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

August 19, 2026

[redacted]
WYNCOTE CARE LLC
[redacted]

RE: WYNCOTE CARE CENTER
208 FERNBROOK AVENUE
WYNCOTE, PA, 19095
LICENSE/COC#: 15264

[redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/01/2026 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**: *WYNCOTE CARE CENTER* **License #**: *15264* **License Expiration**: *04/29/2027*

**Address**: *208 FERNBROOK AVENUE, WYNCOTE, PA 19095*

**County**: *MONTGOMERY* **Region**: *SOUTHEAST*

## Administrator

**Name**: [redacted] **Phone**: [redacted] **Email**: [redacted]

## Legal Entity

**Name**: *WYNCOTE CARE LLC*

**Address**: [redacted]

**Phone**: [redacted] **Email**: [redacted]

## Certificate(s) of Occupancy

## Staffing Hours

**Resident Support Staff**: *60* **Total Daily Staff**: *94* **Waking Staff**: *71*

## Inspection Information

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

**Reason**: *Incident* **Exit Conference Date**: *07/01/2026*

## Inspection Dates and Department Representative

*07/01/2026 - On-Site*: [redacted]

## Resident Demographic Data as of Inspection Dates

### General Information

**License Capacity**: *45* **Residents Served**: *18*

### Secured Dementia Care Unit

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

### Hospice

**Current Residents**: *3*

### Number of Residents Who:

**Receive Supplemental Security Income**: *0* **Are 60 Years of Age or Older**: *18*

**Diagnosed with Mental Illness**: *6* **Diagnosed with Intellectual Disability**: *1*

**Have Mobility Need**: *16* **Have Physical Disability**: *1*

## Inspections / Reviews

### 07/01/2026 Partial

**Lead Inspector**: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/06/2026*

### 07/31/2026 - POC Submission

**Submitted By**: [redacted] **Date Submitted**: *08/05/2026*

**Reviewer**: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/05/2026*

## Inspections / Reviews *(continued)*

**08/03/2026 POC Submission**

**Submitted By:** [redacted] **Date Submitted:** *08/05/2026*

**Reviewer:** [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *08/07/2026*

**08/19/2026 Document Submission**

**Submitted By:** [redacted] **Date Submitted:** *08/05/2026*

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

## 15b - Supervisor Plan

**1. Requirements**

2600.
15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

**Description of Violation**

*Staff member A was allegedly involved in an incident involving resident neglect on [redacted] and was initially suspended on [redacted] However, the staff member returned to work on [redacted] before the department's investigation concluded on [redacted]. The employee did not return on an approved plan of supervision.*

**Plan of Correction** ***Accept [redacted] 08/03/2026)***

*Staff Member A was initially suspended due to alleged neglect case reported by a staff member on 06/25/26. The Director of Nursing was in-serviced and educated by the Administrator on 07/27/26 on proper disciplinary measures and investigative protocols during an alleged abuse/neglect case. Staff may not return from suspension until both the AAA and the Department's investigation is concluded, or the employee returns on a plan of supervision approved by both the AAA and the Department. The Administrator/Designee will track and trend all incident reports on QAPI monthlyx3 for sustained compliance starting 07/31/26.*

**Licensee's Proposed Overall Completion Date:** *07/31/2026*

***Implemented [redacted] - 08/19/2026)***

## 16c - Written Incident Report

**2. Requirements**

2600.
16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

**Description of Violation**

*On [redacted], Resident [redacted] was involved in an incident with Staff Member A where the resident felt that the staff member was purposefully not providing care to them. The home did not report this incident to the department until [redacted]*

**Plan of Correction** ***Accept ([redacted] - 08/03/2026)***

*All PCH staff were in-serviced and educated on timely reporting protocols for incident reports such as abuse and neglect cases to be reported within 24 hours on 07/27/26. Facility policies and procedures have been reviewed to ensure alignment with regulations. Staff must follow facility policies and procedures to report immediately to the Administrator and/or the Director of Nursing for all allegations of abuse/neglect. The Administrator/Designee will monitor all incident reports of alleged abuse/neglect for compliance starting 07/31/26 monthlyx3 for one quarter. Results of the audit will be reported to QAPI for tracking and trending. The facility has designated a nursing supervisor to monitor and oversee all incident reports to catch instances of incidents not reported timely or at all and report to the Administrator/DON to ensure reporting is complete within 24 hours.*

**Licensee's Proposed Overall Completion Date:** *07/31/2026*

***Implemented [redacted] - 08/19/2026)***

## 141b1 - Annual Medical Evaluation

**3. Requirements**

## 141b1 Annual Medical Evaluation *(continued)*

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

**Description of Violation**

*Resident [redacted] most recent medical evaluation was completed on [redacted] The resident's previous medical evaluation was completed on [redacted].*

**Plan of Correction** ***Accept [redacted] - 08/03/2026)***

*The Home immediately audited all resident records to identify any non-compliance dates of DME completion. Areas of non-compliance were maintained in a separate list to ensure timely DME completion. The Medical Director was in-serviced by the Administrator to complete DMEs within its annual window on 07/27/26. The Administrator/Designee will conduct an audit of all documented medical evaluations for compliance with annual review monthlyx3 for one quarter or until substantial compliance is met starting 07/31/26. The findings will be reported to QAPI for sustained compliance.*

**Licensee's Proposed Overall Completion Date:** *07/31/2026*

***Implemented [redacted] - 08/19/2026)***