



pennsylvania
DEPARTMENT OF HUMAN SERVICES

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

AUG 15 2019

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

Dear Mr. Insalaco:

This is to acknowledge receipt of your request to appeal the Department's decision to Revoke the regular license and issue a First Provisional for Maple Shade Meadows Senior Living. Your request has been forwarded to the Department of Human Services, Bureau of Hearings and Appeals. You will be contacted regarding the date and time of the hearing.

Sincerely,

A handwritten signature in black ink, appearing to read "Jeanne Parisi".

Jeanne Parisi
Director

cc: Megan Rubenstein (Northeast), Office of General Counsel

Human Services Licensing

AUG 06 2019



50 East Locust Street, Nesquehoning, PA 18240

August 2, 2019

VIA FEDERAL EXPRESS 8144 0031 1016

Shivani Patel, Enforcement Manager
Human Services Licensing
Department of Human Services
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, PA 17120

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

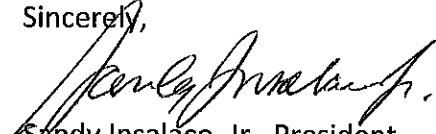
Dear Mr. Patel:

Please be advised that I am in receipt of July 23, 2019 correspondence from Deputy Secretary Carolyn K. Ellison, with a staff member signing for the certified receipt of same on July 25, 2019. I was out of the state from July 23, 2019 until Thursday, August 1, 2019 and as such, I have just now been made aware of this notice and the status of provisional license.

At this time, we do respectfully request to appeal this decision and current provisional license status, and request a hearing on this matter as soon as possible. I am available should you need to discuss this matter or have any questions regarding same.

I thank you in advance for your professional courtesy.

Sincerely,



Sandy Insalaco, Jr., President

Maple Shade Meadows LP

Tele: 570-237-5206

sijr@insalacodev.com

cc: Carolyn K. Ellison, Deputy Secretary
Office of Administration, Shared Services
For Health & Human Services

Melanie Goodman, Director, Maple Shade Meadows Senior Living



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to MAPLE SHADE MEADOWS LP
LEGAL ENTITY

To operate MAPLE SHADE MEADOWS SENIOR LIVING
NAME OF FACILITY OR AGENCY

Located at 50 EAST LOCUST STREET, NESQUEHONING, PA 18240
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

To provide Personal Care Homes
TYPE OF SERVICES TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 104
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
(MAXIMUM CAPACITY)
Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 25

Restrictions: _____

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from July 23, 2019 until January 23, 2020,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 204001

Robert E. Robinson
ISSUING OFFICER

Carolyn K. Ellison
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628 - 2/18cse



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: JUL 23 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 inspections on March 26, 2019, April 10, 2019 and June 5, 2019 of the above facility, the violations specified on the enclosed violation report were found.

Based on violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), your current license # 204000 dated September 29, 2018 to September 29, 2019, is REVOKED. Additionally, your license dated September 29, 2019 to September 29, 2020 is REVOKED. A FIRST PROVISIONAL license is being issued. This FIRST PROVISIONAL license replaces all previously issued licenses and is effective for six months from the date of issuance. The license dated September 29, 2019 to September 29, 2020 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. 1026(b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed.

All citations specified on the 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.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:


Mr. Insalaco

2

Shivani Patel, Enforcement Manager
Human Services Licensing
Department of Human Services
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,



Carolyn K. Ellison
Deputy Secretary, Office of Administration
Shared Services for Health and Human
Services

Enclosures
License
Violation Report

Violation Report: 20400 - 03/26/2019 -

PCH Name: MAPLE SHADE MEADOWS SENIOR LIVING

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

At approximately 9:30am the binder containing resident Medication Administration Records (MARs) was left unlocked and unattended on top of the medication carts in the dining room. At approximately 11:30am the MARs and the narcotic count book were left unlocked and unattended on top of the medication cart in the memory care unit. The MARs and narcotic book contain confidential information of 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 visible MAR and Narcotic book were immediately placed in Med Cart drawer and locked. The Medication staff were re-educated on the importance of Resident privacy and all Medication records need to be placed, locked in med drawer, never being left open or available when left unattended.

The Nursing Director and Executive Director will monitor on a daily basis to ensure future compliance.

