

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to MAPLE SHADE MEADOWS LP

LEGAL ENTITY

To operate MAPLE SHADE MEADOWS SENIOR LIVING

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  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(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 29, 2012 until September 29, 2013,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 204000

*Robert E. Robinson*

ISSUING OFFICER

*[Signature]*

DIRECTOR

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 - 01/11



AUG 27 2012

Mr. Sandy Insalaco, Jr., Partner  
Maple Shade Meadows, LP  
490 North Main Street  
Pittston, Pennsylvania 18640

RE: Maple Shade Meadows Senior Living  
50 East Locust Street  
Nesquehoning, Pennsylvania 18240

Dear Mr. Insalaco:

As a result of the Department of Public Welfare's licensing inspection on July 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.

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

Sincerely,

A handwritten signature in black ink, appearing to read "Ronald Melusky". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Ronald Melusky  
Director

Enclosures  
License  
Violation Report



Violation Report: 20400 - 07/10/2012 - Dumas, Gerald  
 PCH Name: MAPLESHADE MEADOWS\_INDICATOR\_7-10-12

1. REGULATION 55 Pa.Code §2600  
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION  
 Resident # 1 had a Comfort Pak that expired on 5.12.2012.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

*Comfort pack of Hospice Resident #1 was found to be expired, dated 5/13/12. Pack was immediately removed from medication cart and St. Lukes Hospice contacted in regards to same. St. Lukes Hospice nurse came to facility on 7/12/12 to dispose of expired comfort pack. Witnessed by DON and Administrator. All medication carts were audited for expired medications. All nursing staff and medication techs have been re-instructed on medication administration policies and procedures and the importance of checking for expiration dates on medications. The DON and Administrator will conduct weekly medication audits to ensure future compliance. Please see attached documentation.*

*Michelle Goodman Administrator*

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Sandy Insalaco Jr.*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Sandy Insalaco, Jr. - Partner*      Date *7-31-12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 8/15/12  
 (Date)

Plan of correction implementation status as of 8/15/12  
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *[Signature]*  
 (Initials)

Violation Report: 20400 - 07/10/2012 - Dumas, Gerald  
 PCH Name: MAPLESHADE MEADOWS\_INDICATOR\_7-10-12

**1. REGULATION 55 Pa.Code §2600**

2600.187(a) - 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 nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

**2a. DESCRIPTION OF VIOLATION**

The Medication Administration Record for resident # 2 did not indicate a diagnosis or purpose for Head & Shoulders Dry Scalp Shampoo.

The Medication Administration Record for resident # 3 did not indicate a diagnosis or purpose for Cyanocobalamin Vitamin B12; Ferrex 160mg capsule; Lidoderm 5% patch am and pm; and Vitamin D3.

The Medication Administration Record for resident # 4 did not indicate a diagnosis or purpose for Alendronate Sodium 70mg tablet.

The Medication Administration Record for resident # 5 did not indicate a diagnosis or purpose for Losartan Potassium 50mg tablet.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed. The MAR's of Residents #2, 3, 4, and 5 were found without diagnosis. All were immediately corrected. Diagnosis was added according to MD orders. All MAR's were reviewed. All nursing staff and medication techs have been re-instructed on medication administration policies and procedures and the importance of the diagnosis documented on the MAR. The DON and Administrator will conduct weekly MAR audits to ensure future compliance.*

*Please see attached documentation* *Kelcie Hoodman Administrator*

|                      |                                   |  |  |
|----------------------|-----------------------------------|--|--|
| Repeat Violation: No | Date(s) of Previous Violation(s): |  |  |
|----------------------|-----------------------------------|--|--|

Signature of Legal Entity Representative (Required on EVERY Page) *Sandy Insalaco Jr.*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Sandy Insalaco, Jr. Partner* Date *7-31-12*

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

|  |   |
|--|---|
| The above plan of correction is approved as of <u>8/15/12</u><br>(Date)              | Plan of correction implementation status as of <u>8/15/12</u><br>(Date)   |
| The above plan of correction was approved by <u><i>[Signature]</i></u><br>(Initials) | <input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress<br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |