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 05/27/2026 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

**Type**: *C-2 LP* **Date**: *07/19/1996* **Issued By**: *CWOPA L&I*

## Staffing Hours

**Resident Support Staff**: *0* **Total Daily Staff**: *90* **Waking Staff**: *68*

## Inspection Information

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

**Reason**: *Monitoring* **Exit Conference Date**: *05/27/2026*

## Inspection Dates and Department Representative

*05/27/2026 - On-Site:* [redacted]

## Resident Demographic Data as of Inspection Dates

### General Information

**License Capacity**: *48* **Residents Served**: *45*

### Secured Dementia Care Unit

**In Home**: *Yes* **Area**: *entire home* **Capacity**: *48* **Residents Served**: *45*

### Hospice

**Current Residents**: *7*

### Number of Residents Who:

**Receive Supplemental Security Income**: *NA*

**Are 60 Years of Age or Older**: *45*

**Diagnosed with Mental Illness**: *NA*

**Diagnosed with Intellectual Disability**: *NA*

**Have Mobility Need**: *45*

**Have Physical Disability**: *1*

# Inspections / Reviews

### 05/27/2026 Partial

**Lead Inspector**: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/03/2026*

### 07/07/2026 - POC Submission

**Submitted By**: [redacted] **Date Submitted**: *07/15/2026*

**Reviewer**: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/10/2026*

## Inspections / Reviews *(continued)*

**07/08/2026 POC Submission**

**Submitted By:** [redacted] **Date Submitted:** *07/15/2026*

**Reviewer:** [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *07/16/2026*

**08/04/2026 Document Submission**

**Submitted By:** [redacted] **Date Submitted:** *07/15/2026*

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

## 57d - Waking Hours

**1. 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.

**Description of Violation**

*On [redacted], a total of 67.5 hours of direct care was required. However, only 58.5 of the required hours, were provided during waking hours.*

**Plan of Correction** ***Accept ([redacted] - 07/07/2026)***

*1. On 5/27/26 the Memory Care Director adjusted the schedule to ensure that direct care staffing hours are at least 75% of the personal care service hours shall be available during waking hours. During the audit process, it was also determined that that staff were assigned the clock in PC, therefore not reflecting the hours they worked in MC. ADP readjusted the staff punching privileges so that they can punch the appropriate clock where assigned for the shift.*
*2. The ED or designee will educate the HWD and MCD by 6/12/26 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 5/27/26 weekly for four weeks and bi-weekly 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. 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 Review[ST1.1] by July 1, 2026.*

**Licensee's Proposed Overall Completion Date:** *07/15/2026*

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

## 65i - Training Record

**2. Requirements**

2600.
65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

**Description of Violation**

*The home presented several training records that did not include the length of training:*

- *The training record for training conducted on 4/16/2026 entitled "Regulation # 2600.42.b, Glucose Monitoring Policy, Medication Administration Record"*
- *The training record for training conducted on 4/16/2026 entitled "Regulation # 2600.51".*
- *The training record for training conducted on 4/16/2026 entitled "Regulation # 2600.54a".*
- *The training record for training conducted on 4/16/2026 entitled "Regulation # 2600.57c + 2600.57d".*
- *The training record for training conducted on 4/16/2026 entitled "Regulation # 2600.65d".*
- *The training record for training conducted on 4/16/2026 entitled "Regulation # 2600.183d, Medication Storage Policy".*

*The training record for "Fire Safety Training" conducted on 3/24/26 did not include the training source or the length of training.*

**Plan of Correction** ***Accept ([redacted] 07/07/2026)***

*1. Executive Director or designee will educate current directors on regulation 65(i) by 6/1/2026.*

## *65i - Training Record (continued)*

*2. Business Office Manager or designee will audit all in services and training records by 6/1/26 to ensure training records are documented accurately including specifying length of time Inservice was conducted.*
*3. Business Office Manager or designee will audit in services and training records weekly beginning 6/8/26 then bi-weekly for one month to ensure training records are documented accurately including specifying length of time*
*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 Review[ST2.1] by July 1, 2026.*

