

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

June 25, 2026

[REDACTED], REGIONAL DIRECTOR OF OPERATIONS
NORTH WALES AL/MC, LLC
[REDACTED]
[REDACTED]

RE: PARK CREEK PLACE OF NORTH
WALES
1091 HORSHAM ROAD
NORTH WALES, PA, 19454
LICENSE/COC#: 15087

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/20/2026 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:** 05/02/2027
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:** 03/03/1997 **Issued By:** CWOPA

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 29 **Waking Staff:** 22

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 05/20/2026

Inspection Dates and Department Representative

05/20/2026 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 72 **Residents Served:** 24

Secured Dementia Care Unit

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

Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 24
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 5 **Have Physical Disability:** 0

Inspections / Reviews

05/20/2026 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 06/21/2026

06/25/2026 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 06/25/2026
Reviewer: [REDACTED] **Follow-Up Type:** Bypass Document Submission

Inspections / Reviews *(continued)*

06/25/2026 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/25/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

88a - Surfaces

1. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

The walls in the bathroom in E4 were in disrepair. There were multiple areas with scratches and dents on the bathroom walls.

Plan of Correction

Accept ([redacted]) - 06/25/2026

- 1. Executive Director or designee will educate current staff on regulation 88a by 6/12/2026.
- 2. Maintenance Director or designee will audit apartments by 6/12/26 to verify that apartment walls, floors and ceilings are finished, cleaned and in good repair. Any areas identified to not be in compliance will be reported to the Executive Director immediately for further follow up.
- 3. Maintenance Director or designee will audit 3 apartments weekly for 4 weeks and bi-weekly for a month effective 6/8/2026 to ensure apartment walls, floors and ceilings are finished, cleaned and in good repair.
- 4. Audit results will be reviewed to identify trends and ensure ongoing compliance & will be discussed by the Executive Director with current directors in attendance at the next QA July 1, 2026

Licensee's Proposed Overall Completion Date: 06/26/2026

Implemented ([redacted]) - 06/25/2026

124 - Notice to Fire Department

2. Requirements

2600.

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The home does not have documentation of written notification to the local fire department of the address of the home, location of the bedrooms, and the assistance needed to evacuate in an emergency.

Plan of Correction

Accept ([redacted]) - 06/25/2026

- 1. Operation Specialist or designee will educate Executive Director on regulation 124 by 6/12/2026.
- 2. Executive Director or designee will update fire department by 6/12/26 on location of bedrooms and assistance needed to evacuate in an emergency. Documentation will be kept on file for review and sent to local fire department.
- 3. Documents will be reviewed to ensure ongoing compliance & will be discussed by the Executive Director with current directors in attendance at the next QA Review July 1, 2026

Licensee's Proposed Overall Completion Date: 06/26/2026

Implemented ([redacted]) - 06/25/2026

183e - Storing Medications

3. Requirements

2600.

183e Storing Medications (continued)

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident 1's Lorazepam 1 mg pill #4 had a puncture on the back foil while the pill was still in place.

There were 2 packs of Acetaminophen 325 mg, PRN, prescribed for resident 2 on the medication cart, with an expiration date of 4/30/2026. According to the medication administration record, this medication was administered to resident 2 on 5/13/2026 at 8:44 a.m. and 4:23 p.m.

Plan of Correction

Accept () - 06/25/2026

1. Executive Director or designee will educate current staff on regulation 183(b) by 6/12/2026.
2. The Health and Wellness Director or designee will audit medication carts by 6/12/2026 to ensure medication is stored properly in original container. Results of the audit will be reviewed with the Executive Director.
3. The Health and Wellness Director or Designee will audit medication carts weekly beginning 6/2/26, 2026 for 4 weeks and 1x monthly to ensure medication is stored properly in original container.[ST1.1][GJ1.2]
4. Audit results will be reviewed to identify trends and ensure ongoing compliance & will be discussed by the Executive Director with current directors in attendance at the next QA July 1, 2026

Licensee's Proposed Overall Completion Date: 06/26/2026

Implemented () - 06/25/2026

184a - Resident's Meds Labeled

4. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

There was a bag containing 20 syringes of morphine prescribed for resident 3 in the narcotics lockbox. However, it did not have a pharmacy label with the resident's name, the name of the medication, the date the prescription was issued, the prescribed dosage and instructions for administration, or the name and title of the prescriber.

