



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 24 2018

Ms. Talya Nevo-Hacohen
Executive Vice President
Chief Investment Officer, and Treasurer
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. Nevo-Hacohen:

As a result of the Department of Human Services' (Department) annual licensing inspection on March 29, 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.

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, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 22658 - 03/29/2018 - Yellenic, Cindy
 PCH Name: MAIDENCREEK PLACE

1. REGULATION 55 Pa.Code §2600

2600.29a(b)(1) - A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met: A physician, who is not an employee or contractor of the home, has certified in writing that the resident is actively dying and may suffer bodily injury or a hastened death as a result of participation in a fire drill.

2a. DESCRIPTION OF VIOLATION

Residents #1 and #2 were not evacuated during the fire drill conducted on 2/22/18 at 4:07pm due to actively dying. The doctor's order does not note in verbalim that the resident is actively dying and may suffer bodily injury or a hastened death as a result of participation in a fire drill.

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.

Residents #1 and #2 both had informed consents signed by the family stating that they did not want them to participate in any fire drill to avoid serious bodily injury or hastened death as a result. The PCP wrote an order stating the Residents were "actively dying on hospice and ok not to participate in fire drills". Administrator or designee will ask that any future orders from the PCP to not to participate in a fire drill also include the wording "may suffer serious bodily injury or hastened death as a result of a participation in a fire drill. Administrator 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) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Christine Kline, PCNA</i>	Date <i>4-19-18</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>4/30/18</u> (Date)	Plan of correction implementation status as of <u>4/30/18</u> (Date)
The above plan of correction was approved by <u><i>[Handwritten Initials]</i></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 - 03/29/2018 - Yellenic, Cindy
 PCH Name: MAIDENCREEK PLACE

1. REGULATION 55 Pa.Code §2600

2600.29a(b)(11) - Documentation of compliance with this section is to be kept in the fire drill record, as well as in the resident's record. The documentation is to include the following:

- (i) A copy of the Department of Health license for the hospice agency.
- (ii) Written certification by the physician as specified in § 2600.29a(b)(1).
- (iii) Written informed consent as specified in § 2600.29a(b)(2).
- (iv) Written documentation of the home's consideration of relocation of the resident's bedroom as specified in § 2600.29a(b)(3).

2a. DESCRIPTION OF VIOLATION

The fire drill record does not include the Department of Health's hospice license, the written certification from the physician and written documentation regarding the location of the resident's bedrooms. Residents #1 and #2 were not evacuated during the fire drill conducted on 2/22/18 at 4:07pm due to actively dying.

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 Administrator or designee in addition to having a copy of the hospice license in the binder for home care agency will put a copy with the fire drill log.
 The Administrator or designee will put a copy of the PCP order in addition to the chart with the fire drill log.
 The informed consent stated that both Residents rooms were located near an exit. Administrator or designee will include more detail including the room number and the exit their room is located at.
 Administrator 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) *Christine L. Kline, PCHA* Date *4-19-18*

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Violation Report: 22958 - 03/29/2018 - Yellenic, Cindy
 PCH Name: MAIDENCREEK PLACE

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

The annual training provided to Direct Care Staff Person(s) A & B in training year 2017 did not include the mandatory topic of Medication Self-Administration.

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.

Administrator or designee does include self medication administration training during medication training however, it was not documented separately.

A self medication administration training has been scheduled for April 17, 2018 during the direct care monthly staff training.


Administrator will ensure it is added to the yearly staff training plan to 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, ACHA	Date 4-19-18
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Violation Report: 22658 - 03/29/2018 - Yellenic, Cindy
 PCH Name: MAIDENCREEK PLACE

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 home's letter, on 1-10-18, to the local fire department declared the home had 5 immobile residents. The home currently has 5 residents with mobility issues. The home has not updated the letter to reflect the change of residents with mobility needs.

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.

Administrator updated the on March 30, 2018 to including the wording requested by inspectors with a copy of the floor plan, copy of the updated letter is attached.

✓ Administrator or designee will monitor for ongoing compliance.

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)

Christine L. Kline, ACHA

Date *4-19-18*

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Violation Report: 22658 - 03/29/2018 - Yellenic, Cindy
 PCH Name: MAIDENCREEK PLACE

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

The fire drill conducted on 6/27/17 at 11:17 does not indicate if the drill was conducted in the am/pm.

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.

Administrator or designee will double check fire drill log to make sure it reflects am/pm.

The administrator shall monitor and be responsible for ongoing compliance.

m 4/30/18

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) <i>Christine L. Kline, PCHA</i>	Date <i>4-19-18</i>
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Violation Report: 22658 - 03/29/2018 - Yellenic, Cindy
 PCH Name: MAIDENCREEK PLACE

1. REGULATION 55 Pa.Code §2600
 2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION
 Resident interviews indicated that the fire drill conducted on 3/17/18 at 12:05am the residents did not evacuate outside of the building, the residents went to the door ways inside of the building. The home does not have internal fire safe areas. During the exit conference the homes Administrator reported that the residents did not evacuate outside because of the temperature outside.

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 state requires 2 third shift fire drill per year. Company policy requires 3. The thrid 3rd shift fire drill was on March 17, 2018. On that date at 12:04 am it was 24 degrees and the Administrator made the call not to evacuate the Residents outside the building in their pajamas. Administrator will ensure that going forward all Residents are evacuated outside the building to the fire safe area regardless of the temperature. Extra blankets will be kept in each resident's room and in the closet at the main entrance to wrap Residents in, on their way out of the building.
 Because this was not a state required fire drill, the Administrator does not agree with this violation.

The administrator shall monitor and be responsible for ongoing compliance.

[Signature]
 4/30/18

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

Signature of Legal Entity Representative / *[Signature]*
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative / *Christine L. Kline, POHA* Date *4-19-18*
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 PCH Name: MAIDENCREEK PLACE

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

Resident #1 has a PRN order for Nitrostat 0.4mg. On 3--19-18, the medication was not available in the home for the resident.

The home's medication policy states two staff count the narcotics at the end of each shift (the person leaving and the person coming on shift) and sign the narcotic count was correct. On the following days the narcotic count sign sheet was missing signatures: 2/1/18 on 11:00pm to 7:00am shift; 2/10/18 on 11:00pm to 7:00am shift; 2/22/18 on 7:00am to 3:00pm shift; and, 3/14/18 on 7:00am to 3:00pm shift;

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 # 3 no longer is able to keep her Nitrostat on her person and the self administer order has been discontinued.

The state required narcotic count sheets were correct on the above dates.

The company requires an additional card count sheet that is kept in the front of the binder, that counts only the cards, not actual narcotics. On the above dates there was a missing card count from a pervious date.

The Administrator does not agree with this violation because this is not state required paperwork only an additional check system, however the Administrator or designee will monitor for ongoing compliance.

The administrator shall monitor and be responsible for ongoing compliance.

[Signature]
4/30/18

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. Kline, ActHA* Date *4-19-18*

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