



May 17, 2019

Tri M. Tran  
Vice President, Treasurer and Secretary  
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 Tri M. Tran:

As a result of the Department's Bureau of Human Services Licensing annual inspection on March 20, 2019 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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 blue ink that reads "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
Violation Report



Violation Report: 22658 - 03/20/2019 - Deluca, Amy

PCH Name: MAIDENCREEK PLACE

**1. REGULATION 55 Pa.Code §2600**

2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

**2a. DESCRIPTION OF VIOLATION**

There were approximately 6 cigarette butts observed in the rocks next to the two benches located outside exit 1 on the side of the building. There were no ashtrays located in this area because this is not the home's designated outdoor smoking area.

**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.*

On the day of the inspection Maintenance Manager cleaned up the cigarette butts and placed them into the trash.

Administrator, Maintenance Manager and/or designee will monitor grounds for ongoing compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

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, LPN, PCHA

Date

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

The above plan of correction is approved as of

4-23-19  
(Date)Plan of correction implementation status as of 4-23-19  
(Date)

The above plan of correction was approved by

*MM*\_\_\_\_\_  
(Initials)

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

**Violation Report:** 22658 - 03/20/2019 - Deluca, Amy

**PCH Name:** MAIDENCREEK PLACE

**1. REGULATION 55 Pa.Code §2600**

2600.144(d) - Smoking outside of the smoking room is prohibited.

**2a. DESCRIPTION OF VIOLATION**

At approximately 9:05am a resident was observed sitting on a bench, smoking, outside exit 1 on the side of the building. This is not the home's designated smoking area. According to staff interview the smoking area for residents is located in the back of the home where there is a gazebo with ashtrays available for cigarette butts.

**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.*

On the day of inspection Resident was reeducated on the designated smoking area.

Administrator or designee will monitor Resident for ongoing compliance to smoke only in the designated smoking area.

Repeat Violation: No

Date(s) of Previous Violation(s):

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, LPN, PCHA

Date

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**Violation Report:** 22658 - 03/20/2019 - Deluca, Amy

**PCH Name:** MAIDENCREEK PLACE

**1. REGULATION 55 Pa.Code §2600**

2600.187(d) - The home shall follow the directions of the prescriber.

**2a. DESCRIPTION OF VIOLATION**

Resident #1 receives blood glucose checks before meals and at bedtime with insulin administered on a sliding scale. On 3/18/2019 the 11am reading in the resident's glucometer was 275, requiring 6 units of insulin.

The Medication Administration Record indicates the reading at this time was recorded as 245 with 4 units of insulin administered.

**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 and Care Services Manager reeducated staff on the importance of writing the correct glucometer reading in the MAR. On March 19, 2019.

On March 18, 2019 the attached form was implmeneted in the MAR for any Resident that requires glucose monitoring. This will serve as an extra check system to ensure the correct number is written in MAR and the correct amount of insulin administered.

Cart Audits are done weekly by the Care Services Manager.

Administrator, Care Services Manager or designee will monitor for ongoing complaince.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Christine L. Kline*

Printed Name and Title of Legal Entity Representative  
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