



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]
MAILING DATE: February 2, 2017

Ms. Michelle Olivier, Executive Director
Reading AID II OPCO LLC
330 North Wabash Avenue, Suite 3700
Chicago, Illinois 60611

RE: Maidencreek Place
105 Dries Road
Reading, Pennsylvania 19605
License #: 226580

Dear Ms. Olivier:

As a result of the Department of Human Services' licensing inspection on December 30, 2016 and January 12, 2017 and January 17, 2017 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,

Michele Moskalczyk
Michele Moskalczyk
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 22658 - 12/30/2016 - Foulkes, Kimberli
 PCH Name: Maiden Creek Place

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 12/16/16, an allegation of abuse against resident #1 was observed by staff person A and an allegation of abuse against resident #2 was observed by staff person B. The home did not report the allegations to the local area agency on aging.

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 the course of the investigation the interim Executive Director overlooked reporting the allegation of abuse to the Area Agency on Aging.

Effective immediately the Executive Director will ensure that any allegations of abuse are immediately reported to the Area Agency on Aging in accordance with the Older Adult Protective Services Act.

The administrator shall monitor and insure ongoing compliance.
 m
 2/1/17

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative (Required on EVERY Page) Christine L. Kline

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Christine L. Kline Date 1-27-17

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

The above plan of correction is approved as of <u>2/1/17</u> (Date)	Plan of correction implementation status as of <u>2/1/17</u> (Date)
The above plan of correction was approved by <u>m</u> (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: 22658 - 12/30/2016 - Foulkes, Kimberli
 PCH Name: Maidencreek Place

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 12/16/16, an allegation of abuse against resident #1 was observed by staff person A and an allegation of abuse against resident #2 was observed by staff person B. The home did not submit an incident report to the Department until 12/19/16.

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.

At the time of the incident on December 16, 2016 the interim Executive Director began the investigation. Upon the initial report Staff Person C was interviewed and admitted to raising her voice at the two Residents. Staff Person C was asked to leave the premises until an investigation was completed. Upon completion of the investigation the interim Executive Director decided to terminate Staff Person C for Verbal abuse towards the two Residents and then filed the Reportable Incident with the Bureau of Human Services Licensing.

Effective immediately the Executive Director will ensure that all Reportable Incidents are filed within the allotted time frame.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Christine L. Kline*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Christine L. Kline</i>	<i>1-27-17</i>

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Violation Report: 22658 - 12/30/2016 - Foulkes, Kimberli
 PCH Name: Maidencreek Place

1. REGULATION 55 Pa.Code §2600
 2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION

On 12/16/16 at approximately 9:00am, staff person C was observed by staff person A yelling at resident #1 who was trying to help arrange chairs for a concert.
 On 12/16/16 at approximately 9:30am, staff person C was observed by staff person B yelling at resident #2, "What are you doing with this chair? I put it here for a reason." Then the staff person jerked the chair out of the resident's hands away from the resident and told the resident to not move the chair again.

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 facility denies any wrong doing. Staff person C received all required trainings with regard to Residents Rights. Staff person C was immediately suspended pending investigation. Upon completion of the investigation Staff person C was terminated from her employment. Facility will continue to properly train all staff persons on Abuse and Neglect, Act 13 and Residents Rights.

Effective immediately ongoing complainance will be monitored by the Executive Director and Resident Services Manager.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Christine L. Kline*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Christine L. Kline* Date *1-27-17*

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