



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to READING AID II OPCO LLC
LEGAL ENTITY

To operate MAIDENCREEK PLACE
NAME OF FACILITY OR AGENCY

Located at 105 DRIES ROAD, READING, PA 19605
(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 75
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 October 18, 2016 until April 18, 2017,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **226581**

Robert E. Robinson
ISSUING OFFICER

Jay Baulk
DEPUTY SECRETARY

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



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 26 2016

Mr. Daniel Guill, Authorized Signatory
Reading AID II OPCO LLC
330 N. Wabash Avenue, Suite 3700
Chicago, Illinois 60611

RE: Maidencreek Place
105 Dries Road
Reading, Pennsylvania 19605
License #: 226581

Dear Mr. Guill:

As a result of the Department of Human Services' licensing inspection on October 6, 2016 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

During the inspection, violations on the enclosed License Inspection Summary were found. All violations specified on the 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 PROVISIONAL license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

Sincerely,

A handwritten signature in black ink that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosures
License
License Inspection Summary

Violation Report: 22650 - 10/06/2016 - Dumas, Gerald
 PCH Name: MAIDENCREEK PLACE

1. REGULATION 35 Pa.Code §2600
 2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION
 On 6/1/16, the home's fire safety inspector letter indicated an evacuation time for up to 8 minutes. On 7/30/16 at 6:36 a.m. a fire drill was conducted which exceeded the allowable evacuation time by 53 seconds. The documented evacuation time on 7/30/16 at 6:36 a.m. was 8 minutes 53 seconds with 45 residents and 3 staff evacuating the building or to fire safe areas.

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.

Evacuations should be done within the timeframe established by the Fire Safety Expert to prevent any fire related injury or the possibility of death.

On 7/30/16 the fire drill exceeded the 8 minute allowable evacuation time by 53 seconds.

The following will be implemented:

1. Staff will be re-educated on the time allowed to safely evacuate residents by the Nurse Manager and Administrator.
2. All staff education will be completed by October 28, 2016
3. Residents will be reminded of the importance of evacuating the building immediately when the fire alarm is activated. This will be done at our Resident Forum on October 26, 2016. Any resident not in attendance will be instructed individually.
4. The person conducting the fire drill will identify any issues that cause a delay in evacuating the building
5. Those issues will be brought to the Administrator immediately
6. The Administrator will address the issues immediately

Adm will send a copy of the Staff Training Sheet for 10/28/16 to the Northern Regional Office for review.

Adm will review the home's fire drill log on a monthly basis to ensure ongoing compliance. *OP*, 10-21-16

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

Signature of Legal Entity Representative (Required on EVERY Page) *Michelle P. Olivier*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date
 Michelle P. Olivier, Executive Director October 21, 2016

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

The above plan of correction is approved as of *OP* (Date)
~~10-16~~
 10-21-16

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

Plan of correction implementation status as 10-21-16 (Date)

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

Violation Report: 22551 - 10/06/2016 - Dumas, Gerald
 PCH Name: MAIDENCREEK PLACE

1. REGULATION 55 Pa.Code §2600
 2600.132(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

During a review of the home's fire policies, the home's Administrator #1 acknowledged that the home does not have a designated meeting location outside the home. Interviews with residents indicated that they typically just go outside or go to the benches depending which exits are used. One staff person indicated residents and staff go to the wooden gazebo near the home or to the front entrance area.

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.

When evacuating the building there will be a designated meeting area for residents to ensure all residents are accounted for and safe.

The Fire Safety Expert was consulted to assist us in locating two designated meeting places away from the building for residents to meet during a fire drill.

Attachment A is the diagram from the Fire Safety Expert (10/12/16) of the meeting areas for residents to meet in the event of an emergency.

All staff will be educated by the Nurse Manager and Administrator on the meeting areas (Rally Points) by October 29, 2016.

Diagram of the meeting area will be posted in the following areas:

1. Staff Communication Board
2. Resident Communication Board
3. Entrance Board coming into the building
4. Nurse's Station
5. Maintenance Department
6. Kitchen Board
7. Activity Board

The diagram of the Rally Points will be added to the Resident Contract and signatures obtained.

The Administrator will ensure compliance.

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


Signature of Legal Entity Representative
 (Required on EVERY Page) *Michelle P. Olivier*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Michelle P. Olivier, Executive Director

Date
 October 21, 2016

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

The above plan of correction is approved as of 10-21-16
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 10-21-16
 (Date)

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