



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 Human Services 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 May 15, 2017 until May 15, 2018,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **226580**

Robert E. Robinson
ISSUING OFFICER

Jay Baul
DIRECTOR

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

MAY 15 2017

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

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

Dear Mr. Guill:

As a result of the Department of Human Services' annual licensing inspection on April 5, 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.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

Mr. Daniel Guill

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The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Rowe', written over a faint, illegible printed name.

Jacqueline L. Rowe
Director

Enclosures

License

License Inspection Summary

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

PCH Name: MAIDENCREEK PLACE		License Number: 22658
Address: 105 DRIES ROAD, READING, PA 19605		County: Berks
Administrator: Christine Kline		Region: NORTHEAST
Legal Entity Name: READING AID II OPCO LLC		
Legal Entity Address: 330 NORTH WABASH AVENUE, CHICAGO, IL 60611		
Certificate(s) of Occupancy		
I-1 09/15/2004 Department of Building Insp	C-2 LP 10/01/2004 Department of L&I	
Staffing Hours		
Resident Support: NM	Total Daily Staff: 48	Waking Staff: 36
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
04/05/2017: Hummel, Jesse; Deluca, Amy; Foulkes, Kimberli		
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: 75 Number of Residents Served: 37 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: 1 Number of Hospice Residents in past year: 4	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 37 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 11 Have a Physical Disability: 0	

Violation Report: 22658 - 04/05/2017 - Hummel, Jesse
 PCH Name: MAIDENCREEK PLACE

1. REGULATION 55 Pa.Code §2600
 2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

Department Representatives determined that the facility has a natural gas fired furnace and a natural gas fired fire place. The furnace is located in a room adjacent to the dining room and the fire place is located in the dining room. The facility has not installed a carbon monoxide alarm in either of these areas.

The facility has natural gas hot water heaters in the mechanical room and also a natural gas industrial sized clothing dryer in the laundry room. The facility has installed carbon monoxide detectors, however these detectors are less than 15 feet from each of the fossil fuel burning devices.

The facility is not in compliance with the Care Facility Carbon Monoxide Alarms Standards Act.

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.

Carbon Monoxide Alarms have been purchased and installed in the areas where the current detectors are but more than 15 feet from the fossil fuel burning devices. Attached as addendum "A" are copies of The shipping receipt, the carbon monoxide alarm user guide and a photograph of the detector. The maintenance manager or designee will ensure that batteries are changed every six months and re-date the detectors as needed.

Executive Director or designee will monitor for ongoing compliance by checking the maintenance logs every six months.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Christina L. Kline

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

Christina L. Kline

Date *4-27-17*

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

The above plan of correction is approved as of 4-29-17
 (Date)

Plan of correction implementation status as of 4/29/17
 (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: 22658 - 04/05/2017 - Hummel, Jesse
 PCH Name: MAIDENCREEK PLACE

1. REGULATION 55 Pa.Code §2600

2600.26(b) - The quality management plan shall address the periodic review and evaluation of the following:

- (1) The reportable incident and condition reporting procedures.
- (2) Complaint procedures.
- (3) Staff person training.
- (4) Licensing violations and plans of correction, if applicable.
- (5) Resident or family councils, or both, if applicable.

2a. DESCRIPTION OF VIOLATION

The home's quality management review dated 12/29/16 did not address complaint procedures.

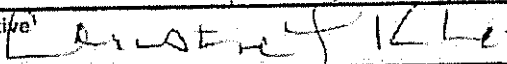
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

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 attached policy does address complaint procedures under customer satisfaction and all Residents are educated to the procedures upon admission and given a copy attached to the signed contract. The QI meeting agenda and minutes dated December 29, 2016 on page 13 states that there were no family complaints or concerns. Attached as addendum "B" is a copy of the policy and the QI minutes.

The Executive Director or designee will continue to educate all Residents of the complaint procedures and address any complaints immediately and review at QI meetings.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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) Christine L. Kline Date 4-27-17

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 (Date)

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 (Initials)

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Violation Report: 22658 - 04/05/2017 - Hummel, Jesse
 PCH Name: MAIDENCREEK PLACE

1. REGULATION 55 Pa.Code §2600
 2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION

Department Representatives observed cameras throughout the facility. Staff interviews confirmed that the cameras record common areas of the facility including the Dining Room, Activity Room, and common sitting areas throughout the facility. Recording common areas is strictly prohibited. The facility also does not have any signs posted indicating that cameras are in place.

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 recording function of the cameras in the common areas occupied by Residents has been disabled. There are no cameras in any Resident rooms or areas where Residents receive medical attention that have been placed by the community.


The cameras are for security purposes only. A sign stating that the property is under video surveillance has been posted. Attached as addendum "C" is a copy of the posting. The Executive Director or designee will monitor to ensure the recording device is deactivated at all times.

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) <i>Christine L. Kline</i>	Date <i>4-27-17</i>
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Violation Report: 22658 - 04/05/2017 - Hummel, Jesse
 PCH Name: MAIDENCREEK PLACE

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
 The home did not obtain/complete criminal background checks for the employees of the hospice agency who perform unsupervised care of the residents in the facility.

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 hospice agency refused to provide the criminal background checks and instead provided a letter stating they would supply them on demand. When the community called the office for the criminal background checks, the secretary on duty sent the incorrect criminal background checks. After the surveyors left the community the correct background checks were faxed to the Executive Director by the hospice agency. Attached as addendum "D" is copies of the requested criminal background checks.

Outside agencies providing services to the community Residents have provided their criminal background checks and have been notified that a letter is not acceptable.

Ongoing monitoring of agency staff will be done by the Business Office Coordinator and Care Services Manager or their designee monthly for three months and then every 6 months.

*Adm will oversee to ensure ongoing compliance
 Cp. 4-29-17*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Christine L. Kline* Date *4-27-17*

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Violation Report: 22658 - 04/05/2017 - Hummel, Jesse
 PCH Name: MAIDENCREEK PLACE

1. REGULATION 55 Pa.Code §2600
 2600.60(a) - Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION
 The home currently serves 10 residents with mobility needs. Two of these residents are a 2 person assist to transfer, two are a one person assist to transfer, and 4 need constant cueing. The home only had two staff working the overnight shift, 11pm-7am, on 3/24/17, 3/25/17, 3/31/17, and 4/1/17. The home does not have any internal fire safe areas. The home has two designated rally points outside of the home. They are the west parking lot and the South lot (east end). The home does not employ enough staff on these shifts to safely physically assist with the evacuation of residents and simultaneously supervise and account for residents at the outside rally points.

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 four dates listed are Friday and Saturday overnights. Other nights are properly staffed, the Care Services Manager and Executive Director are actively interviewing for this additional weekend staffing. The Care Services Manager, until additional staff is hired, will schedule an additional staff person on this shift. Attached as addendum "E" is a copy of the schedule showing additional staff was added.

The Care Services Manager and Executive Director or designee will monitor for ongoing compliance.

Adm will ensure that mobility needs are reviewed at least once per month, preferable in conjunction w/ the AFK Action Review following the home's monthly fire drills. Staffing will be adjusted as needed based on these, or more frequent reviews. DD 4/20/17

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 *4-27-17*

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Violation Report: 22658 - 04/05/2017 - Hummel, Jesse
 PCH Name: MAIDENCREEK PLACE

1. REGULATION 55 Pa.Code §2600
 2600.82(a) - Poisonous materials shall be stored in their original, labeled containers.

2a. DESCRIPTION OF VIOLATION

Department Representatives observed a clear plastic spray bottle filled with green liquid was found with other poisonous cleaning supplies in the maintenance closet. The bottle had no label on it to identify what the liquid is.

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 bottle has been discarded. The Maintenance Manager inspected other bottles and they are labeled properly. Staff was reeducated on poisonous materials being in their original labeled containers.

Maintenance Manager or designee will monitor for ongoing compliance.

*Adm will oversee to ensure ongoing compliance
 of 4/29/17.*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Christine L. Kline</i>	Date <i>4-27-17</i>
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Violation Report: 22658 - 04/05/2017 - Hummel, Jesse
 PCH Name: MAIDENCREEK PLACE

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION *L. Hider 04 5-12-17*
 [Redacted] where the
 On 4/5/17, in room number 6, there was feces in the toilet bowl, dried feces on the seat, rim, and front of toilet bowl, and in the shower underneath the shower chair. There was also a non-slip mat hanging on the hand rail in the shower that had a golden brown colored substance that appeared to be mold/mildew.

