensing Inspection Summary

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

June 22, 2026

[REDACTED]  
227 EVERGREEN ROAD OPERATIONS LLC  
227 EVERGREEN ROAD  
POTTSTOWN, PA, 19464

RE: SANATOGA COURT  
227 EVERGREEN ROAD  
POTTSTOWN, PA, 19464  
LICENSE/COC#: 13614

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/04/2026, 05/05/2026 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: SANATOGA COURT License #: 13614 License Expiration: 07/26/2026  
Address: 227 EVERGREEN ROAD, POTTSTOWN, PA 19464  
County: MONTGOMERY Region: SOUTHEAST

**Administrator**

Name: [REDACTED]

**Legal Entity**

Name: 227 EVERGREEN ROAD OPERATIONS LLC  
Address: 227 EVERGREEN ROAD, POTTSTOWN, PA, 19464  
Phone: [REDACTED]

**Certificate(s) of Occupancy**

Type: C-2 LP Date: 03/10/1998 Issued By: CWOPA

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 52 Waking Staff: 39

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
Reason: Renewal, Provisional, Incident Exit Conference Date: 05/05/2026

**Inspection Dates and Department Representative**

05/04/2026 - On-Site: [REDACTED]  
05/05/2026 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information			
License Capacity:	85	Residents Served:	42
Secured Dementia Care Unit			
In Home:	Yes	Area:	Homestead
Capacity:	28	Residents Served:	6
Hospice			
Current Residents:	2		
Number of Residents Who:			
Receive Supplemental Security Income:	0	Are 60 Years of Age or Older:	40
Diagnosed with Mental Illness:	2	Diagnosed with Intellectual Disability:	2
Have Mobility Need:	10	Have Physical Disability:	1

**Inspections / Reviews**

05/04/2026 Full  
Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/30/2026

05/29/2026 - POC Submission  
Submitted By: [REDACTED] Date Submitted: 06/18/2026  
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 06/02/2026

Inspections / Reviews *(continued)*

06/04/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/18/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 06/19/2026

06/22/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/18/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

17 - Record Confidentiality

1. Requirements

2600.

- 17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 5/4/2026 at 9:14 AM, the medication administration records for several residents, including resident #1, were unlocked, unattended, and accessible on top of the General 1 med cart.

Repeated Violation: 12/1/25

Plan of Correction

Do Not Accept [REDACTED] - 05/29/2026)

A corrective action audit process has been implemented in response to 2600.17 requirements. [REDACTED] completed the initial audit during the week of May 25, 2026. Audits will be conducted three times per week from May 25, 2026 through June 7, 2026, followed by weekly audits from June 8, 2026 through July 5, 2026. Monthly audits will then be completed from July 6, 2026 through October 5, 2026 to ensure ongoing compliance. Audit results and progress toward compliance will be reviewed during Quality Management meetings, with additional corrective actions implemented as needed.

Licensee's Proposed Overall Completion Date: 10/05/2026

Update: 05/29/2026

Please remove names of specific staff persons and use job titles only for the POC's.

Please include a training component for this plan of correct to ensure the violation does not re-occur. Include specific dates of training, topics covered, titles of the staff to be trained, and title of the person providing the training.

Plan of Correction

Accept [REDACTED] - 06/04/2026)

A corrective action audit process has been implemented in response to 2600.17 requirements. On June 1, 2026, an Affinity Health Services Consultant conducted an in-service training session for all direct care and nursing staff regarding medication storage and security protocols. Any remaining staff members will complete this mandatory training by June 12, 2026. The Director of Health and Wellness (DHW) or a designee will conduct compliance audits three times per week from May 25, 2026, through June 7, 2026, followed by weekly audits from June 8, 2026, through July 5, 2026. Monthly audits will continue from July 6, 2026, through October 5, 2026, to ensure ongoing compliance. Audit results and progress toward sustained compliance will be reviewed during Quality Management meetings, with additional corrective actions implemented as necessary.

Licensee's Proposed Overall Completion Date: 06/12/2026

Evidence of Completion

Implemented [REDACTED] - 06/22/2026)

See attached.

42x - Safeguard

2. Requirements

**42x Safeguard (continued)**

2600.

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

**Description of Violation**

On 1/13/2026, resident #2 informed the home that while at dinner, the resident's bedroom door was opened and \$100.00 was missing from a wallet in the room. As of 5/5/26, the home did not provide a system for safeguarding residents' money and property.

**Plan of Correction****Accept** [REDACTED] - 05/29/2026)

Executive Director/Designee will conduct a comprehensive audit of all resident rooms by June 15, 2026, to verify whether residents have access to a safe or other secure storage option for safeguarding personal belongings and valuables. Any resident identified as not having a safe available will be offered one and documentation of the offer will be maintained in the resident record.

An audit tool has been developed and implemented to monitor compliance with this process. Following the initial audit, compliance audits will be conducted monthly from June 2026 through December 2026 and reviewed during Quality Management meetings to ensure ongoing adherence to facility policy and regulatory requirements.

Effective June 1, 2026, all newly admitted residents will be offered a safe upon admission. A Resident Safe Acceptance/Declination Form has been developed and will be incorporated into the admission packet to document whether the resident accepts or declines the safe. This documentation will be maintained in the resident's record.

Licensee's Proposed Overall Completion Date: 06/01/2026

**Evidence of Completion****Implemented** [REDACTED] - 06/22/2026)

See attached.

**65f - Training Topics****3. Requirements**

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

**Description of Violation**

Direct care staff person A did not receive training in the following topics during training year 2025:

- Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- Personal care service needs of the resident.
- Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

65f - Training Topics (continued)

Repeated Violation: 5/19/25 et al.

Plan of Correction

Accept [redacted] - 05/29/2026)

The annual training plan was reviewed and updated on May 15, 2026, to include all required training topics outlined in 2600.65(f) and 2600.65(g).

An all-staff audit will be conducted by the HR Director/designee beginning May 27, 2026,, to review employee training compliance for 2026. Any missing training requirements identified during the audit will be completed no later than June 30, 2026.

To ensure ongoing compliance, monthly training audits will be conducted from July 1, 2026, through December 31, 2026. Audit findings and compliance progress will be reviewed during Quality Management meetings to ensure continued adherence with regulatory requirements.

Licensee's Proposed Overall Completion Date: 06/01/2026

Evidence of Completion

Implemented [redacted] - 06/22/2026)

See attached.

65g - Annual Training Content

4. 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 person B did not receive training in the Older Adult Protective Services Act during training year 2025.

Repeated Violation: 5/19/25 et al.

Plan of Correction

Accept [redacted] - 05/29/2026)

The annual training plan was reviewed and updated on May 15, 2026, to include all required training topics outlined in 2600.65(f) and 2600.65(g).

An all-staff audit will be conducted by the HR Director/designee beginning May 27, 2026,, to review employee training compliance for 2026. Any missing training requirements identified during the audit will be completed no later than June 30, 2026.

To ensure ongoing compliance, monthly training audits will be conducted from July 1, 2026, through December 31, 2026. Audit findings and compliance progress will be reviewed during Quality Management meetings to ensure continued adherence with regulatory requirements.

Licensee's Proposed Overall Completion Date: 06/01/2026

65g Annual Training Content (continued)

Evidence of Completion

Implemented (████ - 06/22/2026)

See attached.

183b - Meds and Syringes Locked

5. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On 5/4/2026 at 9:14 am, the general 1 med cart was unlocked and unattended in the first floor hallway. The cart contained residents' medications, including 20 mg Furosemide, 5 mg Finasteride, and 5 mg Eliquis tablets for resident #3, and Carbidopa Levodopa 25 250 tablets for resident #4.

At 9:59 am, a bottle of miconazole antifungal foot powder, with a pharmacy label for resident #5, was unlocked in the resident's bathroom.

Plan of Correction

Do Not Accept (████ - 05/29/2026)

Immediate corrective action was taken to secure items and re educate staff on medication storage and security requirements.

Audit tools were developed to monitor compliance in both identified areas. DHW/ designee completed the initial audits during the week of May 25, 2026. Audits will be conducted 3 times per week from May 25, 2026 through June 7, 2026, followed by weekly audits from June 8, 2026 through July 5, 2026. Monthly audits will then be completed from July 6, 2026 through October 5, 2026, to ensure ongoing compliance with 2600.183(b) requirements. Audit findings and corrective actions will be reviewed during Quality Management meetings to monitor sustained compliance and identify any additional staff education or corrective measures needed.

Licensee's Proposed Overall Completion Date: 10/05/2026

Update: 05/29/2026

Please indicate the specific date of the re-education, topics covered, titles of the staff to be trained, and title of the person providing the training.

Plan of Correction

Accept (████ - 06/04/2026)

A corrective action audit process has been implemented in response to 2600.183b requirements. On June 1, 2026, an Affinity Health Services Consultant conducted an in-service training session for all direct care and nursing staff regarding Medications and Syringes Secured Any remaining staff members will complete this mandatory training by June 12, 2026. The Director of Health and Wellness (DHW) or a designee will conduct compliance audits three times per week from May 25, 2026, through June 7, 2026, followed by weekly audits from June 8, 2026, through July 5, 2026. Monthly audits will continue from July 6, 2026, through October 5, 2026, to ensure ongoing compliance. Audit results and progress toward sustained compliance will be reviewed during Quality Management meetings, with additional corrective actions implemented as necessary.

Licensee's Proposed Overall Completion Date: 06/12/2026

183b - Meds and Syringes Locked (continued)

**Evidence of Completion**

**Implemented** [redacted] - 06/22/2026)

See attached.

236 - Staff Training

**6. Requirements**

2600.

236. Training - Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training specified in § 2600.65 (relating to direct care staff person training and orientation).

**Description of Violation**

Direct care staff person A, who works in the Secure Dementia Care Unit (SDCU), had only 1 hour and 25 minutes of training in dementia care during the 2025 training year.

Repeated Violation: 9/11/25

**Plan of Correction**

**Accept** [redacted] - 05/29/2026)

The facility has revised its dementia training process to ensure all staff receive the required dementia-specific education. Effective May 15, 2026, the annual training plan was updated to include an additional 30 minutes of dementia-related education monthly, totaling the required six additional hours annually.

An all-staff training compliance audit will be conducted by the HR Director/designee from May 27, 2026 through June 10, 2026, to review completion of required dementia training for 2026. Any identified deficiencies will be corrected no later than June 30, 2026.

Monthly audits will continue from July 1, 2026 through December 31, 2026, to ensure ongoing compliance. Audit results and staff training compliance will be reviewed during Quality Management meetings to ensure full compliance with 2600.236 requirements.

Licensee's Proposed Overall Completion Date: 06/01/2026

**Evidence of Completion**

**Implemented** [redacted] - 06/22/2026)

See attached.