Melanie Goodman Esq 5/8/19

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Sandy Insalaco Jr

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Sandy Insalaco Jr, President

Date: *5/8/19*

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

The above plan of correction is approved as of 5-28-19
(Date)

Plan of correction implementation status as of 6-5-19
(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: 20400 - 03/26/2019 -
 PCH Name: MAPLE SHADE MEADOWS SENIOR LIVING

1. REGULATION 55 Pa.Code §2600

2600.60(a) - Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION

It was determined through staff interviews that the home has 10 residents who require a 2-person assist to evacuate in the event of an emergency. On the following dates the home had only 2 people scheduled on the 3rd shift from 11pm to 7am: 3/5/2019, 3/15/2019, 3/30/2019, and 3/31/2019. On 4/1/2019 the home had only 3 people scheduled on the 3rd shift. The home does not have enough staff scheduled on the 3rd shift to safely evacuate all 74 residents currently residing in the home. The home has a secure dementia unit with a current census of 18 residents, 4 of whom are a 2 person assist. Outside of the memory care unit there is a current census of 56 residents, 6 of whom are a 2 person assist.

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 11-7 shift was found to be not staffed properly to meet resident needs. Hiring has been a priority and a continuous ongoing process. A new PCA/med tech was hired for 11-7 shift. Also a current PCA is floating to cover shifts. The 11-7 shift will now have 4-5 aides on shift. If staffing is not adequate a Director will cover the shift to assist meeting resident needs and in the event of an emergency evacuation. The Nursing Executive Director and/or Designee will maintain the appropriate staffing levels for the number of mobility needs in the Memory Care Unit and general population to ensure future compliance.

Melanie Goodman ED 5/8/19

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

Signature of Legal Entity Representative (Required on EVERY Page) Sandy Inalaco Jr

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Sandy Inalaco - Jr. President Date 5/8/19

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Violation Report: 20400 - 03/26/2019 -
 PCH Name: MAPLE SHADE MEADOWS SENIOR LIVING

1. REGULATION 53 Pa. Code §2600

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

Through staff interviews it was determined that newly hired staff are not receiving first day orientation training in evacuation procedures, staff duties and responsibilities during fire drills, designated meeting place outside the building or fire safe areas, and location and use of fire extinguishers. The staff person responsible for providing fire safety training to new employees is not always aware that new staff are starting work. Staff persons C and D did not receive fire safety training when they started working. Staff person C was hired 11/19/18 and staff person D was hired 07/11/18.

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.

All new direct care and ancillary staff persons will be oriented to the Fire Safety System and Evacuation procedures. A review of Fire System, Fire Drills and Evacuation Procedures was held for staff on 4/26/19. It will be a priority of the Maintenance and Executive Director to ensure it is being presented to ensure future compliance.

Immediately & Ongoing. *Please refer to attachment #2*

Staff and Employee General & Fire Safety Training was held on 5-31-19 - by Martin J. Joyce, Fire Inspector - PA Fire Safety Training & Consulting. New staff and ongoing Fire Safety Training shall be conducted by a Fire Safety Expert. The administrator, Melanie Goodman shall monitor training and fire safety training for ongoing compliance. 7-11-19

Melanie Goodman ED 5/8/19 MM

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Sandy Inselaco Jr.

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Sandy Inselaco Jr. Pres

Date *5/8/19*

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Violation Report: 20400 - 03/26/2019 -

PCH Name: MAPLE SHADE MEADOWS SENIOR LIVING

1. REGULATION 55 Pa.Code §2600
2600.103(d) - Food shall be stored off the floor.

2a. DESCRIPTION OF VIOLATION

The home's food order, delivered to the home 4/9/19, was being stored on the floor in the dry food storage area, walk-in refrigerator, and freezer.

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 food order was immediately removed from the floor and stored in the appropriate areas. The staff was re-educated to the importance of food not being on the floor and being stored. The Dietary Manager and Executive Director will inspect at time of delivery and daily to ensure food is being stored properly to ensure future compliance.

Melanie Goodman ED 5/8/19

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

Signature of Legal Entity Representative (Required on EVERY Page) *Sandy Insalaco J.*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Sandy Insalaco-Tr. President* Date *5/8/19*

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Violation Report: 20400 - 03/26/2019 -
 PCH Name: MAPLE SHADE MEADOWS SENIOR LIVING

1. REGULATION 55 Pa.Code §2600
 2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION
 The exit door located in the dining room was blocked by a table and chair, preventing immediate egress in the event of an emergency.

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 table and chair were immediately removed from the area of the exit door in the Dining Room. All staff were re-educated to the importance of exit doorways not being obstructed. All Managers and Executive Director will inspect on a daily basis to ensure future compliance.

