



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]
MAILING DATE: November 16, 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 August 23, 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,

Anne Graziano
Anne Graziano
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 22658 - 08/23/2017 - 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
 On 6/16/17, resident #1 was sitting in the social room as the facility was preparing for a party. A physical therapist from an outside agency was providing t-shirts to residents of the facility. The physical therapist removed resident #1's shirt and then dressed the resident with the t-shirt provided. The therapist removed resident #1's shirt in the common area, exposing the resident's bra and upper torso. The therapist violated the resident's right to privacy.

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.

Facility denies any wrong doing.

Physical Therapist is not employed by Maiden creek Place she is employed by Rehab 1 Therapy services.

Staff member of Maiden creek Place immediately intervened and stopped the situation.

Staff member of Maiden creek Place immediately reported the incident to the Administrator.

~~Administrator immediately contacted Supervisor at Rehab 1 and the Rehab 1 employee was removed from the property and her supervisor was instructed she was not allowed on the property again.~~

Family was immediately notified of the incident.

A copy of the Resident Rights was provided to the supervisor of Rehab 1 Therapy services for him to review with and educate his staff.

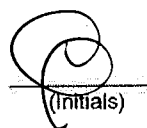
All services providers are educated during their first visit to the community on Resident Rights and must sign the Residents Rights form that our staff signs and copy will be kept with the copy of their criminal background Administrator or designee will monitor for ongoing compliance.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Christine L. Kline	Date 11-3-17
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>11-15-17</u> (Date) The above plan of correction was approved by  (Initials)	Plan of correction implementation status as of <u>11-15-17</u> (Date) <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
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