

Department of Human Services  
Bureau of Human Service Licensing

July 15, 2021

[REDACTED]  
NORTH WALES 1091 PCH BG OPCO LLC  
330 N WABASH AVENUE,SUITE 3700  
CHICAGO, IL 60611

RE: PARK CREEK PLACE - PERSONAL  
CARE  
1091 HORSHAM ROAD  
NORTH WALES, PA, 19454  
LICENSE/COC#: 14257

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 05/10/2021 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,  
[REDACTED]

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

**Facility Information**

**Name:** PARK CREEK PLACE - PERSONAL CARE      **License #:** 14257      **License Expiration Date:** 01/30/2022  
**Address:** 1091 HORSHAM ROAD, NORTH WALES, PA 19454  
**County:** MONTGOMERY      **Region:** SOUTHEAST

**Administrator**

[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

**Legal Entity**

**Name:** NORTH WALES 1091 PCH BG OPCO LLC  
**Address:** 330 N WABASH AVENUE, SUITE 3700, CHICAGO, IL, 60611

[REDACTED] [REDACTED] [REDACTED] [REDACTED]

**Certificate(s) of Occupancy**

**Type:** C-2 LP      **Date:** 01/26/2017      **Issued By:** Montgomery Twp  
**Type:** I-2      **Date:** 01/26/2017      **Issued By:** Montgomery Twp

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 45      **Waking Staff:** 34

**Inspection**

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Monitoring      **Exit Conference Date:** 05/10/2021

**Inspection Dates and Department Representative**

05/10/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 72      **Residents Served:** 35

**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 Year of Age or Older:** 35  
**Diagnosed with Mental Illness:** 0      **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 10      **Have Physical Disability:** 0

Inspections / Reviews

05/10/2021 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/04/2021*

7/15/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *07/16/2021*

## 28e - Death of a Resident

### 1. Requirements

2600.

- 28.e. In the event of a death of a resident under 60 years of age, the administrator shall refund the remainder of previously paid charges to the resident's estate within 30 days from the date the room is cleared of the resident's personal property. In the event of a death of a resident 60 years of age and older, the home shall provide a refund in accordance with the Elder Care Payment Restitution Act (35 P. S. § § 10226.101—10226.107). The home shall keep documentation of the refund in the resident's record.

### Description of Violation

Resident #1 passed away on [REDACTED]. The resident's personal belongings were removed from their room on 9/21/20. The home states that a refund was provided on 12/23/2020. The home was unable to provide proof of the refund.

### Plan of Correction

Accept

- On 12/23/2020 the Administrative Specialist (AS) returned funds to Resident #1's designated person. (Document A1)
- The Administrative Specialist was educated on 5/27/2021, by the Executive Director (ED) on the requirements stated within 2600.28.e. (Document A2)
- On 5/27/2021 the Administrative Specialist and ED conducted an audit of deceased resident charges/ funds and their corresponding refunds, for a lookback period of 90 days. In the event a refund is warranted it was subsequently processed by the Administrative Specialist. (Attachment A3)
- The ED and/or designee will audit deceased resident charges and corresponding refunds weekly x 4 weeks, then biweekly x 4 weeks, then monthly x 1 to validate refunds are processed timely, as per 2600.28.e. (Attachment A4)
- Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be on-going

Completion Date: 05/28/2021