



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 SERVICE(S) 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 Public Welfare 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 November 20, 2019 until November 20, 2020,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **204000**

Robert E. Robinson
ISSUING OFFICER

[Signature]
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



pennsylvania
DEPARTMENT OF HUMAN SERVICES

November 20, 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 #: 204000

Dear Mr. Insalaco:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on October 10, 2019, of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Licensing Inspection summary were found.

All citations specified on the enclosed Licensing Inspection summary must be corrected by the dates specified on the Licensing Inspection summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

A regular license is being issued based on the enclosed Licensing Inspection summary. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read "Kevin Hancock".

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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@GENESISHEC.COM*

Legal Entity

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

Certificate(s) of Occupancy

Type: *I-1* Date: *10/14/2017* Issued By: *Borough of Nescohonong*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *89* Waking Staff: *67*

Inspection

Type: *Full* BHA Docket #: Notice: *Unannounced*
Reason: *Complaint,Provisional*

Inspection Dates and Department Representative

10/10/2019 - On-Site: Gerald Dumas, Amy Deluca

Resident Demographic Data as of Inspection Dates

General Information

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

Secured Dementia Care Unit

In Home: *Yes* Area: *main floor* Capacity: *25* Residents Served: *16*

Hospice

Current Residents: *7*

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: *21* Have Physical Disability: *7*

51 - Criminal Background Check

Regulations

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

The home did not have documentation of criminal background check for staff person A, who was hired 7/24/2019. The home also has CNAs from an agency working regularly in the home on the 3rd shift. The home did not obtain criminal background checks for agency staff persons B, who's first day was 7/1/19, staff person C, who's first day was 7/29/19, and staff person D, who's first day was 8/19/19.

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 background check for staff person A was immediately accessed. The Agency CNA's are no longer employed by MapleShade Meadows. Going forward all new hires background checks will be immediately accessed before new hire starting date. Executive Director and Resident Care Director will oversee and monitor same to ensure future compliance. Please refer to attachments of background checks of staff person A, F, G, H, I.

Legal Entity Representative

Melanie A. Goodman 11/8/19
ED

[Signature]
Signature

SANDY INSALACO JK 11-8-19
Printed Name and Title Date

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The above plan of correction is approved as of

(Date)

Plan of correction implementation status as of

(Date)

The above plan of correction was approved by

ag
(Initials)

- Fully Implemented
- Partially Implemented
- Not Implemented

60a - Staff/Support Plan

Regulations

2600.

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

Description of Violation

The home has a current census of 68 residents with 16 of those residents residing in the home's secure dementia unit. According to staff interview there are 3 residents in the memory care unit requiring a 2 person assist and 13 residents requiring a 1 person assist to safely evacuate in an emergency. Staff also identified 1 additional resident outside of the memory care unit requiring a 2 person assist, and 16 residents requiring a 1 person assist, for a total of four 2 person assists and 29 1 person assists residing in the home. The home had only 4 staff persons scheduled on the 3rd shift for the following dates: 9/22/19 through 9/26/19 and 9/28/19 through 10/4/19. The home does not schedule adequate staff on the 3rd shift to safely evacuate all residents in the event of an emergency.

Repeat violation 3/26/19

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.)

Mapleshade Meadows has increased Direct Care Nursing staff (11-7) by 1.5 to 2.5 staff persons per shift. We also have supplementary staffing (Laundry/Dietary) overlapping from 5AM-7AM Hiring is an ongoing process. Resident Care Director and Executive Director are monitoring the Direct Care schedule on a daily basis. MapleShade Meadows management are on a 24hr. on call schedule to meet needs regarding the 11A-7A shift to ensure adequate staffing to ensure future compliance. Please refer to attachment

Legal Entity Representative

Thelaxie A. Goodman ES 11/8/19

[Handwritten Signature]

Signature

SANDY INSA Inco JR

Printed Name and Title

11-8-19

Date

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~~Partially Implemented~~

~~Partially Implemented~~

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ag (Initials)

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:

Description of Violation

The following agency staff persons did not receive training in the required orientation training topics on their first day of work:

Staff person B—1st day of work 7/1/19; staff person C—1st day of work 7/29/19, and staff person D—1st day of work 8/19/19.

Repeat violation 6/5/19

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 Agency CNA's are no longer employed by MapleShade Meadows. New hire staff persons F, G, H, I have received the required orientation training topics on the 1st day of work. Executive Director and Department Manager will closely monitor 1st day of work required trainings are provided to ensure future compliance. Please refer to attached training documentation of current hires.

Melanee A. Goodman ED 11/8/19

Legal Entity Representative

[Handwritten Signature]
Signature

SANDY INSAIACO JR 11-8-19
Printed Name and Title Date

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The above plan of correction was approved by *ag* (Initials) Fully Implemented Partially Implemented Not Implemented

65b - Rights/Abuse 40 Hours

Regulations

2600. 65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

Description of Violation

The following agency staff persons did not receive training in the required training topics within 40 hour of their first day of work: Staff person B—1st day of work 7/1/19; staff person C—1st day of work 7/29/19, and staff person D—1st day of work 8/19/19.