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.

with course. 04 4/29/17
 [Redacted]

Upon inspection of room # 6, when the feces was found in the toilet housekeeping was immediately notified and responded to re-clean the bathroom.
 The Care Services Manager showed the surveyor the notes written by a Resident Care Partner indicating that the Resident had had loose bowel movements earlier that morning and that she had personally cleaned the bathroom.
 The mat was discarded in front of surveyor at the time of inspection.
 Other rooms and bathrooms were spotless. Staff was reeducated to clean any areas that may looked soiled and replace any mats that do not look clean and to continue to document when they do so.
 The Executive Director or designee will continue to monitor for ongoing compliance.

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) *Christine L. Klinz* Date *4-27-17*

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Violation Report: 22658 - 04/05/2017 - Hummel, Jesse
 PCH Name: MAIDENCREEK PLACE

1. REGULATION 55 Pa.Code §2600
 2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION
 Department Representatives observed the clothing dryer. The dryer was not in use and there were no clothes in the dryer. Department Representatives observed a heavy accumulation approximately a 1/4 inch thick in the lint trap.

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.

Resident Care Partners, Housekeeping and Maintenance have been reeducated to clean the lint filter after use. A new dryer lint log on bright pink paper has been hung on the dryer. The Maintenance Manager, the Housekeepers or designee check the lint trap daily prior to leaving for the day to make sure it is free of lint. First thing in the morning the Maintenance Manager or designee will check the dryer for lint and if lint is present they will immediately notify the Executive Director or designee so it can be addressed with the team member that used the dryer (which is tracked by task sheets) and did not clean the lint trap and/or sign the lint log.

Attached as addendum "G" is the memorandum to the staff and the new lint log on the brightly colored paper.

The Executive Director or designee will monitor for ongoing compliance.

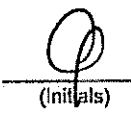
Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Christine L. Kline*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Christine L. Kline</i>	Date <i>4-27-17</i>
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Violation Report: 22658 - 04/05/2017 - Hummel, Jesse PCH Name: MAIDENCREEK PLACE	
1. REGULATION 55 Pa.Code §2600 2600.109(b) - Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.	
2a. DESCRIPTION OF VIOLATION On 4/5/17, ^{one} three cats were present at the home. The home did not have current certificates of rabies vaccinations for these ^{one} three cats. <i>one</i> <i>OR. 4/29/17</i>	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i> The Executive Director provided the surveyors with two of the cat's rabies vaccines on the day of the survey. The family was immediately notified of the third cat and it was taken to the vet and received its vaccines. Attached as addendum "H" is the copies of all 3 cats' certificates of rabies vaccinations. There are no other pets in the community. The Executive Director has calendared when the next vaccine is due and will notify the families in ample time to take the cat to the vet. <i>Adm will oversee to ensure ongoing compliance.</i> <i>OR. 4/29/17</i>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Christine L. Kline</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Christine L. Kline</i>	Date <i>4-27-17</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <i>4/29/17</i> (Date)	Plan of correction implementation status as of <i>4/28/17</i> (Date)
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Violation Report: 22658 - 04/05/2017 - Hummel, Jesse
 PCH Name: MAIDENCREEK PLACE

1. REGULATION 55 Pa.Code §2600

2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION

The facility's policy and procedures indicate that the facility is a smoke free campus. Department Representatives observed 8 cigarettes extinguished in the garbage can lid located next to the front gazebo. There were also 10 cigarettes extinguished in the flower beds in and around the gazebo.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

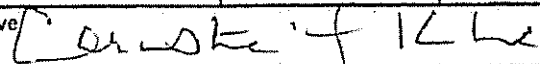
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The campus is smoke free, however there are times that visitors will put cigarettes on the ground when staff is not around. The cigarette butts were cleaned up while the surveyors were on the property.

The Maintenance Manager or designee is now doing a daily walk around of the grounds to make sure it is free of liter and cigarette butts.


Executive Director or designee will monitor for ongoing compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative <small>(Required on EVERY Page)</small>	
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Printed Name and Title of Legal Entity Representative <small>(Required on EVERY Page)</small>	Date
Christine L. Kline	4-27-17

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Violation Report: 22658 - 04/05/2017 - Hummel, Jesse
 PCH Name: MAIDENCREEK PLACE

1. REGULATION 55 Pa.Code §2600

2600.181(c) - A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

2a. DESCRIPTION OF VIOLATION

Resident #1 self-administers Lubricant Eye Drops but has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding ability to self-administer this medication.

Resident #2 self-administers Gas Ex and Miralax but has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding ability to self-administer these medications.

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 eye drops for Resident #1 were removed from the room and an order was obtained on April 5, 2017 at 3:56 pm from the PCP.
 Attached as addendum "I" is a copy of the order.

The medications for Resident # 2 were removed from [redacted] room and [redacted] was reeducated to let staff know when [redacted] needs something and they will obtain it for [redacted]

Care Services Manager or designee will monitor Residents rooms to ensure that Residents are not purchasing OTCs and keeping them in their room without a written order and self administer assessment.

*Adm will oversee to ensure ongoing compliance.
 Q. 4-29-17*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>[Handwritten Signature]</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Christine L. Kline</i>	<i>4-27-17</i>

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The above plan of correction was approved by <u>[Handwritten Initials]</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 - 04/05/2017 - Hummel, Jesse
 PCH Name: MAIDENCREEK PLACE

1. REGULATION 55 Pa.Code §2600
 2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION
 Department Representatives observed an unidentified white powdery medication/substance along the bottom of the medication cart drawer. The facility is responsible for the safe, organized and sanitary storage of resident medications.

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.

Services Manager and Lead Resident Care Partner, clean and audit the medication cart two times per month, on March 31, 2017, they cleaned and audited the cart. Sometime between March 31, 2017 and April 5, 2017 the small amount of powder must have spilled in the drawer where it is stored. Care Service Manager and Lead Resident Care Partner reeducated Resident Care Partners who are trained to administer medications to only pour medications on the top of the medication cart and wipe any spills that may occur when they are pouring medications.

Care Services Manager and Lead Resident Care Partner or designee will continue to clean and audit the cart twice a month and Lead Resident Care Partner or designee will monitor on a regular basis for spills.

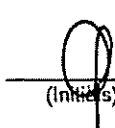
Adm will oversee to ensure ongoing basis to compliance is ongoing. A.K. 4-29-17

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Christine L. Kline* Date *4-27-17*

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

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Violation Report: 22658 - 04/05/2017 - Hummel, Jesse
 PCH Name: MAIDENCREEK PLACE

1. REGULATION 55 Pa.Code §2600
 2600.225(c) - The resident shall have additional assessments as follows:
 (1) Annually.
 (2) If the condition of the resident significantly changes prior to the annual assessment.
 (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION
 The most current support plan in Resident #3's record is dated 7/23/2015. The home did not complete an annual assessment and support plan for resident #3 in 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.

Attached as addendum "J" is the current Resident Assessment and Support Plan.

An audit of all charts was completed by the Care Services Manager and the Executive Director to ensure that all state required forms are in compliance.

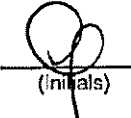
The Care Services Manager or Executive Director or designee will monitor for compliance of state required forms

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 *4-27-17*

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Violation Report: 22058 - 04/05/2017 - Hummel, Jesse
 PCH Name: MAIDENCREEK PLACE

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

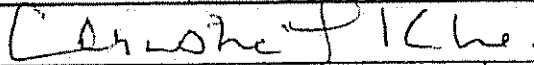
Resident #4 began receiving Hospice services on 3/31/2017. At the time of the inspection the support plan for Resident #4 had not been updated to reflect the change.

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.

Resident Assessment and Support Plan was corrected at time of inspection in front of surveyor.
 Current charts will be audited for compliance by the Care Services Manager and the Executive Director.
 The Care Services Manager, Executive Director or designee will monitor for compliance of state required forms.

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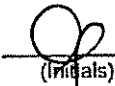
Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Christine L. Kline Date 4-27-17

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

The above plan of correction was approved by  (Initials)