Please refer to attachment #3

Melanie Goodman ED 5/8/19

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Sandy Inzalaco Jr.*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Sandy Inzalaco Jr. President* Date *5/8/19*

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Violation Report: 20400 - 03/26/2019 -
 PCH Name: MAPLE SHADE MEADOWS SENIOR LIVING

1. REGULATION 55 Pa.Code §2600
 2600.132(a) - An unannounced fire drill shall be held at least once a month.

2a. DESCRIPTION OF VIOLATION

Through staff interviews it was determined that the home is not conducting fire drills every month. The home's fire drill records indicate that drills were held on 2/26/19 at 10:45am, 1/31/19 at 9:30am, 11/27/18 at 1:45pm and 10/15/18 at 9:00pm. Staff scheduled on those dates and times indicate that no fire drills were conducted on those days. This staff person indicated she usually hears "through the grapevine" that a drill will be conducted that day. Staff interviews indicate that fire drills are not conducted after 8pm, despite fire drill records indicating that they are, because there is not enough staff to safely evacuate all residents during the 2nd and 3rd shifts.

It was also pointed out that a fire drill is documented as occurring on 1/31/19 but alarm monitoring records indicate the alarm was not taken offline on that date. The maintenance director stated that if there is a brand-new employee on when he is going to run a drill he will tell the staff person that he is going to run a drill because otherwise they won't know what to do. He also stated that I don't run fire drills at night because there aren't enough staff on at night to get the residents evacuated.

As per interview with the maintenance direction, he stated that drills were documented that were not conducted therefore fire drill logs have been falsified.

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 Maintenance Director has been re-trained and re-educated on the importance of monthly Fire Drills and accurate documentation of same. Moving forward Fire Drills will be conducted on a monthly basis and properly documented. Please refer to attachments. A Fire Drill was held on 4/17/19 on the 3-11 shift and on 4/25/19 on the 11-7 shift. The Executive Director and Designee will closely monitor one on one with the Maintenance Director to ensure Fire Drills are being held monthly on alternating shifts and times, also being accurately documented to ensure future compliance. The staff will be required to sign off to same.

Please see Attachment #4

SEE ATTACHED...

Nelvia Goodman ED 5/8/19

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Sandy Tosalaco Jr. President* Date *5/8/19*

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- Not Implemented

The above plan of correction was approved by MM
 (Initials)

SEE ATTACHED...

132 (a) cont.

Immediately and Ongoing:

1. The home will hold an unannounced fire drill in accordance with 2600.132a-j.
2. The home will hold a fire drill between 11PM and 6 AM --- Next monthly fire drill and every six months thereafter.
3. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.
4. A fire alarm or smoke detector shall be set off during each fire drill.
5. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.
6. The home will not submit falsified documents to the department.

The administrator, Melanie Goodman shall monitor and be responsible for ongoing compliance.

7-11-19

MM

Violation Report: 20400 - 03/26/2019 -
 PCH Name: MAPLE SHADE MEADOWS SENIOR LIVING

1. REGULATION 55 Pa.Code §2600

2800.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

Through staff interviews it was determined that residents who reside in the A, B, and non-memory care unit area of the C wing are not evacuated outdoors when fire drills are conducted. The home's fire safety inspection conducted by a fire safety expert indicate that the home has fire safe doors in the North Woods and the memory care sections only, therefore, fire drills that simulate a fire in the A, B, and non-memory care unit area of the C wing require that residents be evacuated outdoors. The staff person who conducts the fire drills indicated that only the time required to evacuate the affected area of a fire drill is documented and not the time required to evacuate all areas of the home. Therefore, it cannot be determined if the residents are being evacuated within 6 minutes and 45 seconds as required by the fire safety inspection letter dated 6/18/2018.

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.

Moving forward the simulated fire area to be evacuated during a fire drill will be evacuated to a fire safe area away from the drill area. All residents will be outside their rooms ready to execute a full evacuation to the designated meeting areas (Coul-de-sac, parking lot). For accuracy the timing of the fire drill will be stopped when all residents are evacuated to a fire safe area and/or evacuated to the designated meeting area.

The Maintenance Director has been re-trained, re-educated to the importance of timing accuracy and the policies/procedures of Fire Drills.

The Maintenance Director will be closely monitored during Fire Drills by the Executive Director and/or Designee

The Fire Marshall (Martin Joyce) will be presenting the Annual Fire Training and Drill for all staff on 5/24/19 and 5/31/19.
 Melissa Anderson ED 5/8/19

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Eandy Insalaco Jr. President* Date: *5/8/19*

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Violation Report: 20400 - 03/26/2019 -
 PCH Name: MAPLE SHADE MEADOWS SENIOR LIVING

1. REGULATION 55 Pa. Code §2800
 2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION

Through staff interviews it was determined that fire drills are not conducted during 3rd shift when only 2 staff persons are present in the home. Fire drill records indicate a drill was conducted on 12/20/18 at 6:45am and staff indicated this is because there are additional ancillary staff that come in at 6:00am.

