



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

OCT 02 2014

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

RE: Maple Shade Meadows Senior Living
50 East Locust Street
Nesquehoning, Pennsylvania 18240
License #: 204000

Dear Mr. Insalaco:

As a result of the Department of Public Welfare's licensing inspection on August 27, 2014, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period September 29, 2014 to September 29, 2015 was issued on July 7, 2014. Your regular license remains in good standing.

Sincerely,

Matthew J. Jones
Director

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Enclosure
License Inspection Summary

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

PCH Name: MAPLE SHADE MEADOWS SENIOR LIVING		License Number: 20400
Address: 50 EAST LOCUST STREET, NESQUEHONING, PA 18240		County: Carbon
Administrator: Melanie Goodman		Region: NORTHEAST
Legal Entity Name: MAPLE SHADE MEADOWS LP		
Legal Entity Address: 490 NORTH MAIN STREET, PITTSTON, PA 18640		
Certificate(s) of Occupancy		
C-2 LP 07/12/1999 Department of L&I	C-2 LP 06/14/2004 Department of L&I	C-2 LP 04/20/2004 Department of L&I
Staffing Hours		
Resident Support: 0	Total Daily Staff: 85	Waking Staff: 64
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
08/27/2014: Hummel, Jesse; Harvey, Jason		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 104 Number of Residents Served: 81 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 4 Number of Hospice Residents in past year: 7		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 81 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 4 Have a Physical Disability: 2

Violation Report: 20400 - 08/27/2014 - Hummel, Jesse
 PCH Name: MAPLE SHADE MEADOWS SENIOR LIVING

1. REGULATION 55 Pa.Code §2600
 2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION
 Department Representatives observed a 20 lb box of home - style roll dough in an unsealed container located in the facility's walk in freezer.

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 Kitchen (Dietary department) was found with two open (not sealed) packages of cookie dough and bread dough. Packages were immediately sealed and tied closed. All dietary staff were instructed of importance of sealing open packages for sanitary reasons and to ensure future compliance. Dietary manager and administrator will closely monitor food storage areas.

Melanie Hoodman Administrator

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Sandy Insalaco, Jr. Partner* Date *9/18/14*


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The above plan of correction is approved as of 9-25-14 (Date)

The above plan of correction was approved by *OP* (Initials)

Plan of correction implementation status as of 9-25-14 (Date)

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

Violation Report: 20400 - 08/27/2014 - Hummel, Jesse PGH Name: MAPLE SHADE MEADOWS SENIOR LIVING	
1. REGULATION 55 Pa. Code §2600 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)	
2a. DESCRIPTION OF VIOLATION The medical evaluation completed for resident #1 did not indicate the resident's health status or cognitive status.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
<p><i>The Medical Evaluation of Resident #1 was found: Health Status and Cognitive Function was not designated. Medical Evaluation was immediately returned to physician for correction. Please refer to attachment for correction. Director of Nursing and Administrator will closely review all Medical Evaluations to ensure future compliance.</i></p>	
<p><i>Melanie Hodson Administrator</i></p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>X Sandy Insalaco, Jr.</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Sandy Insalaco, Jr</i>	President/ Partner Date <i>9/18/14</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>9-25-14</u> (Date)	Plan of correction implementation status as of <u>9-25-14</u> (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented