



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 27 2017

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 inspections on July 7, 2017 and July 14, 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.

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.

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 that reads "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		
Certificate(s) of Occupancy		
I-1 01/20/2008 Borough of Nesquehoning	C-2 LP 06/14/2004 PA L&I	C-2 LP 07/12/1999 PA L&I
Staffing Hours		
Resident Support: 0	Total Daily Staff: 60	Waking Staff: 45
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
07/07/2017: OHaire, Anne 07/14/2017: OHaire, Anne		
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: 104	Number of Residents who:	
Number of Residents Served: 56	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: Np	Are 60 Years of Age or Older: 56	
Area:	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 4	
Number of Current Hospice Residents: 1	Have a Physical Disability: 1	
Number of Hospice Residents in past year: 8		

X *Melanie Goodman* ED 8/2/17 *Melanie Goodman, Executive Director*
Sandy Insalaco Jr 8/2/17 *Sandy Insalaco, Jr. President*

Violation Report: 20400 - 07/07/2017 - O'Haire, Anne
 PCH Name: MAPLE SHADE MEADOWS SENIOR LIVING

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

The home did not have carbon monoxide alarms placed properly in the facility in accordance with the Care Facility Carbon Monoxide Alarms Standards Act. The home had a carbon monoxide alarm placed in the residents' dining room 8 feet away from a gas fired fireplace and a hot water heater was located 14 feet away from a carbon monoxide alarm located in the furnace / laundry 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.

Carbon Monoxide Monitors in Dining Room, the length from heating source was not required 15 ft (8ft/15ft). Laundry Area was (14ft/15ft). Both monitors have been relocated to be in compliance with regulation at 15ft. Administrator will oversee installation and monitor closely as to ensure future compliance. Please refer to attachments. Corrections were made on 7/17/17.

Melanie Goodman ED 8/2/17

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

Signature of Legal Entity Representative (Required on EVERY Page) *X Sandy Insalaco, Jr.*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Sandy Insalaco, Jr. President* Date *8/2/17*

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

The above plan of correction is approved as of 8/8/17 (Date)

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

Plan of correction implementation status as of 8/8/17 (Date)

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

Violation Report: 20400 - 07/07/2017 - O'Haire, Anne
 PCH Name: MAPLE SHADE MEADOWS SENIOR LIVING

1. REGULATION 55 Pa.Code §2600

2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION

On 06-18-17 during the 11:00PM to 7:00AM shift, the home did not have the required number of direct care staff who were certified in CPR and first aid on site. The home had 2 staff scheduled and Direct Care Staff Person "A" was not certified in CPR and first aid.

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.

Direct Care Staff Person A (off-shift) was found not to have current CPR and First Aid Certification. Conversation was had with staff person on importance of attending scheduled class provided. She did not attend class, another conversation was had with employee. She never reported to work again for scheduled shifts and was then terminated.

Moving forward all Direct Care Staff will need to have current CPR and First Aid Certification. The appropriate staffing numbers will be scheduled on each shift per resident census. DON and Administrator will monitor closely to ensure future compliance

Melanie Goodman ED 8/2/17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature]

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

Sandy Insalaco, Jr President

Date

8/2/17

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8/8/17
 (Date)

Plan of correction implementation status as of

8/8/17
 (Date)

The above plan of correction was approved by

[Handwritten Initials]
 (Initials)

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Violation Report: 20400 - 07/07/2017 - O'Haire, Anne
 PCH Name: MAPLE SHADE MEADOWS SENIOR LIVING

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

Resident room # A-1B did not have the following required emergency phone numbers located on or near the resident's phone: The local police department, fire department, ambulance, nearest hospital, poison control and the personal care home hot line.

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.

Room A-1-B phone was found not to have Emergency/Poison Control label with appropriate contact numbers. This was corrected immediately (7/24/17). Going forward routine checking of phone emergency labels will be assigned to staff on compliance of phone emergency labels. Administrator will closely monitor to ensure future compliance. See attached photo.

Tudanie Goodner Ex 8/2/17

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Sandy Insalaco, Jr. President* Date *8/2/17*

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 (Date)

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

Plan of correction implementation status as of 8/8/17
 (Date)

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Violation Report: 20400 - 07/07/2017 - O'Haire, Anne
 PCH Name: MAPLE SHADE MEADOWS SENIOR LIVING

1. REGULATION 55 Pa.Code §2600
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION
 The home did not conduct two sleep hour fire drills every six months. Sleep hour fire drills were conducted on 07-29-16 at 1:00AM and 03-27-17 at 6:00AM.

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.

A night time fire drill was found to be held in an 8 month period, not the appropriate 6 month period. Night time fire drills will be held every 6 months and/or more often. Going forward Administrator will closely monitor fire drills as to ensure future compliance. Regulation was reviewed with Maintenance Supervisor (7/21/17).

Nelene Hordman ED 8/2/17

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Sandy Insalaco, President* Date *8/2/17*

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Violation Report: 20400 - 07/07/2017 - O'Haire, Anne
 PCH Name: MAPLE SHADE MEADOWS SENIOR LIVING

1. REGULATION 55 Pa.Code §2600

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 Amoxicillin 500 mg. cap take 1 cap 3 times a day was not initialed as being administered on 07-05-17 at 10:00 PM and 07-07 at 10:00 PM. The home did not document if this medication was declined or missed
 Resident # 2's Triamcinolone 0.1 % cream to be applied to affected area one time daily for Eczema was not initialed as being administered on 07-03-17 at 9:00PM.
 Resident# 2's Neosporin dressing to skin tear on 07-03-17 at 9:00AM was not initialed as being administered.
 Resident #3's MAPAP 325 MG tab.2 tabs for fever or pain every 4 hours as needed was taken frequently but the home did not document the purpose or effectiveness when this medication was administered.

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.

Review with each licensed person and Med Tech was done immediately (7/24/17). In the remaining 20-30 minutes of the shift, review of the MARS for missed initialing of medications given, treatments and documentation of any/all PRN medications administered. If time allows, exchange of books with each other and double check one another's books as sometimes errors can be more easily identified by a peer. DON and Administrator will closely monitor to ensure future compliance.

Tulenee Hordreau F.D. 8/2/17

Repeat Violation: Yes. Date(s) of Previous Violation(s): 06/22/2016

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 *8/2/17*

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Violation Report: 20400 - 07/07/2017 - O'Haire, Anne
 PCH Name: MAPLE SHADE MEADOWS SENIOR LIVING

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
 Resident # 4's Humalog Insulin 100 Units/ML vial and Lantus 100 insulin vial had an open date of 06-06-17. The two Insulins have a 28 day shelf life date once opened. The home did not follow the manufacturer's direction to discontinue use after the vial has been opened 28 days. On 07-07-17 the insulin was still in use.

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.

Review with all licensed staff and Med Techs regarding correct labeling of Insulin vials was done immediately (7/11/17). The 11th-7th shift was assigned responsibility for checking for approaching expiration dates and re-ordering Insulin. When a new vial of Insulin is opened, a sticker must be placed on box indicating date opened and 28 day expiration date for all brands of Insulin. As expiration date approaches within one week, the re-order sticker must be pulled and a new vial ordered from the pharmacy. A wall calendar has been provided in the medication room for staff to easily count and label expiration dates. All medication staff are responsible for checking expiration dates daily as Insulins are administered. DON and Administrator will monitor closely to ensure future compliance.

Melanie Hoodman ED 8/2/17

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *X Bandy Insalaco, Jr.*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Bandy Insalaco, Jr. President</i>	Date <i>8/2/17</i>
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