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 Maintenance Director has been re-trained and re-educated on the importance of Fire Drills/Policy. Moving forward Fire Drills will be conducted mid shift on the 11-7 shift. A Fire Drill was conducted 4/25/19 at 3:15 AM with 5 staff persons on shift. I was also in attendance. The Executive Director and Designee will closely monitor one on one with the Maintenance Director to ensure future compliance.

Please refer to Attachment #5

Melanie (Bloodman) ED 5/8/19

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

Signature of Legal Entity Representative (Required on EVERY Page) X *Sandy Insalaco*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Sandy Insalaco Jr. President* Date *5/8/19*

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Violation Report: 20400 - 03/26/2019 -
 PCH Name: MAPLE SHADE MEADOWS SENIOR LIVING

1. REGULATION 55 Pa.Code §2600

2800.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION

The home conducted a fire drill on 3/27/2019 at 10:00am. Through staff interviews it was determined that resident #1 was not evacuated during the fire drill because the resident is on hospice. The home did not apply the procedures required in statements of policy 29a through 29a-b11. Through staff interviews it was determined that staff are not educated regarding the documents and procedures needing to be in place when a resident is unable to be evacuated during a fire drill.

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.

A mandatory staff training was held on 4/26/19 regarding review of Fire Systems, Fire Drill and Evacuation Procedures. All staff were re-educated, including the Maintenance Director, on the importance of following evacuation of Hospice Residents. Review of Fire Safe areas inside the facility and designated meeting place in the cut-de-sac or parking lot. A review was also presented to the Residents.

Moving forward all Residents will be evacuated including Hospice Residents unless written documentation is provided by the MD, Resident and Responsible Party. Executive Director and Designee will monitor and work one on one with Nursing and Maintenance Director to ensure future compliance.

Please see Attachment #6

Melanie Goodson ED 5/8/19

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

Signature of Legal Entity Representative
 (Required on EVERY Page) X *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Sandy Insalaco Jr. President Date 5/8/19

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Violation Report: 20400 - 03/26/2019 -
PCH Name: MAPLE SHADE MEADOWS SENIOR LIVING

1. REGULATION 55 Pa.Code §2600
2600.141(a)(2) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following: (2) Medical diagnosis including physical or mental disabilities of the resident, if any.

2a. DESCRIPTION OF VIOLATION
Resident #1's Documentation of Medical Evaluation form dated 5/19/18 notes the resident's need for a secured dementia unit. The resident resides in the home's personal care side of the home and does not have that current need.

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 DME regarding Resident #1 was found marked incorrectly, was sent to MD for correction of appropriate designation. Going forward Nursing Director and Executive Director will carefully review each Admission, Annual, or Significant change for appropriate designation to ensure future compliance.
Please refer to attachments #7

Melvin Goodman ED 5/8/19

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

Signature of Legal Entity Representative (Required on EVERY Page) *Sandy Insalaco*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Sandy Insalaco, Tr. President* Date *5/8/19*

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Violation Report: 20400 - 03/26/2019 -

PCH Name: MAPLE SHADE MEADOWS SENIOR LIVING

1. REGULATION 55 Pa.Code §2600

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.

2a. DESCRIPTION OF VIOLATION

Resident #1 began receiving hospice services on 5/18/18. The resident's Resident Assessment and Support Plan (RASP) dated 5/18/18 only notes the resident is on hospice. It hasn't been updated to reflect which hospice agency provides these services or how often. The support plan notes the following services and assistance are non-applicable: bowel and bladder management, ambulation, cognitive functioning and all of page #4 except the resident's ability to obtain seasonal clothing. The resident is totally immobile; the support plan description of services and the plan to meet the resident's needs notes the resident is in bed. The support plan needs to be updated to accurately reflect the resident's current care needs.

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.

