



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

OCT 14 2016

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 Human Services' annual licensing inspection on July 14, 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, appearing to read "J. Rowe".

Jacqueline L. Rowe  
Director

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		
<b>Certificate(s) of Occupancy</b>		
I-1 01/17/2008 Borough Nesquehoning	C-2 LP 04/20/2004 L&I	C-2 LP 07/12/1999 L&I
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 69	Waking Staff: 52
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
07/14/2016: Novak, Ryan; Dumas, Gerald		
<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: 104 Number of Residents Served: 64 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: 12		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 64 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 5 Have a Physical Disability: 0

Violation Report: 20400-07/14/2016 - Novak, Ryan  
PCH Name: MAPLE SHADE MEADOWS SENIOR LIVING

1. REGULATION 68 Pa. Code §2800  
2800.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:  
(1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.  
(2) Emergency preparedness procedures and recognition and response to crises and emergency situations.  
(3) Resident rights.  
(4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).  
(5) Falls and accident prevention.  
(6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION  
Direct Care staff A hired [redacted] 13, direct care staff person B hired [redacted] 13 and ancillary staff person C hired [redacted] 08 did not receive training in emergency preparedness for training year 2016.

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 yearly staff training 2015, the topic Emergency Preparedness was not presented. Moving forward Emergency Preparedness Education will be provided to all staff in the yearly Staff Training Calendar. The Executive Director will monitor and prepare the trainings for accuracy to ensure future compliance.  
Please refer to attachments, upcoming Emergency Preparedness training scheduled.*  
*8/3/16 Melissa 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 *8/3/16*

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The above plan of correction is approved as of *9-3-16* (Date)

Plan of correction implementation status as of *9-3-16* (Date)

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

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

Violation Report: 20400 - 07/14/2016 - Nowak, Ryan  
PCH Name: MAPLE SHADE MEADOWS SENIOR LIVING

1. REGULATION 55 Pa.Code §2100  
2500.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION  
It has been determined through staff interviews that some residents will evacuate to the hallway of the fire safe area of the home and some residents will stand in the doorway of their room and wait for instructions. All the residents are not being evacuated to the outside of the building or to an internal fire safe area during the fire drills.

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.

During a fire drill the affected resident area will be evacuated to a fire safe area and then escorted to the designated meeting place outside of the building. Also all other residents will be directed to be in the hallway outside their rooms and then escorted to the designated meeting area outside the building. All staff will continue to be educated on fire drill evacuation. Executive Director will monitor to ensure future compliance. Please refer to attachment. Admin will review the home's monthly fire drill log and any info from an after action report, if done on a monthly basis. 8/3/16  
Relaxie 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 8/3/16

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

Plan of correction implementation status as of 9-3-16  
(Date)  
 Fully Implemented  
 Partially Implemented - Adequate Progress  
 Partially Implemented - Inadequate Progress  
 Not Implemented

Violation Report: 20400 - 07/14/2016 - Novak, Ryan PCH Name: MAPLE SHADE MEADOWS SENIOR LIVING	
1. REGULATION 58 Pa. Code §2800 2800.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.	
2a. DESCRIPTION OF VIOLATION Resident #1 has an order for MAPAP 325mg PRN, the medication was not available at the time of the inspection.	
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.	
<p><i>Found on medication cart, resident #1 had order for MAPAP 325mg PRN but was absent from the cart. Med staff instructed on importance of verifying inventory of meds and clarifying MAI for correct dosage and administration directions.</i></p> <p><i>Nursing and Executive Director will monitor daily to ensure future compliance.</i></p> <p><i>Please refer to attachment</i></p>	
<i>8/3/16 Melonie Hoodman Executive Director</i>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>[Signature]</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Sandy Insalaco, Jr. President</i>	Date <i>8/3/16</i>
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>	
The above plan of correction is approved as of <u>8-3-16</u> (Date)	Plan of correction implementation status as of <u>8-3-16</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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

Violation Report: 20400 - 07/14/2016 - Novak, Ryan  
PCH Name: MAPLE SHADE MEADOWS SENIOR LIVING

1. REGULATION 58 Pa.Code §2209

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

Resident #1's MAPAP 325mg PRN 2 tablets every 6 hours was not listed on the MAR.

2. 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.

Resident #1 Medication MAPAP 325mg PRN was found not to be listed on MAR. All med staff were instructed on importance of verifying medications and correct documentation of dosage and administration direction on MAR. Nursing and Executive Director will monitor daily to ensure future compliance. Please refer to attachment.

8/3/16 Melaine Bloodgood Executive Director

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Sandy Insalaco, Jr. President Date 8/3/16

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Violation Report: 20405 - 07/14/2016 - Novak, Ryan  
PGH Name: MAPLE SHADE MEADOWS SENIOR LIVING

1. REGULATION 45 Pa.Code §2900  
2800.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

2a. DESCRIPTION OF VIOLATION  
Resident #2 refused the Fioranexetabiel on 7/3/16 at 8am & 8pm and on 7/8/16 at 12pm. The prescriber was not contacted regarding the refusal.

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.  
*Physician of Resident #2 was not notified of medication refusals. All med staff have been instructed in importance of notifying physician and correct documentation. Nursing and Executive Director will monitor on a daily basis to ensure future compliance. Please refer to attachments.*  
  
*8/3/16 Melaine 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 *8/3/16*

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