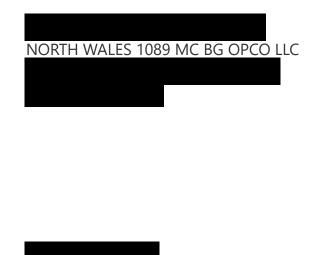
Department of Human Services Bureau of Human Service Licensing LICENSING INSPECTION SUMMARY - PUBLIC

May 31, 2024



RE: PARK CREEK PLACE - MEMORY CARE 1089 HORSHAM ROAD NORTH WALES, PA, 19454 LICENSE/COC#: 14256

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/06/2024 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,

cc: Pennsylvania Bureau of Human Service Licensing

PARK CREEK PLACE - MEMORY CARE			14256
Facility Information			
Name: PARK CREEK PLACE - MEMORY C	ARE	License #: 14256	License Expiration: 10/02/2024
Address: 1089 HORSHAM ROAD, NORTH	WALES, PA 19454		
County: MONTGOMERY	Region: SOUTHEAST		
Administrator			
Name:	Phone:	Email:	
Legal Entity			
Name: NORTH WALES 1089 MC BG OPC	O LLC		
Address:			
Phone: Email:			
Certificate(s) of Occupancy			
Туре: С-2 LP	Date: 07/19/1996		Issued By: CWOPA L&I
Staffing Hours			
Resident Support Staff: 0	Total Daily Staff: 50		Waking Staff: 38
Inspection Information			
Type: Partial Notice: U	Inannounced	BHA Docket #:	
Reason: Monitoring		Exit Conference Dat	e: 05/06/2024
Inspection Dates and Department Rep	oresentative		
05/06/2024 - On-Site:			
Resident Demographic Data as of Ins	pection Dates		
General Information			
License Capacity: 48		Residents Served	: 25
Secured Dementia Care Unit	Fating House	c i i i i i	
	Entire Home		
		Capacity: 48	Residents Served: 25
Hospice Current Residents: 6		Capacity: 48	Residents Served: 25
· · ·		Capacity: 48	Residents Served: 25
Current Residents: 6 Number of Residents Who: Receive Supplemental Security Inc	ome: 0	Are 60 Years of A	ge or Older: 25
Current Residents: 6 Number of Residents Who: Receive Supplemental Security Inc Diagnosed with Mental Illness: 0	ome: <i>0</i>	Are 60 Years of A Diagnosed with I	ge or Older: <i>25</i> ntellectual Disability: <i>0</i>
Current Residents: 6 Number of Residents Who: Receive Supplemental Security Inc	ome: 0	Are 60 Years of A	ge or Older: <i>25</i> ntellectual Disability: <i>0</i>
Current Residents: 6 Number of Residents Who: Receive Supplemental Security Inc Diagnosed with Mental Illness: 0	ome: <i>0</i>	Are 60 Years of A Diagnosed with I	ge or Older: <i>25</i> ntellectual Disability: <i>0</i>
Current Residents: 6 Number of Residents Who: Receive Supplemental Security Inc Diagnosed with Mental Illness: 0 Have Mobility Need: 25	ome: 0	Are 60 Years of A Diagnosed with I	ge or Older: <i>25</i> ntellectual Disability: <i>0</i>
Current Residents: 6 Number of Residents Who: Receive Supplemental Security Inc Diagnosed with Mental Illness: 0 Have Mobility Need: 25	ome: <i>0</i> Follow-Up Type: <i>P</i> (Are 60 Years of A Diagnosed with In Have Physical Dis	ge or Older: <i>25</i> ntellectual Disability: <i>0</i>
Current Residents: 6 Number of Residents Who: Receive Supplemental Security Inc Diagnosed with Mental Illness: 0 Have Mobility Need: 25 Inspections / Reviews 05/06/2024 - Partial		Are 60 Years of A Diagnosed with In Have Physical Dis	ge or Older: <i>25</i> ntellectual Disability: <i>0</i> ability: <i>0</i>
Current Residents: 6 Number of Residents Who: Receive Supplemental Security Inc Diagnosed with Mental Illness: 0 Have Mobility Need: 25 Inspections / Reviews 05/06/2024 - Partial Lead Inspector:		Are 60 Years of A Diagnosed with In Have Physical Dis	ge or Older: <i>25</i> ntellectual Disability: <i>0</i> ability: <i>0</i>

Inspections / Reviews (continued)
05/31/2024 - Document Submission	
Submitted By:	Date Submitted: 05/30/2024
Reviewer:	Follow-Up Type: Not Required

184a - Resident's Meds Labeled

1. 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

The directions for Resident		tab had been changed from	"take 1 tablet by mouth once
daily" to "take 1 tablet by mou	ith at bedtime." However, th	ne change was not indicated	on the medication container.

