



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

ADULT RESIDENTIAL LICENSING

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

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: March 2, 2011

Ms. Robyn B. Kulp, Executive Director, NHA
Maple Village INC.
2815 Byberry Road
Hatboro, Pennsylvania 19040

RE: Maple Village
2815 Byberry Road
Hatboro, Pennsylvania 19040

Dear Ms. Kulp:

As a result of the Department of Public Welfare's licensing inspection on August 26, 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.


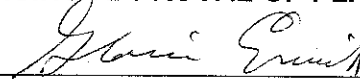
Sincerely,

A handwritten signature in cursive script that reads "Glenn Enck".

Regional Licensing Administrator

Enclosure(s)

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

NAME AND ADDRESS OF PERSONAL CARE HOME Maple Village, 2815 Bayberry Road, Hatboro, Pennsylvania 19040		CURRENT LICENSE NUMBER 127910	
INSPECTION DATE(S) (Include all dates of the inspection) August 26, 2010		REGIONAL REPRESENTATIVE Serena Chou	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 	DATE 11/15/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3/2/11

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
42b A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.	Resident #1 was hit by Resident #2, and fell on the floor during an argument on 8/9/2010. Resident #1 was taken to the local emergency center on 8/10/2010, complaining of back pain. Resident #1 was diagnosed with, and treated for a lumbosacral strain. PCH Division Central Region Field Office	Immediately	At the time of incident Resident #1 and Resident #2 were separated and med. Tech check for any injuries Resident #1 may have sustain. Resident was mobile. Physician and families were notified. Resident #2 complained of back pain and was sent Abington Hospital ER for evaluation on 8/10/10 and was treated for lumbosacral strain.. All staff was made aware to incident and if resident #1 and 2# must be redirected away from one another to prevent reoccurrence. Resident #1 [redacted] resided with [redacted] in the evening until resident #2 transferred to Abington Hospital for evaluation and admission to the gero-psychiatric unit on 8/12/10 Resident #2 was transferred to a skilled unit after discharge from gero-psychiatric unit. To prevent reoccurrence staff has been in-service on resident to resident altercation prevention. (See attached policy). Administrator and Lead Med Tech will monitor	Steps have been taken to correct violation; full compliance is not verifiable 3/2/11 Date Initials (DPW)

NOV 23 2010
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