



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to MAPLE SHADE MEADOWS LP
LEGAL ENTITY

To operate MAPLE SHADE MEADOWS SENIOR LIVING
NAME OF FACILITY OR AGENCY

Located at 50 EAST LOCUST STREET, NESQUEHONING, PA 18240
(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 104
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 25

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 December 21, 2017 until September 29, 2018,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **204000**

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

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: DEC 21 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 your facilities recent adjustment of the use of physical space, we are issuing a revised license under the authority of 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). The revised license indicates a revised licensed capacity for the Secured Dementia Care Unit of your facility. The expiration date of the license remains unchanged. Your revised license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License

Violation Report: 20400 - 11/22/2017 - Hummel, Jesse

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

Department Representatives determined that several rooms located in the secured dementia care unit are equipped with a liquified petroleum fired PTAC unit. These bedrooms have carbon monoxide detectors installed however they are closer than 15 feet from each unit, which 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 Monitor was found placed under 15 ft. from heat source in resident room. Correction was made at time of inspection. An additional Carbon Monoxide monitor was placed outside of resident room in hallway. Refer to attached picture.

Administrator will oversee to ensure ongoing compliance. QP.

*The home has confirmed that all detectors are 15 feet from the heat (fuel) source and this conforms to the manufacturers' instructions.

QP 12-20-17

Melanie R. Goodman ED 12/15/17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Sandy Insalaco JR

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

Sandy Insalaco JR, President

Date 12/8/17

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

The above plan of correction is approved as of 12-18-17
(Date)

Plan of correction implementation status as of 12-18-17
(Date)

The above plan of correction was approved by

QP
(Initials)


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

Violation Report: 20400 - 11/22/2017 - Hummel, Jesse
 PCH Name: MAPLE SHADE MEADOWS SENIOR LIVING

1. REGULATION 55 Pa.Code §2600
 2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

2a. DESCRIPTION OF VIOLATION
 The facility's notification to the fire department regarding residents with mobility needs dated 7/24/17 was not updated to include that the facility has renovated the building to now include a secured dementia care unit. Each of these residents within the secured unit would be considered a resident with a mobility need.

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.

Local Fire Marshall / Fire Department was not notified of addition of Secured Memory Units. Correction was made at time of inspection. Additional information was added to previous Immobile letter to Fire Marshall / Fire Department. Refer to attached letter. Moving forward all will be updated and included in letter to Fire Marshall / Fire Department of residents with mobility needs to ensure future compliance. Administrator will oversee to ensure ongoing compliance. 

Nelaine A. Andrews ED 12/8/17


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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Sandy Insalaco JR President* Date *12/8/17*

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

The above plan of correction is approved as of 12-18-17
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 12-18-17
 (Date)

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

Violation Report: 20400 - 11/22/2017 - Hummel, Jesse
 PCH Name: MAPLE SHADE MEADOWS SENIOR LIVING

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

Department Representatives observed the facility's fire drill log. The log indicates that a fire drill was conducted on 1/27/17 at 2:00pm and that there were 61 residents in the home when the alarm sounded and that only 59 residents were evacuated. The log also indicates that a fire drill was conducted on 2/25/17 at 1:45pm and that there were 62 residents in the home when the alarm sounded and that only 58 residents were evacuated.

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.

Fire Drill log number of Residents (Census) and number of Residents evacuated did not match. Moving forward the Census log will match following a complete evacuation of building and checking all rooms. A complete head count will be taken after same to ensure safety of all residents and to ensure future compliance

Administrator will oversee to ensure ongoing compliance. *[Signature]*

Melanie A. Woodman F.D 12/8/17

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Sandy Insalaco JR President* Date *12/8/17*

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

The above plan of correction is approved as of 12-18-17
 (Date)

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

Plan of correction implementation status as of 12-18-17
 (Date)

- Fully implemented
- Partially implemented - Adequate Progress
- Partially implemented - Inadequate Progress
- Not implemented

Violation Report: 20400 - 11/22/2017 - Hummel, Jesse
 PCH Name: MAPLE SHADE MEADOWS SENIOR LIVING

1. REGULATION 55 Pa.Code §2600
 2600.233(c) - If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

2a. DESCRIPTION OF VIOLATION

The exit door leading from the secured dementia care unit near the Bistro is equipped with a magnetic locking mechanism. The door has an electronic keypad installed, however the directions/code to operate the keypad and unlock the door are not posted at or near the door as required.

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.

Exit door was found without Access Code available. Correction was made at time of inspection. Label with Access Code was placed at top of doorway. Access Code will be maintained at all exit doors to ensure future compliance. Refer to attached picture.
 Administrator will oversee to ensure ongoing compliance. ☺

Melanie A. Goodman ED 12/8/17

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Sandy Insalaco, R President	Date 12/8/17
---	---------------------

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

The above plan of correction is approved as of 12-18-17
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 12-18-17
 (Date)

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