

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

August 13, 2025

[REDACTED]  
NORTH WALES AL/MC, LLC  
[REDACTED]  
[REDACTED]

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

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/11/2025 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: *05/02/2026*  
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**

**Staffing Hours**

Resident Support Staff: Total Daily Staff: *27* Waking Staff: *20*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Incident* Exit Conference Date: *06/11/2025*

**Inspection Dates and Department Representative**

06/11/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *72* Residents Served: *25*

**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: *25*  
Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *2* Have Physical Disability: *0*

**Inspections / Reviews**

06/11/2025 Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/19/2025*

07/29/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: *07/31/2025*  
Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *07/31/2025*

Inspections / Reviews *(continued)*

08/13/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/31/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

187d - Follow Prescriber's Orders

1. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [redacted] is prescribed [redacted]: Hold if heart rate is less than 60 [beats per minute - bpm]. This medications was administered daily at 9:00 PM from [redacted] through [redacted], and from [redacted] through [redacted]. However, the home did not document the resident's heart rate from [redacted] through [redacted]. Resident [redacted] was administered this medication on several dates where the documented heart rate was below 60 beats per minute:

- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]

Plan of Correction

Accept [redacted] - 07/29/2025)

Resident [redacted] no longer resides at Park Creek Place

Medication Technicians were educated to follow prescriber's orders by the Health and Wellness Director on 6-11-2025, completed by 6-13-2025, utilizing the regulation and the company's medication policy. Medication Technicians were educated on how to identify medication errors and proper reporting procedures and the companies medication error policy by the Health and Wellness Director on 6-11-2025, completed on 6-13-2025, utilizing the state regulation and the company policy. Medication Cart audits are completed weekly by the Health and Wellness Director effective 6-12-2025, completed by 6-27-25, and monthly afterwards to establish compliance that medications are prescribed following a physician's order. Discrepancies will be reported immediately to the Executive Director. The Executive Director will oversee the Health and Wellness Director ongoing.

Licensee's Proposed Overall Completion Date: 07/18/2025

Implemented [redacted] - 08/13/2025)

190c - Record of Training

2. 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's 2025 annual practicum does not include that any Medication Record Reviews were completed and documents only one medication administration observation, completed 2-2025.

Plan of Correction

Accept [redacted] - 07/29/2025)

Staff Person A 2025 annual practicum was corrected and medication administration observations were completed July 11, 2025 by the Homes certified medication train the trainer. The Heath and Wellness Director completed an audit of current Medication Technician medication observations and completed the required paperwork, Medication Reviews were completed and Medication observations were conducted by the certified medication train the trainer,

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

*completed 7 11 25. The Health and Wellness Director will monitor Medication Technicians for annual practicum, observations and Emar review monthly with a training tracker to establish ongoing compliance. Training will be scheduled by the Health and Wellness Director accordingly. The Executive Director will oversee the Health and Wellness Director ongoing. Medication compliance including Medication Technician training will be discussed at the next quarterly Quality Assurance review with current Directors in attendance by 7/31/2025.*

**Licensee's Proposed Overall Completion Date: 07/18/2025**

**Implemented [REDACTED] - 08/13/2025)**