



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**Sent via e-mail to: melanie.goodman@genesishcc.com;  
MAILING DATE: November 1, 2019**

Mr. Sandy Insalaco Jr.  
President  
Maple Shade Meadows LP  
490 North Main Street  
Pittston, Pennsylvania 18640

RE: Maple Shade Meadows Senior Living  
50 East Locust Street  
Nesquehoning, Pennsylvania  
18240 License #: 204001

Dear Mr. Insalaco:

As a result of the Department's Bureau of Human Services Licensing inspection on July 25, 2019 of the above facility, the citations 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.

Sincerely,

A handwritten signature in black ink, appearing to read "M. Moskalczyk".

Michele Moskalczyk  
Human Services Licensing Supervisor

Enclosure  
Violation Report

# Violation Report

## Facility Information

Name: *MAPLE SHADE MEADOWS SENIOR LIVING*  
Address: *50 EAST LOCUST STREET, NESQUEHONING, PA 18240*  
County: *CARBON* Region: *NORTHEAST*

License Number: *20400*

## Administrator

Name: *Melanie Goodman* Phone: *5706695500* Email: *MELANIE.GOODMAN@GENESISHCC.COM*

## Legal Entity

Name: *MAPLE SHADE MEADOWS LP*  
Address: *490 NORTH MAIN STREET, PITTSTON, PA, 18640*

## Certificate(s) of Occupancy

Type: *C-2 LP* Date: Issued By:  
Type: *C-2 LP* Date: *07/12/1999* Issued By: *PA L&I*

## Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *107* Waking Staff: *80*

## Inspection

Type: ~~xxx~~ *monitoring* BHA Docket #: Notice: *Unannounced*  
Reason: *Interim*

## Inspection Dates and Department Representative

*07/25/2019 - On-Site: Ann O'Haire, Jasdon Harvey*

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: *104* Residents Served: *83*

### Secured Dementia Care Unit

In Home: *Yes* Area: *Wing of the facility* Capacity: *20* Residents Served: *17*

### Hospice

Current Residents: *10*

### Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *66*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *24* Have Physical Disability: *7*

# 185a - Implement Storage Procedures

## Regulations

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.

## Description of Violation

Resident #1's blood glucose level was not documented correctly on the following dates and times. On 07/24/19 at 6:34 PM Resident #1's blood glucose level was 173 and was documented as 174

Resident #2's glucometer had a blood glucose reading on 07/16/19 at 4:54 PM of 176. This reading was not documented. On 07/19/19 at 6:53 AM, Resident #2 had a blood glucose reading of 180 that was not documented.

## 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 and Resident #2 Blood Glucose levels were not documented accurately and correct as to date, time, and result. All licensed nurses and medication staff were inserviced and re-educated regarding the importance of accurate documentation of Blood Glucose testing as to correct result, time and date. Moving forward RCD and ED will closely monitor and review MARS on a weekly basis and conduct spot checks on a daily basis. Please refer to attachment*

*Melanie Goodman EA 10/11/19*

## Legal Entity Representative

x. *Sandy Inalaco*  
Signature

*Sandy Inalaco, President*  
Printed Name and Title

Date *10/11/19*

## DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

|  |                           |   |                           |
|--|---------------------------|---|---------------------------|
| The above plan of correction is approved as of | <b>10-17-19</b><br>(Date) | Plan of correction implementation status as of                                | <b>10-17-19</b><br>(Date) |
|  |                           | Fully Implemented   |                           |
| The above plan of correction was approved by   | <b>MM</b><br>(Initials)   | <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress |                           |
|  |                           | Partially Implemented - Inadequate Progress                                   |                           |
|  |                           | Not Implemented   |                           |

187a - Medication Record

Regulations

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

- 14. Name and initials of the staff person administering the medication.

Description of Violation

The following medications for resident #3 on 07/24/19 at 9:00PM were not initialed as being administered. Metformin HCL ER 500 MG tab. take one tab by mouth at 9:00AM and 9:00PM. Atorvastatin 40 mg tab. - one tab by mouth daily 9:00 PM.

Resident #3's MAR's indicates that she is to receive 35 units of Lantus insulin subcutaneously for her Diabetes at 9:00PM daily. Resident #3's MAR's was not initialed on 07 /05/19, 07/06/19 and 07/07/19 indicating that she had received her Lantus Insulin medication.

Resident #4's MAR's indicate that she is to receive 10 units of Humalog subcutaneously 3 times a day. This medication was not initialed as being administered on 07/06/19, 07/07/ 19 and 07/08/19.

Resident #5's MAR's were not initialed that the following medications were administered on the following dates: Risamine ointment, apply to buttocks at 9:00AM and 9:00PM for pressure ulcers on 07/7/19. Desoximetasone 0.25 % cream, apply to affected area of bilateral legs and ankles two times a day for venous status dermatitis was not initialed on 07/07.19 at 9:00PM. Clotrimazole-Beta cream apply to abdominal skin folds and groin 2 times a day was not initialed as being administered on 07/06/19 and 07/07/19 at 9:00PM.

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 # 3, 4, 5 medications were not initialed as being administered. All licensed nurses and medication staff were inserviced and re-educated as to the importance of administering all medication correctly as directed and initialing of same. Moving forward RCD and ED will closely monitor all MARs on a weekly basis. Daily spot checks are also being conducted to ensure future compliance. Please refer to attachment*

Legal Entity Representative

*Sandy Insalaco Jr.*  
Signature

*Melanie Goodman ED 10/11/19*

*Sandy Insalaco, President 10/11/19*  
Printed Name and Title Date

187a - Medication Record *(continued)*

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The above plan of correction is approved as of

10-17-19  
(Date)

Plan of correction implementation status as of

10-17-19  
(Date)

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

The above plan of correction was approved by

MM  
(Initials)

### 227d - Support Plan Medical/Dental

#### Regulations

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

#### Description of Violation

Resident #1 RASP dated 01/10/19 does not address the resident's home health care needs or frequency of service.  
Resident #6's RASP dated 01/07/19 does not list a description of medications and a plan to meet this need.

#### 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 and Resident #6 RASP's did not provide adequate documentation of needs, services, description of medications or plan to meet needs. Resident Care and Memory Care Director were re-educated on importance of accurate documentation on Resident RASP.  
Moving forward ED will review and monitor Resident RASP on admission, Change of Status and Annual Review to ensure future compliance.  
Please refer to updates of RASP attached*

*Melanie Goodman ED 10/11/19*

#### Legal Entity Representative

*Sandy Insalaco J*  
Signature

*Sandy Insalaco, President 10/11/19*  
Printed Name and Title Date

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|  |                    | Partially Implemented - Inadequate Progress                                   |                    |
|  |                    | Not Implemented   |                    |

252 - Record Content

Regulations

2600.

252. Content of Resident Records - Each resident's record must include the following information:

- 2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.

Description of Violation

Resident #7 's resident record did not have identifiable marks - if any.

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 #7 did not have documentation of having or not having any identifiable marks on facesheet. Resident Record has been updated. Please refer to attachment.*

*Moving forward Admission, Resident Care, and ED will review Resident Admission paperwork for completion of pertinent information to ensure future compliance*

*Melanie Goodman ED 10/11/19*

Legal Entity Representative

Signature *Sandy Insalaco, Jr.*

*Sandy Insalaco, President* 10/11/19  
Printed Name and Title Date

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|  |                    | Partially Implemented - Inadequate Progress    |                    |
|  |                    | Not Implemented                                |                    |