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 Agency CNA's are no longer employed by Maple Shade Meadows. Going forward all new staff hires will receive the required training topics within 40 hires of 1st day of work. Executive Director and Department Manager will oversee and monitor the required training topics are being provided to ensure future compliance. Please refer to attachments of staff persons F, G, H, I training documentation

Melanie A. Goodman ED 11/8/19

Legal Entity Representative

[Handwritten Signature] Signature

SANDY INSAIA CO JR Printed Name and Title

11-8-19 Date

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[] Partially Implemented
[] Not Implemented

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65d - Initial Direct Care Training

Regulations

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

Description of Violation

The home did not have documentation that staff person E passed the department's direct care training course competency test. Staff person E's job title is PCA and she does provide direct care services to residents.

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 E (PCA) did complete and pass the Direct Care Staff training course and competency test. Going forward all Direct Care Staff will complete the course and pass the test prior to starting work with Resident Care population. Executive Director and Resident Care Director will closely monitor same to ensure future compliance. Please refer to attached verifications for staff persons E and I.

Melanie A. Goodman EA 11/8/19

Legal Entity Representative

Signature *[Handwritten Signature]*

Sandy Insalaco Jr
Printed Name and Title

11-8-19
Date

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(Initials)

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- ~~Not Implemented~~
- Not Implemented

81b - Resident Personal Equipment

Regulations

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

An enabler bar attached to the resident's bed in room NW 8 was not covered. The bar was approximately 12 inches long and poses a potential entrapment risk to the resident.

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 enabler bar in NW 8 was immediately covered. Going forward all enabling bars will be properly covered upon placement. Executive Director and Resident Care Director will closely monitor to ensure resident safety and future compliance. Please refer to attached picture.

Melanie A. Goodman EA 11/8/19

Legal Entity Representative

Signature [Handwritten Signature]

SANDY INSALACO JR
Printed Name and Title

11-8-19
Date

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- Fully Implemented
- Partially Implemented
- Not Implemented

87 - Lighting

Regulations

2600.

87. Lighting - The home's hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

Description of Violation

There was insufficient lighting 5ft from the dementia emergency exit along the egress path, to half way along the front of the home where lighting was then provided to the exterior emergency meeting location.

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.)

Additional lighting was installed at the exit of the Dementia Unit. Going forward MapleShade Meadows will ensure and provide adequate lighting at all exits. Executive Director and Maintenance Manager will oversee and monitor same to ensure future compliance. Please refer to attached pictures

Melanie A. Goodman ED 11/8/19

Legal Entity Representative

Sandy Insa Jaco Jr.
(Signature)

SANDY INSA JACO JR
Printed Name and Title

11-8-19
Date

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- ~~Not Implemented~~
- Not Implemented

91 - Telephone Numbers

Regulations

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There were no emergency numbers posted near the phone in resident bedroom A 21.

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.)

Phones in resident room A 21 were posted with emergency numbers. Going forward all resident phones will be checked and emergency numbers posted for resident access. Executive Director will monitor same to ensure future compliance. Please refer to attached picture

Melanie A. Goodman ED 11/8/19

Legal Entity Representative

Sandy Insalaco Jr
Signature

SAUDY INSALACO JR
Printed Name and Title

11-8-19
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- Partially Implemented ~~Not Implemented~~
- Not Implemented

124 - Notice to Fire Department

Regulations

2600.

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The home's letter to the fire department dated 7/9/19 did not include the capacity of the home.

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.)

please refer to attached letter. The capacity of the home was included in the 1st line of the letter to the local Fire Marshall of Mesquitehoning All correspondance to the Fire Department will include capacity of the home and all other pertinent information concerning MapleShade Meadows.

Melanie A. Goodman ED 11/8/19

Legal Entity Representative

Sandy Insalaco Jr.
Signature

SANDY INSALACO JR
Printed Name and Title

11-8-19
Date

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(Initials)

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- ~~Partially Implemented - Adequate Progress~~
- ~~Partially Implemented - Inadequate Progress~~
- Not Implemented

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

P.R.N. cough syrup Robafen, (take 2 teaspoons by mouth every 4 hours as needed for cough/congestion), was not on hand for resident # 1.

Repeat violation 7/27/18

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 physician was contacted and a discontinue order was obtained for said medication. Going forward all medication and MD orders will be verified and confirmed medication is available. Executive Director and Resident Care Director will monitor on a weekly basis and spot checks will be performed to ensure future compliance. Please refer to attachments

Melanie A. Gardner ED 11/8/19

Legal Entity Representative

[Signature]
Signature

SANDY INSAIAO JR
Printed Name and Title

11-8-19
Date

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- ~~Partially Implemented with Adequate Progress~~
- ~~Partially Implemented with 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:

Description of Violation

Metoclopramide for resident # 2 (take 5 mg take 1 tab 3x daily), did not include a diagnosis or purpose for the medication.

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.)

Diagnosis (GERD) for Metoclopramide was added to the MAR. Going forward the Resident Care Director and Executive Director will monitor and review MARs for accuracy on a weekly basis and spot checks performed to ensure future compliance.
Please refer to attachment

Melanie A. Goodman ED 11/8/19

Legal Entity Representative

[Signature]
Signature

SANDY IDEALICO JA
Printed Name and Title

11-8-19
Date

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