



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: September 21, 2016**

Mr. John Williams, President  
Maple Valley Personal Care Home, Inc.  
2212 Anthony Run Road  
Indiana, Pennsylvania 15701

RE: Maple Valley Personal Care Home  
Certificate/License #427690

Dear Mr. Williams:

As a result of the Department of Human Services' licensing inspection on April 25, 2016, 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,

A handwritten signature in black ink that reads "Jon Kimberland" followed by a stylized flourish.

Jon Kimberland  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

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

PCH Name: MAPLE VALLEY PERSONAL CARE HOME		License Number: 42769
Address: 2212 ANTHONY RUN ROAD, INDIANA, PA 15701		County: Indiana
Administrator: John Williams		Region: WEST
Legal Entity Name: MAPLE VALLEY PERSONAL CARE HOME INC		
Legal Entity Address: 2212 ANTHONY RUN ROAD, INDIANA, PA 15701		<b>RECEIVED</b>
Certificate(s) of Occupancy C-2 LP 05/01/2008 L&I		JUL 27 2016 WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 33	Waking Staff: 25
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Incident		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 04/25/2016: McConnell, Deb		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 33 Number of Residents Served: 31 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: 0 Number of Hospice Residents in past year: 0		<b>Number of Residents who:</b> Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 31 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 2 Have a Physical Disability: 0

Violation Report: 42769 - 04/25/2016 - McConnell, Deb  
 PCH Name: MAPLE VALLEY PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
 Human Services Licensing

**1. REGULATION 55 Pa.Code §2600**

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

**2a. DESCRIPTION OF VIOLATION**

On 4/10/16, at approximately 9:00 a.m., resident #1 reported to staff person A that a couple of days ago an unknown staff person placed the resident's arm behind his/her back and yanked the resident out of bed, causing extreme back pain. On 4/10/16, at 11:00 a.m. staff person A notified staff person B, the home's administrator, of this allegation. The home did not report the allegation to the local Area Agency on Aging until 4/11/16.

**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.

*VIOLATION WAS CORRECTED BY REPORTING THE INCIDENT ON 4/11/16. ADMINISTRATOR IS NOW AWARE OF BHS'S DEFINITION OF "IMMEDIATE"*

*SEE PAGE 2A OF 4*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/10/2015		
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Signature of Legal Entity Representative  
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)

Date *7-22-16*

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

The above plan of correction is approved as of <u>7-8-16</u> (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42769 - 04/25/2016 - McConnell, Deb  
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**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.*

Immediately: The administrator will review all reported incidents and any allegations of abuse at least weekly to ensure any allegations of abuse and reportable incidents are reported in accordance with the Older Adult Protective Services Act and the Department of Human Services regulations.

Within 45 days of receipt of the plan of correction: All direct care staff, ancillary staff persons, substitute personnel, volunteers and management staff including the administrator will receive training in abuse reporting and prevention and resident rights from a Department-approved outside source. Documentation of training shall be kept in the staff records.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/10/2015	
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Signature of Legal Entity Representative  
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>John Williams</i>	<i>4-25-16</i>

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The above plan of correction is approved as of <u>4-8-16</u> (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by <u>J</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

JUL 27 2016

Violation Report: 42769 - 04/25/2016 - McConnell, Deb  
PCH Name: MAPLE VALLEY PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 4/10/16, at approximately 9:00 a.m., resident #1 reported to staff person A that a couple of days ago an unknown staff person placed the resident's arm behind his/her back and yanked the resident out of bed, causing extreme back pain. On 4/10/16, at 11:00 a.m. staff person A notified staff person B, the home's administrator, of this allegation. The home did not report the incident to the Department until 4/12/16.

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 "DESCRIPTION OF VIOLATION" AS STATED IN 2A OF THIS PAGE IS INCORRECT. THE INCIDENT IN QUESTION WAS REPORTED IN 3 DIFFERENT WAYS/ FORMATS ON 4-11-16. IT WAS PROVIDED IN 2 BITS OFFICE IN PITTSBURGH, FAXED TO BITS OFFICE IN PITTSBURGH AT LEAST 3 TIMES, AND REPORTED TO THE HOTLINE.

see page 3 of 4

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/10/2015		
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Signature of Legal Entity Representative  
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Scott Williams* Date *7-22-16*

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**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.*

Within 30 days of receipt of the plan of correction: All staff persons will be educated on the home's policy and procedures for reportable incidents and conditions including the reporting requirements. Documentation of education shall be kept in the staff records.

Immediately: The administrator or designee will review all reportable incidents and conditions at least weekly to ensure all reportable incidents and conditions are reported to the Department in accordance with regulation 2600.16c.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/10/2015		
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Signature of Legal Entity Representative  
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
John Williams	8/23/16

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JUL 27 2016

Violation Report: 42769 - 04/25/2016 - McConnell, Deb

PCH Name: MAPLE VALLEY PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION

Staff person C was hired on [redacted] 15. Staff person C resided in California and did not hold permanent residency in Pennsylvania for two consecutive years prior to employment. The home did not complete a Federal Bureau of Investigation criminal history background check on staff person C.

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 FEDERAL CRIMINAL BACKGROUND CHECK HAS BEEN COMPLETED.*

*SEE PAGE 4A OF 4*

Repeat Violation: Yes

Date(s) of Previous Violation(s):

03/10/2015

Signature of Legal Entity Representative  
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

*Sarah Williams*

Date

*7-22-16*

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7-8-16  
(Date)

Plan of correction implementation status as of

\_\_\_\_\_  
(Date)

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- Partially Implemented - Adequate Progress
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- Not Implemented

The above plan of correction was approved by

S  
(Initials)

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*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.*

Immediately: The administrator or designee will review the records of all current staff members to ensure that a PA State Police criminal background check has been completed and that an FBI background check has been completed for employees who were not residents of Pennsylvania for the past two consecutive years prior to the date of hire. Documentation shall be kept in the staff records.

Within 30 days of receipt of the plan of correction: The administrator and any staff person involved in the hiring and retention of staff will review the Older Adult Protective Services Act. Documentation of the review shall be kept in the staff records.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/10/2015	
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