**Licensee's Proposed Overall Completion Date:** *07/15/2026*

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

## 105g - Lint Removal and Duct Cleaning

**3. Requirements**

2600.
105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

**Description of Violation**

*On [redacted], there was an approximate 1/2 inch accumulation of lint in the lint trap of the laundry room dryer located near room D6. There were no clothes in the dryer at the time.*

**Plan of Correction** ***Accept ([redacted] - 07/07/2026)***

*1. Executive Director or designee will educate staff on regulation 105(g)(1) by 6/12/2026.*
*2. Maintenance cleaned all dryer vents immediately on 5/2726 to ensure all dryers were free of lint.*
*3. Maintenance Director or designee will audit 3 dryers 3 times weekly to ensure dryers are free of lint for 4 weeks effective 6/1/2026 and bi weekly 1 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 Review[ST3.1] by July 1, 2026.*

**Licensee's Proposed Overall Completion Date:** *07/15/2026*

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

## 183e - Storing Medications

**4. Requirements**

2600.
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 [redacted] tab blister pack was punctured in slot 4; The pill remained in place.*

*Resident [redacted] tab blister pack was punctured in slot 15; The pill remained in place.*

*Repeated Violation - [redacted]*

## 183e - Storing Medications *(continued)*

**Plan of Correction** ***Accept [redacted] - 07/07/2026)***

*1. Executive Director or designee will educate current Med Techs & and/or nurses on regulation 183(e) by 6/12/2026.*
*2. The Health and Wellness Director or designee will audit medication carts by 5/28/2026 to ensure medication is stored properly.*
*3. The Health and Wellness Director or Designee will audit medication carts weekly to ensure medication is stored properly for 4 weeks and bi-weekly for one month effective 6/1/2026.*
*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 Review[ST4.1] by July 1, 2026.*

**Licensee's Proposed Overall Completion Date:** *07/15/2026*

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

## 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**

*Resident [redacted] is prescribed Fleet Rectal Enema, "use one as needed". On [redacted] this medication was not available in the home.*

*Resident [redacted] is prescribed [redacted] "Take 30 milters by mouth as needed". On [redacted] this medication was not available in the home.*

*Resident [redacted] is prescribed [redacted] "Take 2 capsules by mouth as needed". On [redacted] this medication was not available in the home.*

*Resident [redacted] is prescribed [redacted] "Apply externally, three sprays as needed every 13 hours". On [redacted] this medication was not available in the home.*

*Repeated Violation - [redacted]*

**Plan of Correction** ***Accept [redacted] 07/08/2026)***

*1. Executive Director or designee will educate Med Techs staff on regulation 185(a) by 6/12/2026.*
*2. The Health and Wellness Director or designee will audit medication carts to MAR by 5/28/2026 to ensure all medications are available.*
*3. (revised) 7/7/26 The Health and Wellness Director or Designee will audit medication carts to MAR weekly x 4 weeks beginning 7/7/26 and bi weekly for one 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 Review[ST5.1] by July 1, 2026.*

**Licensee's Proposed Overall Completion Date:** *07/15/2026*

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

***Implemented ( - 08/04/2026)***

**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**

*The home's controlled medication policy states "a controlled substance count will be completed at the change of every shift or when custody of keys changes."*

*On and the controlled substance sheet was not filled out at the beginning and end of each shift.*

*Repeat Violation -*

**Plan of Correction** ***Accept - 07/07/2026)***

*See attached.1. Executive Director or designee will educate current Nurses and Medication Techs on regulation 185(b) by 6/12/2026[ST6.1].*
*2. The Health and Wellness Director or designee will audit medication binders by 6/1/2026 to ensure signatures and documentation were properly documented.*
*3. The Health and Wellness Director or Designee will audit medication binders 3 times weekly to ensure signatures and documentation were properly documented for 4 weeks effective 6/8/2026 and bi-weekly for one 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 Review[ST7.1] by July 1, 2026.*

**Licensee's Proposed Overall Completion Date:** *07/15/2026*

***Implemented - 08/04/2026)***

## 190a - Completion Medication Course

**7. Requirements**

2600.
190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

**Description of Violation**

*Staff Person A did not complete two MAR reviews and two Medication Administration Observations prior to the expiration of the annual practicum on . Staff Person A completed one of each in November 2025, and no remediation tasks were conducted.*
*Staff person A administered medications to Resident including the following:*

