



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
Norristown State Hospital  
1001 Sterigere Street  
Bldg 2 Rm. 161  
Norristown, Pennsylvania 19401

ADULT RESIDENTIAL LICENSING

1-866-711-4115  
610-270-1137

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**Mailing Date: February 21, 2012**

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

Dear Ms. Kulp:

As a result of the Department of Public Welfare's licensing inspection on January 10, 2012 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.

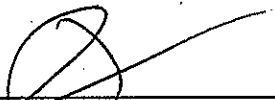
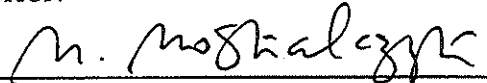
Sincerely,

A handwritten signature in black ink that reads "Chevon Miller" followed by a vertical line and the letters "DE".

Chevon Miller  
Regional Licensing Administrator

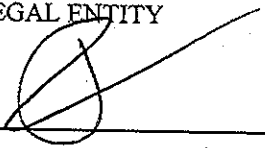
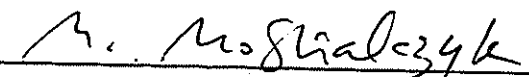
Enclosure(s)  
Violation Report

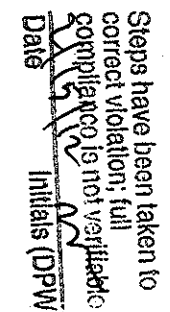
VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME MAPLE VILLAGE, 2815 BYBERRY ROAD HATBORO, PA 19040		CURRENT LICENSE NUMBER 127910	
INSPECTION DATES (Include all dates of the inspection) 01/10/2012		REGIONAL REPRESENTATIVE Amy Scharpf, Kimberli Foulkes	
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 	DATE 2/1/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 2/15/12

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
<p>225c</p> <p>The resident shall have additional assessments as follows:</p> <p>(1) Annually.</p> <p>(2) If the condition of the resident significantly changes prior to the annual assessment.</p> <p>(3) At the request of the Department upon cause to believe that an update is required.</p>	<p>The most recent assessment for Resident #1 was completed on 2/15/11. The home did not update the resident's assessment to reflect the following changes:</p> <p>-Prior to 12/18/11, Resident #1 was exhibiting isolative and introverted behavior, prompting a referral to resident's psychiatrist.</p> <p>-On 12/24/11, Resident #1 returned from the hospital after an admission for change in mental status and the home implemented hourly checks.</p>	<p>1/10/12</p> <p>+</p> <p>*ONGOING</p>	<p>Assessment and support plan both corrected The day of inspection. Updated to include New Dx – Change in Mental Status , plan Monitor Edith every hour report any Unusual behaviors to Dr [REDACTED] and the Administrator</p> <p>* The administrator / designee will monitor all assessments on an ongoing basis and generate additional assessments as required <i>M. Mostkalezyk</i></p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Date 2/15/12 Initials (DPW) <i>M</i></p>

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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227d Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.	On 12/24/11, Resident #1 returned from the hospital after an admission for change in mental status and the home implemented hourly checks. The resident's support plan that was completed on 2/15/11 was not updated to reflect this change in need.  Repeated Violations: 12/01/2010	1/10/12	To prevent reoccurrence staff has been trained to add new Dx, Falls, Hospitalizations, referrals to the Assessment and Support plan/Rasp Charts will be audited monthly. For compliance monitored by the Administrator  <i>see audit tool</i>	Steps have been taken to correct violation; full compliance is not verifiable  Date _____ Initials (DPW) _____