



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]
MAILING DATE: January 4, 2019

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's Bureau of Human Services Licensing inspection on December 4, 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, appearing to read "M. Moskalczyk".

Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 22658 - 12/04/2018 - DeVries, Kristin
 PCH Name: MAIDENCREEK PLACE

1. REGULATION 55 Pa.Code §2600
 2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION
 On 11-11-18 at approximately 7:15am, staff person A pushed resident #1 after staff person A became upset with resident #1 when the resident's cat got out of the resident's room. The push resulted in resident #1 falling to the floor.

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.

Facility denies any wrong doing.

Staff member received all the proper training and signed off on mandatory abuse training, Act 13 training and Resident Rights on her first day of orientation.

██████████, Care Services Manager immediately responded to the facility and interviewed the supervisor on duty. She then contacted the Executive Director, ██████████, who also responded to the community and interviewed the Resident.

Area Agency on Aging was immediately called who also responded to the community and interviewed the Resident. Act 13 completed and Reportable Incident completed.

Staff member was contacted by ██████████ Care Services Manager during the telephone conversation staff member admitted to pushing the Resident. Staff member was immediately terminated from her employment.

Executive Director and Care Services Manager will continue provide proper training upon initial hire and consistantly thorough out the year.

All trainings are documented and kept in the staff members personnel file.

All employees did receive retraining after the incident ocured, it was documented and placed into their personnel charts.

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

Signature of Legal Entity Representative *Christine L Kline*
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Christine L. Kline	Date December 17, 2018
--	------------------------

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

The above plan of correction is approved as of <u>12-19-18</u> (Date)	Plan of correction implementation status as of <u>12-19-18</u> (Date)
The above plan of correction was approved by <u>MM</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