

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to MAPLESHADE MEADOWS, L.P.

LEGAL ENTITY

To operate MAPLESHADE MEADOWS ASSISTED LIVING FACILITY

NAME OF FACILITY OR AGENCY

Located at 50 EAST LOCUST STREET, NESQUEHONING, PA 18240

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 104

(MAXIMUM CAPACITY)

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa. Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from September 27, 2010 until September 27, 2011,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 204000

*Robert E. Robinson*

ISSUING OFFICER

*Kurt T. Casey*

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
PO BOX 2675  
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

SEP 29 2010

PHONE: (717) 783-3670  
FAX: (717) 783-5662

Mr. Sandy Insalaco, Jr., Partner  
Mapleshade Meadows, L.P.  
Mapleshade Meadows Assisted Living Facility  
30 East Locust Street  
Nesquehoning, Pennsylvania 18240

Dear Mr. Insalaco:

As a result of the Department of Public Welfare's licensing inspection on July 7, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey  
Deputy Secretary

Enclosures  
License  
Violation Report

**VIOLATION REPORT  
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME Mapleshade Meadows Assisted Living Facility, 50 East Locust Street, Nesquehoning, PA 18240		CURRENT LICENSE NUMBER 204000	
INSPECTION DATE(S) (Include all dates of the inspection) July 07, 2010		REGIONAL REPRESENTATIVE Michele Moskalczyk, Gerald Dumas, Florence Babiarz	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Sandy Insalaco, Jr.</i>			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>X Sandy Insalaco Jr.</i>	DATE <i>8/9/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Harvey</i>	DATE <i>9-20-10</i>

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
95 Furniture and equipment shall be in good repair, clean and free of hazards.	Resident Room #A11: the bathroom area toilet was found to be in poor condition and in need of repair or replacement. The toilet had permanent brown stains inside the bowl.	<i>7/8/10</i>	<i>The toilet in rm. A11 was found with rust stains. Changed cleaning product. Stain were thoroughly removed. See attached photo. Toilet in good working order. Housekeeping and maintenance have been instructed of cleanliness and maintaining resident rooms and bath rooms. Administrator will continue to monitor and inspect on a weekly basis.</i>  <i>(photo)</i>	<i>9-20-10 JH</i>

**RECEIVED**

AUG 17 2010

*Original*

SCRANTON FIELD OFFICE  
Adult Residential Licensing

**VIOLATION REPORT  
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

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<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> July 07, 2010		<b>REGIONAL REPRESENTATIVE</b> Michele Moskalczyk, Gerald Dumas, Florence Babiarz	
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<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b> <i>[Signature]</i>	<b>DATE</b> 8/9/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>[Signature]</i>	<b>DATE</b> 9-20-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW																					
132d Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.	<p>The home does not have a letter dated within the past year from a fire safety expert which specifies a safe time of evacuation or which identifies designated fire safe areas within the building for residents to be evacuated to. The most recent fire safety letter on file at the home is dated July 29, 2008.</p> <p>The homes recent fire drill times are as follows:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Drill Date</th> <th>Time of Day</th> <th>Evac. time</th> </tr> </thead> <tbody> <tr><td>6/7/10</td><td>11:00am</td><td>5:32</td></tr> <tr><td>5/22/10</td><td>1:30pm</td><td>5:50</td></tr> <tr><td>4/22/10</td><td>6:30am</td><td>6:25</td></tr> <tr><td>3/29/10</td><td>4:45pm</td><td>4:52</td></tr> <tr><td>2/26/10</td><td>1:30pm</td><td>4:10</td></tr> <tr><td>1/28/10</td><td>10:25am</td><td>4:54</td></tr> </tbody> </table>	Drill Date	Time of Day	Evac. time	6/7/10	11:00am	5:32	5/22/10	1:30pm	5:50	4/22/10	6:30am	6:25	3/29/10	4:45pm	4:52	2/26/10	1:30pm	4:10	1/28/10	10:25am	4:54	7/7/10	<p><i>Violation was immediately corrected at time of inspection. Please see attached letter. Administrator will instruct fire marshall / safety expert and request full documentation of building specifications on annual inspection, training and drill following advice of DPW inspector Michelle Moskalczyk.</i></p> <p><i>Maple Shade Meadows will continue random monthly fire drills per APW regulations. Administrator will monitor to ensure full compliance.</i></p>	9-20-10 <i>JK</i>
Drill Date	Time of Day	Evac. time																							
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1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
187a A medication record shall be kept to include the following for each resident for whom medications are administered:  (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re	The medication administration record (MAR) for resident # 1 did not include staff initials to indicate administration or refusal for Ocean .65% nose spray saline, Vitamin B-1, Folic Acid, Klor-Con, Prilosec 20 mg capsule, Lasix 40mg, Metoprolol 25 mg and Calcium 500mg on 6/8/10 and 6/9/10. <i>brought to DPW attention - spoke with G. Dumas 8/10/10</i>  The MAR for resident # 2 did not include staff initials to indicate administration or refusal for Humulin N Insulin, inject 30 units at 7:30 a.m. on 7/7/10.  The MAR for resident #3 did not have staff initials to indicate the administration or refusal for their nasal spray medication at 8:00am on 7/07/10.	7/7/10	<i>Please refer to attachment #1</i>  <i>Please refer to attachment #1</i>  <i>Please refer to attachment #1</i>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p align="center"><i>9-20-10</i></p> <hr/> <p>Date Initials (DPW)</p>

Each medication will be signed off immediately after medication is administered to Resident. All Medication Technicians have been re-instructed on medication policy and procedures and correct way to document medication administration. The Administrator/Designee will conduct weekly MAR audits to ensure future compliance.

Please Note: The violation report states Resident #1 did not include staff initials to indicate administration or refusal of medications on 7/8/10 and 7/9/10. This violation should have been dated 6/8/10 and 6/9/10 as per telephone conversation between [REDACTED] and Gerald Dumas on 8/10/10.

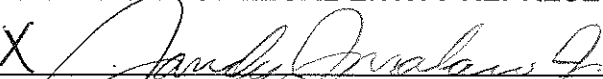

The medications stated were given to Residents #1, #2, #3, #4, #5, #6 and #7 after checking medication blister pack against MAR, were then administered to Resident, but were not signed off correctly on 6/27/10, 6/29/10 and 7/7/10.

All Treatments will be changed to 10AM including compression Boots for Resident #5. A pharmacy meeting was held with the pharmacy and the pharmacy will further check MAR's monthly. Next visit 8/11/10. If a medication/treatment is refused the Medication Refusal/Omission Report will be completed and the physician and Responsible party will immediately be notified.

Orders for the comfort pack medications and additions to the MAR will be done when the Resident signs for Hospice services. Medication authorization will be obtained by Hospice and the pharmacy will be notified. An attached list of medications in the comfort pack will be attached to same. When a medication is used from the comfort pack Hospice will be notified.

Compliance will be insured by checking the MAR's after each medication pass assuring that all medications have been administered and charted correctly.

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nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.	<p>The MAR for resident #4 did not have staff initials to indicate the administration or refusal for their medication/inhaler treatment at 8:00am on 7/07/10.</p> <p>The MAR for resident #5 did not have staff initials to indicate the administration or refusal for their Klor-Con medication and Venous Compression Pump at 8:00am on 7/07/10.</p> <p>The MAR for resident # 7 did not include staff initials to indicate the administration or refusal for Furosemide 40 mg. at 5:00 p.m. on 6/27/10.</p> <p>A Hospice Comfort Pak for resident # 8 was not listed on the medication administration record.</p>	7/7/10	<p><i>Please refer to attachment #1</i></p> <p><i>Please refer to attachment #1 and #2</i></p> <p><i>Please refer to attachment #1</i></p> <p><i>Please refer to attachment #3</i></p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p align="center"><u>9-20-10</u></p> <p>Date <span style="float:right">Initials (DPW)</span></p>

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Continued from previous page	The MAR for resident # 6 did not include staff initials to indicate the application or refusal of TEDS on 6/29/10.  Repeated violation – 4/13/09	7/7/10	<i>Please refer to attachment #1</i>	Steps have been taken to correct violation; full compliance is not verifiable <u>9-20-10</u> Date Initials (DPW)

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188b A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.  (1) Failure to administer a medication.	Resident #7: Voltaren Gel to be applied 4x daily at 8am, noon, 4pm and 8pm was not applied on 7/4/10 at noon and 4 pm. Furosemide 1 tablet by mouth daily at 5 pm was also not administered on 7/4/10, as prescribed. Entries made on the medication administration log indicated "resident out of facility/not given." There was no documentation that these medication errors were reported to the prescriber.	7/7/10	Please refer to attachment #4 and #5.	Steps have been taken to correct violation; full compliance is not verifiable 9-20-10 Date <i>[Signature]</i> Initials (DPW)
<p><b>RECEIVED</b></p> <p>AUG 17 2010</p>				

SCRANTON FIELD OFFICE  
Adult Residential Licensing

All Residents out of the facility for any reason (except hospitalization) will be given medications to be administered by the Responsible party during absence. If any medication is omitted a detailed description of the omission will be documented on the MAR and the physician will be notified immediately on Medication Refusal/Omission Report. The Resident and Responsible Party will also be notified immediately.

All Medication Technicians have been re-instructed on medication policy and procedures and correct way to document out of facility.

Administrator/Designee will closely monitor any out of facility occasion of any Resident on a daily basis and continue to conduct weekly MAR audits to ensure future compliance.