- *On at 8am, .*
- *On , and at 8pm, .*

## 190a Completion Medication Course (continued)

*Staff Person B, did not complete two MAR reviews and two Medication Administration Observations prior to the expiration of the annual practicum on [redacted]. Staff Person B completed one of each in November 2025, and no remediation tasks were conducted.*
*Staff person B completed the Controlled Narcotics Count with MedTech trained staff:*

- *On [redacted] as " Going Off Night Duty".*

*Staff Person C, did not complete two MAR reviews and two Medication Administration Observations prior to the expiration of the annual practicum on [redacted]. Staff Person C completed one of each in November 2025, and no remediation tasks were conducted.*
*Staff person C administered medications to Resident [redacted] including the following:*

- *On [redacted] and [redacted] at 8pm [redacted]*

**Plan of Correction** ***Accept [redacted] - 07/07/2026)***

*1. Executive Director or designee will educate Business Office Manager and Memory Care Director on regulation 190(c) by 5/28/2026 and the need appropriate documentation of med tech training. Documentation shall be kept[ST8.1].*
*2. Medication Technicians were removed from medication administration duties until remediation or re completion of the course is completed, depending on the program requirements. PA Medication Administration train the trainer within Senior Lifestyle Organization will review and train Medication technicians and document completion of the course as applicable.*
*3. PA Medication Administration train the trainer within Senior Lifestyle Organization will audit medication technician documents to ensure compliance with program requirements by 6/12/2026 and quarterly thereafter. New HWD beginning 7/15/26 is a train the trainer.*
*4. A tracker was developed to keep track of when observations are due to ensure compliance in maintained.*
*5. 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 Review[ST9.1] by July 1, 2026.*

**Licensee's Proposed Overall Completion Date:** *07/15/2026*

***Implemented [redacted] 08/04/2026)***

## 190c - Record of Training

**8. 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 home's medication administration training record for Staff Person A and Staff Person B does not include the name of the trainer.*

**Plan of Correction** ***Accept ([redacted] - 07/07/2026)***

*1. Executive Director or designee will educate Business Office Manager and Memory Care Director on regulation*

## *190c - Record of Training (continued)*

*2600190(c) by 5/28/2026 and need appropriate documentation of med tech training. Documentation shall be kept[ST10.1].*
*2. Medication Technicians were removed from medication administration duties until remediation or re-completion of the course is completed, depending on the program requirements. PA Medication Administration train the trainer within Senior Lifestyle Organization will review and train Medication technicians and document completion of the course as applicable.*
*3. PA Medication Administration train the trainer within Senior Lifestyle Organization will audit medication technician documents to ensure compliance with program requirements by 6/12/2026 and quarterly thereafter. New HWD beginning 7/15/26 is a train the trainer.*
*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 Review[ST11.1] by July 1, 2026.*

**Licensee's Proposed Overall Completion Date:** *07/15/2026*

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

## 231c - Preadmission Screening

**9. Requirements**

2600.
231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

**Description of Violation**

*Resident [redacted] was admitted to the Secure Dementia Care Unit (SDCU) on [redacted] However, the Resident [redacted]'s written cognitive preadmission screening was completed on [redacted]*

*Resident [redacted] was admitted to the Secure Dementia Care Unit (SDCU) on [redacted] However, the Resident [redacted]'s written cognitive preadmission screening was completed on [redacted]*

*Repeated Violation - [redacted]*

**Plan of Correction** ***Accept ([redacted] - 07/07/2026)***

*1. Executive Director or designee will educate current directors on regulation 231(c) by 6/12/2026.*
*2. HWD or designee will audit current resident records for proper documentation of preadmission screening by 6/12/26.*
*3. ED or designee will review preadmission screening documentation prior to admission effective 6/1/2026 for 4 weeks and bi- weekly for one month. ED or designee will address any discrepancies not within regulations.*
*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 Review[ST1.1] by July 1, 2026.*

**Licensee's Proposed Overall Completion Date:** *07/15/2026*

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