



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 03 2015

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


RE: Maple Shade Meadows Senior Living
License #: 204000

Dear Ms. Insalaco:

As a result of the Department of Human Services' annual licensing inspection on August 20, 2015 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.

Sincerely,


Matthew J. Jones
Director
/s/

Enclosure
License Inspection Summary

PCH Name: MAPLE SHADE MEADOWS SENIOR LIVING		License Number: 204007			
Address: 50 EAST LOCUST STREET, NESQUEHONING, PA 18240		County: Carbon			
Administrator: MELANIE GOODMAN		Region: NORTHEAST			
Legal Entity Name: MAPLE SHADE MEDOWS LP					
Legal Entity Address: 480 NORTH MAIN STREET, PITTSTON, PA 18840					
Certificate(s) of Occupancy <table border="0"> <tr> <td>C-2 LP 07/12/1998 LABOR AND INDUSTRY</td> <td>C-2 LP 08/14/2004 LABOR AND INDUSTRY</td> <td>C-2 LP 04/20/2004 LABOR AND INDUSTRY</td> </tr> </table>			C-2 LP 07/12/1998 LABOR AND INDUSTRY	C-2 LP 08/14/2004 LABOR AND INDUSTRY	C-2 LP 04/20/2004 LABOR AND INDUSTRY
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Staffing Hours Resident Support: 0 Total Daily Staff: 80 Waking Staff: 60					
Type of Inspection: Full BHA Docket Number: Notice: Unannounced					
Reason(s) for inspection(s) Renewal, Complaint					
On-Site Inspections Dates and Department Representatives On-Site 08/20/2015: Dumas, Gerald; Foulkes, Kimberl					
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: 74 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable:	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 74 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 6 Have a Physical Disability: 1				
Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 3 Number of Hospice Residents in past year: 10					

9/29/15 Melanie Goodman
 9/30/15 X / Kimberly J. ...

Violation Report: 20400 - 08/20/2015 - Dumas, Gerald
PCH Name: MAPLE SHADE MEADOWS SENIOR LIVING

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

On 8/20/15, at 11:03am, a list of residents with DNR orders, a list of residents with daily/weekly/monthly weights, a folder labeled monthly B-12 shots with residents listed by hallways and pharmacy labels for the injectibles, pharmacy packing slips indicating the medications delivered and the residents they were delivered for, resident pharmacy reorder slips, and a shift communication book with resident's confidential information were unlocked and accessible at the nurse's station in Northwood.

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 Nurses Station (NW) was found with visible Resident information. The Resident information was immediately removed, placed in a folder and is now being kept in a locked drawer to maintain Resident privacy. A portable drawer containing Resident information was also immediately locked in medication room.

All staff were instructed of the importance of Resident's information privacy and to ensure future compliance. Director of Nursing and Executive Director will monitor on a daily basis of Nursing Stations.

9/29/15 Melaine Hoodman Executive Director

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. President Date 9/30/15

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

The above plan of correction is approved as of 10-2-15 (Date)

Plan of correction implementation status as of 10-2-15 (Date)

The above plan of correction was approved by [Initials]

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

Violation Report: 20400 - 08/20/2015 - Dumas, Gerald
PCH Name: MAPLE SHADE MEADOWS SENIOR LIVING

1. REGULATION 55 Pa.Code §2800
2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION
The bedside lamp in room NW-3 was not within the resident's reach from their bed. The tall, living room style lamp, made it difficult for the resident to switch the lamp on and off.

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 bedside lamp in Resident room NW3 was found to be too tall on bedside table and out of resident reach. The lamp was immediately removed and replaced with smaller lamp and in resident reach. All staff were instructed to observe for any potential objects (lamps) that may result in resident injury. All staff will monitor and report to secure future compliance. The staff will do this on a continuous basis.

9/29/15 *Nelene Goodman* Executive Director

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. President* Date *9/30/15*

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2040002

Violation Report: 20400 - 08/20/2015 - Dumas, Gerald
 PCH Name: MAPLE SHADE MEADOWS SENIOR LIVING

1. REGULATION 55 Pa.Code §2600
 2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION
 The home's emergency procedures are not posted in a conspicuous and public place in the home.

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 Emergency Evacuation Plan was found behind the Nurses Station and not publicly displayed. The Plan was immediately placed in the front entry in a hanging wall pocket. The Executive Director will monitor on a daily basis to ensure future compliance.

9/29/15 Trelise Goodman Executive Director

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Sandy Insalaco, Jr. President Date 9/30/15

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- Partially Implemented - Inadequate Progress
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The above plan of correction was approved by *[Signature]*
 (Initials)

2040002

Violation Report: 20400 - 08/20/2015 - Dumas, Gerald
PCH Name: MAPLE SHADE MEADOWS SENIOR LIVING

1. REGULATION 55 Pa.Code §2600
2600.226(a) - The resident shall be assessed for mobility needs as part of the resident's assessment.

2a. DESCRIPTION OF VIOLATION

On 8/20/15, licensing representatives interviewed resident # 1. The resident was not able to identify the facility where [redacted] resided or the day of the week. Resident # 1 has had 1 fall per month for the last four months resulting in abrasions. [redacted] presented [redacted] as having moderate confusion. The resident's RASP indicated resident # 1's mobility as independent however, in a conversation with the home's Administrator A, it was concluded that resident # 1's mobility assessment does not reflect the residents current cognitive state. It is unsure what assistance the resident may need to evacuate in the event of an emergency.

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.

Moving forward all residents, including Resident #1, will be assessed for mobility needs and changes on a daily basis. All staff has been educated to observe and report any and all needs to Director of Nursing immediately.
During a fire drill on 9/29/15, Resident #1 independently when hearing fire alarm came to [redacted] door and stated "we have to leave the Building" without any assistance or prompting. Resident #1's mobility and cognitive functioning will be closely monitored and level of care addressed as needed. RASP will be updated to same. Fire and Emergency Management have been notified of Resident #1's status. Please refer to attachments. Executive Director will also monitor on continuous basis.
9/29/15 Melvin [redacted] Executive Director

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. President Date 9/30/15

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