



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

SEP 12 2018

Ms. Mendy Piller  
Manager  
Maple Winds HealthCare and Rehabilitation Center LLC  
99 West Hawthorne Avenue, Suite 508  
Valley Stream, New York 11580

RE: Maple Winds Personal Care  
4112 Springhill Road  
Portage, Pennsylvania 15946  
Certificate #: 333250

Dear Ms. Piller:

As a result of the Department's Bureau of Human Services Licensing annual inspection on July 19, 2018 of the above facility, the violation with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary was found.

The violation 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](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: 33325 - 07/19/2018 - Hoover, Douglas  
 PCH Name: MAPLE WINDS PERSONAL CARE

**1. REGULATION 55 Pa.Code §2600**  
 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

**2a. DESCRIPTION OF VIOLATION**  
 Resident #1's contract, dated 4/17/18, and Resident #2's contract, dated 2/21/18, were not signed by the residents.

**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 PCHA and designee immediately on 7/20/18 had the residents sign/ mark their contracts to have them in compliance. Effective 7/20/18 the PCHA had an educational training meeting with the designee on the proper completion of the contracts for all new admissions to the personal care home. Effective 7/20/18 The PCHA has and will continue to review all new contracts on the day of admission to ensure that they are properly completed. As part of the ongoing monitoring the PCHA will have a yearly in service training with the designee on contracts/admission procedures.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Tawnya Lammack - PCHA</i>	Date <i>8-31-18</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>9/11/18</u> (Date)  The above plan of correction was approved by <u>GCE</u> (Initials)	Plan of correction implementation status as of <u>9/11/18</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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