184a Resident's Meds Labeled (continued)

Plan of Correction

Accept (█) - 06/25/2026

- 1. Executive Director or designee will educate staff on regulation 184(a) by 6/12/2026.
- 2. The Health and Wellness Director or designee will audit medication carts by 5/26/2026 to ensure medication is in original container and labeled with a pharmacy label.
- 3. The Health and Wellness Director or Designee will audit 5 residents medications weekly to ensure medication is in original container and labeled with a pharmacy label for 4 weeks effective 6/2/2026 and 1 x monthly. [ST2.1]
- 4. Audit results will be reviewed to identify trends and ensure ongoing compliance & will be discussed by the Executive Director with current directors in attendance at the next QA July 1, 2026

Licensee's Proposed Overall Completion Date: 06/26/2026

Implemented (█) - 06/25/2026

185a - Implement Storage Procedures

5. 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

On 5/20/26 at 10:44 a.m., resident 4's glucometer displayed the date and time of 5/19/26 21:47.

Plan of Correction

Accept (█) - 06/25/2026

- 1. Executive Director or designee will educate staff on regulation 185a by 6/12/2026. Medication Technicians will complete a demonstration on safe glucometer techniques and calibration with the Health and Wellness Director or designee.
- 2. The Health and Wellness Director or designee will audit medication carts by 5/26/2026 to ensure glucometer is calibrated.
- 3. The Health and Wellness Director or Designee will check glucose monitors weekly for calibration for 4 weeks and 1x month effective 6/2/2026.
- 4. Audit results will be reviewed to identify trends and ensure ongoing compliance & will be discussed by the Executive Director with current directors in attendance at the next QA July, 1 2026

Licensee's Proposed Overall Completion Date: 06/26/2026

Implemented (█) - 06/25/2026

224a - Preadmission Screen Form

6. Requirements

2600.

224a - Preadmission Screen Form (continued)

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 5 was admitted to the home on [REDACTED] however, the resident's preadmission screening form was completed on [REDACTED]

Plan of Correction

Accept [REDACTED] - 06/25/2026

1. Executive Director or designee will educate current directors on regulation 224(a) by 6/12/2026.
2. HWD or designee will audit current resident records for proper documentation by 6/12/26.
3. ED or designee will review preadmission screening documentation prior to admission effective 6/15/2026 x 4 weeks then 1 x monthly. ED or designee will review audits, and any discrepancies will be addressed.
4. Audit results will be reviewed to identify trends and ensure ongoing compliance & will be discussed by the Executive Director with current directors in attendance at the next QA July 1, 2026

Licensee's Proposed Overall Completion Date: 06/26/2026

Implemented [REDACTED] - 06/25/2026

251b - Record Entries Legible

7. Requirements

2600.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

Resident 6's documentation of medical evaluation dates is not legible.

Resident 6's assessment support plan is dated [REDACTED] however, the date the support plan was finalized is not legible.

Plan of Correction

Accept [REDACTED] - 06/25/2026

1. Executive Director or designee will educate staff on regulation 251b by 6/12/2026.
2. The Health and Wellness Director or designee will audit current residents prescreen and DME by 6/12/2026 to ensure resident records are permanent, legible, dated and signed by the staff person making the entry.
3. The Health and Wellness Director or Designee will audit all new prescreens and DME weekly to ensure resident records are permanent, legible, dated and signed by the staff person making the entry for 4 weeks effective 6/15/2026 then 1x month.
4. Audit results will be reviewed to identify trends and ensure ongoing compliance & will be discussed by the Executive Director with current directors in attendance at the next QA July 1, 2026

251b - Record Entries Legible *(continued)*

Licensee's Proposed Overall Completion Date: 06/26/2026

Implemented ([REDACTED] - 06/25/2026)