



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: September 14, 2018

Mr. John Williams
Administrator / Owner
Maple Valley Personal Care Home, Inc.
2212 Anthony Run Road
Indiana, Pennsylvania 15701

RE: Maple Valley Personal Care Home
Certificate #: 427690

Dear Mr. Williams:

As a result of the Department's Bureau of Human Services Licensing inspection on June 1, 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,

A handwritten signature in black ink that reads "Jon Kimberland".

Jon Kimberland
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: MAPLE VALLEY PERSONAL CARE HOME		License Number: 42769
Address: 2212 ANTHONY RUN ROAD, INDIANA, PA 15701		County: Indiana
Administrator: John Williams		Region: WEST
Legal Entity Name: MAPLE VALLEY PERSONAL CARE HOME INC		
Legal Entity Address: 2212 ANTHONY RUN ROAD, INDIANA, PA 15701		RECEIVED
Certificate(s) of Occupancy C-2 LP 05/01/2008 Dept of L & I		SEP 05 2018 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 29	Waking Staff: 22
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 06/01/2018: Grace, Desmond		
Off-Site Inspection Dates and Inspectors, if Applicable 06/01/2018: Grace, Desmond		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 40 Number of Residents Served: 29 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 1	Number of Residents who: Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 29 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report:
PCH Name: MAPLE VALLEY PERSONAL CARE HOME

SEP 06 2018

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa.Code §2600
2600.225(c) - The resident shall have additional assessments as follows:
- (1) Annually.
 - (2) If the condition of the resident significantly changes prior to the annual assessment.
 - (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

Resident #1 had an assessment completed on 7/1/17. However, the resident's needs related to the diagnosis of Dementia was not indicated in the resident's assessment.

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 #1 No longer resides at Maple Valley. The Director of Nursing has been made aware of this requirement and will make appropriate changes going forward.

Immediately: The administrator or designated staff person shall review all resident assessments for accuracy and completeness. 9/10/18 y

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)	Date
JOHN WILLIAMS	8-28-18

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

The above plan of correction is approved as of <u>9-10-18</u> (Date)	Plan of correction implementation status as of <u>9-10-18</u> (Date)
The above plan of correction was approved by <u>X</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress y <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented