



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]

MAILING DATE: March 27, 2018

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' licensing inspection on February 14, 2018 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: 20400 - 02/14/2018 - Deluca, Amy
 PCHName: MAPLE SHADE MEADOWS SENIOR LIVING

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 (36 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 02/14/18 staff person A entered the room of resident #1 and began yelling at and arguing loudly with the resident about whether or not the resident had been given a shower on 2/3/18. Another staff member intervened, pulling staff member A out of the resident's room. The incident was not reported to the local area agency on aging until 2/8/2018.

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 Staff was immediately re-educated on reporting of suspected Abuse of a Resident. Staff will immediately report any questionable incidents to their supervisor who will investigate/put an action plan into place. A phone call will immediately be placed to the local Area Agency on Aging and Department of Human Resources. The Act 13 form will be submitted to Aging within 48 hrs. and a Reportable Incident Report to DHS within 24 hrs. to ensure future compliance.

The annual inservice will be presented to all staff regarding Elder Abuse in July

The Administrator will oversee the plan in order to ensure ongoing compliance. Q

Melanie A. Goodman ED 2/26/18.

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 *2/26/18*

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

The above plan of correction is approved as of 3/26/18 (Date)

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

Plan of correction implementation status as of 3/26/18 (Date)

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

Violation Report: 20400 - 02/14/2018 - Deluca, Amy
 PCH Name: MAPLE SHADE MEADOWS SENIOR LIVING

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 02/14/18 staff person A entered the room of resident #1 and began yelling at and arguing loudly with the resident about whether or not the resident had been given a shower on 2/3/18. Another staff member intervened, pulling staff member A out of the resident's room. The incident was not reported to the Department's regional office until 2/8/18.

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 Staff was immediately re-educated on Reporting of Suspected Abuse of a Resident. Staff will immediately report any questionable incidents to their supervisor who will investigate / put an action plan into place. A phone call will immediately be placed to the local Area Agency on Aging and Department of Human Resources. The Act 13 Form will be submitted to Aging within 48 hrs and a Reportable Incident Report to DHS within 24 hrs to ensure future compliance.
 The annual inservice will be presented to all Staff regarding Elder Abuse in July.*

Relaxia A. Goodman ED 2/26/18

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 *2/26/18*

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