A current RASP was developed for Resident #1 updated with appropriate detail pertaining to specific categories. Going forward detailed documentation will be provided to all Resident RASPs. Nursing and Executive Director will review all new Admissions, Annual and significant changes to ensure future compliance. Please refer to attachment # 8

Melanie Goodman ED 5/8/19

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page) <i>Sandy Inzalaco</i>		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Sandy Inzalaco, Jr. President</i>		Date <i>5/8/19</i>

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

The above plan of correction is approved as of <u>5-28-19</u> (Date)	Plan of correction implementation status as of <u>6-5-19</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

Violation Report: 20400 - 03/26/2019 -
 PCH Name: MAPLE SHADE MEADOWS SENIOR LIVING

1. REGULATION 55 Pa.Code §2600
 2600.236 - Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training specified in § 2600.65 (relating to direct care staff person training and orientation).

2a. DESCRIPTION OF VIOLATION
 Through staff interviews it was determined that staff persons A and B did not receive the required 6 hours of training in care for residents with dementia. Both staff persons work in the home's memory care unit.

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.

Staff will be inserviced monthly on different aspects of dementia care. Initiated May 1, 2019. First inservice being held May 10, 2019
All new staff will go through Dementia training 6 hr. programs.....
A combination of written and online computer training.
Two staff RN's will attend a training course to become Certified Dementia Practitioners. Training will be provided through the Alzheimer's Association
The Dementia Program and Executive Director will closely monitor to ensure future compliance.
Please see attachment #9A + 9B

Melanie Goodman ED 5/8/19

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page) <i>[Signature]</i>		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Sandy Tesalaco Jr. President</i>		Date <i>5/8/19</i>

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Violation Report

Facility Information

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

License Number: *204000*

Administrator

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

Legal Entity

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

Certificate(s) of Occupancy

Type: *I-1* Date: Issued By:

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *95* Waking Staff: *71*

Inspection

Type: *Partial* BHA Docket #: Notice: *Unannounced*
Reason: *Interim- POC Verification*

Inspection Dates and Department Representative

06/05/2019 - On-Site: Amy Deluca, Kristin Devries

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *104* Residents Served: *68*

Secured Dementia Care Unit

In Home: *Yes* Area: *C wing* Capacity: *25* Residents Served: *17*

Hospice

Current Residents: *9*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *68*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *27* Have Physical Disability: *2*

06/05/2019

1 of 3

P.004/019

(FAX)

10:21 06/26/2019

65a - FS Orientation 1st Day

Regulations

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.

Description of Violation

Staff person A was hired and began working on 6/4/2019. Staff person A did not receive training in the training topics required under this regulation on or before her first day of work.

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.)

Staff person A was immediately oriented to general Fire Safety and Emergency Preparedness before the start of employee's shift on 6/5/19. Going forward all new hires will be oriented to same on first day of work. Executive Director and all Department Directors will provide and oversee the training on first day of work with new employees. Executive Director and Designee will monitor to ensure future compliance. Please refer to attachment.

Nelanie Goodnow, ED 6/25/19

Legal Entity Representative

[Signature]
Signature

Sandy Talsano, Jc 6/25/19
Printed Name and Title Date

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The above plan of correction is approved as of 6-27-19
(Date)

Plan of correction implementation status as of 6-27-19
(Date)

The above plan of correction was approved by MM
(Initials)

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

132d - Evacuation

Regulations

2600. 132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

According to the home's most current fire safety inspection letter dated 6/18/2018 documented by a fire safety expert, the home has a maximum safe evacuation time of 6 minutes and 45 seconds. On 4/17/19 and 4/25/2019 the home conducted fire drills in which the maximum evacuation time was exceeded. On 4/17/19 at 7:10pm residents were evacuated in 10 minutes and 20 seconds. On 4/25/19 at 3:45am residents were evacuated in 25 minutes and 10 seconds.

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 6/21/19 a Fire Drill was held on the 3-11 shift at 4:10 PM with 8 staff participating. The Evacuation time was 7:22. Fire Safety was also reviewed. On 6/25/19 a Fire Drill was held on the 11-7 shift at 4:50 AM with 6 staff participating. The Evacuation time was 7:20. Fire Safety was also reviewed. The Executive Director and Designee were present to observe both drills. The Executive Director and Designee will monitor to ensure future compliance. Please refer to attachments.

SEE ATTACHED....

Melanie Goodman ED 6/25/19

Legal Entity Representative

[Signature]

Sandy Jansalaco Jr 6/25/19

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Plan of correction implementation status as of 6-27-19 (Date)

The above plan of correction was approved by MM (Initials)

- Not Implemented SEE ATTACHED....

132(d)

Within 30 days of this DPOC and Ongoing:

Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

Staff and Residents shall receive Fire Safety Training by a Fire Safety Expert.
The home will not submit falsified documents to the department.

The administrator, Melanie Goodman shall monitor training and fire safety training for ongoing compliance. 7-11-19

MM