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The directions for Resident **and the end of the second sec**

Plan of Correction	Accept - 05/22/2024)
Resident	container has been updated with a change of direction sticker. Corrected by the
Health & Wellness Directo	r on 5-15-24.
• Resident	cap container has been updated with a change of direction sticker Corrected by
Health & Wellness Directo	r on 5-15-24.
• Resident	tab container has been updated with a change of direction sticker Corrected by
Health & Wellness Directo	r on 5-15-24.
• Current Med techs were p	provided educated, on 5-15-2024 by the Health & Wellness Director on the company's
policy on Medication label	ing ,also on checking for appropriate labels when receiving medication that family
provides, and any discrepa	ncies are communicated to Health and Wellness Director or designee for verification.
- Hoalth & Wallpace Direct	or will conduct an audit of current & new modications including modication received from

• Health & Wellness Director will conduct an audit of current & new medications including medication received from families for prescription accuracy. Started 5-17-24

• Health & Wellness Director will conduct an audit of the medication cart weekly for 1 month; biweekly for 1 month; then monthly to verify current medications including medications provided by families have accurate labels. Any discrepancies will be reported to the Executive Director

Licensee's Proposed Overall Completion Date: 05/31/2024

resident's name.

Plan of CorrectionAccept05/22/2024)• Residentbox of Ensure was labeled by the MedTech with resident's name on 5-6-2024, and new case of Ensure
requested from pharmacy by Health and wellness Director on 5-17-2024.• Current Med Techs educated by the Health & Wellness Director on 5-15-2024, on the company's medication

labeling policy, opening OTC/CAM medications packaging, and keeping the attached resident label intact.

• Health and Wellness Director will complete audit of current OTC/CAM packaging by 5-17-2024 for accurate labeling.

• Health and Wellness Director will conduct an audit OTC /CAM for accurate labeling weekly for 1 month; biweekly for 1 month; then monthly. Any discrepancies will be reported to the Executive Director . Ongoing

Licensee's Proposed Overall Completion Date: 05/31/2024

		Implemented	- 05/31/2024)
202 -	Prohibitions		

3. Requirements

2600.

- 202. The following procedures are prohibited:
 - 4. A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited. A chemical restraint does not include a drug ordered by a physician or dentist to treat the symptoms of a specific mental, emotional or behavioral condition, or as pretreatment prior to a medical or dental examination or treatment.

Description of Violation

Resident is prescribed tables tab, take 1 tablet by mouth every 24 hours as needed for insomnia, agitation, and restlessness. This medication is prescribed to control resident's behaviors of agitation and is considered

as a chemical restraint.

Plan of Correction	Accept (- 05/22/2024)
• Chemical restraint labeling of medication for Resident	tablet removed by the Health &
Wellness Director 5-10-2024.	
• Health and Wellness Director request for new	prescription from Primary Care Physician on 5-10-

2024, removing the word 'agitation'.

• Health and Wellness Director or designee will review all new prescriptions with Primary Care Physician to ensure labeling does not reflect the use of a chemical restraint by 5-17-2024.

• Health and Wellness Director educated current MedTech's regarding company restraint policy which reflect chemical restraints on 5-17-2024.

• *HWD* will audit current narcotic medications and request new prescriptions for inappropriate labeling and use by *Primary Care Physician to be completed by 5-17-2024*.

• Health and Wellness Director will audit narcotic labeling weekly for 1 month, biweekly for 1 month and then monthly for inappropriate labeling. Any discrepancies will be reported to Executive Director. Started by 5/31/2024

• The Executive Director with the management team present will discuss the restraint policy -chemical restraints during the quarterly Quality Assurance Review . Completed by 5/31/2024.

Licensee's Proposed Overall Completion Date: 05/31/2024

202 - Prohibitions (continued)

Implemented - 05/31/2024)