



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**Sent via e-mail to: john.perry@mapleshademeadows.com**  
**MAILING DATE: March 4, 2020**

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) review on December 5, 2019, December 10, 2019 and December 11, 2019 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Anne Graziano".

Anne Graziano  
Human Services Licensing Supervisor

Enclosure  
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: ~~Sherry Hill~~ John Perry Phone: 5706695500

Email: lori.dacey@mapleshademeadows.com

John.Perry@mapleshademeadows.com

#### Legal Entity

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

#### Certificate(s) of Occupancy

Type: I-1 Date: Issued By:

#### Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 82 Working Staff: 62

#### Inspection

Type: Partial BHA Docket #: Notice: Unannounced  
Reason: Complaint

#### Inspection Dates and Department Representative

- 12/05/2019 - On-Site: Ryan Yankowy, Amy Deluca
- 12/10/2019 - Off-Site: Ryan Yankowy
- 12/11/2019 - Off-Site: Ryan Yankowy

#### Resident Demographic Data as of Inspection Dates

##### General Information

License Capacity: 104 Residents Served: 65

##### Secured Dementia Care Unit

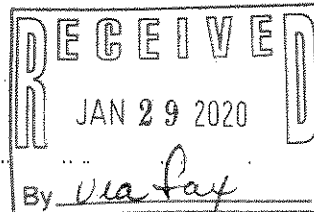
In Home: Yes Area: n/a Capacity: 25 Residents Served: 14

##### Hospice

Current Residents: 9

##### Number of Residents Who:

Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 65
Diagnosed with Mental Illness: 0	Diagnosed with Intellectual Disability: 0
Have Mobility Need: 17	Have Physical Disability: 7



MAPLE SHADE MEADOWS SENIOR LIVING

20400

3c - Post Current License

Regulations

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

The homes most recent licensing inspection summary posted in the homes lobby was in a locked cabinet. The licensing inspection summary was not posted in a public conspicuous area 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.)

The homes most recent licensing inspection summary has been moved from the locked cabinet to a bulletin board across the hall. This was done on the day and time of inspection. It will be the responsibility of the receptionist to monitor the bulletin board every morning to be sure an inspection summary is posted on the board. Ultimately, it is the responsibility of the administrator to make certain the most recent inspection summary is posted on the bulletin board in the common area.

Legal Entity Representative

Signature *John Perry*

Executive Director *1/29/2020*  
Printed Name and Title Date

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The above plan of correction is approved as of 3-2-2020 (Date)

Plan of correction implementation status as of 3-2-2020 (Date)

The above plan of correction was approved by *ag* (Initials)

Implemented  
 Not Implemented

MAPLE SHADE MEADOWS SENIOR LIVING

20400

132a - Monthly Fire Drill

Regulations

2600.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

It has been determined through staff interviews that the fire drill conducted on 8/8/19 at 5:30 am was a "mock" drill. The drill was announced to staff prior since training needed to be completed with the staff. The residents were not evacuated as if the home was conducting a normal fire drill.

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 new management team has taken over the management of the facility. They are aware of Regulation 2600.132 a requiring monthly fire drills and will be responsible for monthly fire drills at different times and different shifts. Under the new management, a fire drill was held on 1/21/20. The administrator will be responsible for monthly fire drills & will not do "mock" drills.*

Legal Entity Representative

*John Perry*  
Signature

*Executive Director*  
Printed Name and Title

*1/28/2020*  
Date

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The above plan of correction is approved as of  
(Date)

3-2-2020  
(Date)

Plan of correction implementation status as of

3-2-2020  
(Date)

The above plan of correction was approved by

*ag*  
(Initials)

Implemented  
 Not Implemented

132h - Designated Meeting Place

Regulations

2600.

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

Description of Violation

The residents in A hallway were not evacuated to the outside of the building during the fire drill conducted on 10/31/19 at 10:56 am. The residents were kept in the main lobby due to heavy rains and winds outside.

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 new management team at this facility met with the fire safety expert on 1/11/20 to understand fire drill procedures regarding regulation 132h and to understand the fire safety areas in the building. Staff has been trained on fire drill procedures and the designated meeting place. Staff were trained on Jan 14th. They will continue to be trained on fire drill safety and procedures. Residents will be trained on Feb. 4, 2020 on fire drill procedures. The new management team is setting up training for residents & staff by fire safety expert in February, 2020. Final date unknown at this time. Administrator will be responsible for fire drills, procedures, ultimately fire safety.

Legal Entity Representative

Signature *[Handwritten Signature]*

Executive Director *[Handwritten Signature]* 1/25/2020  
Printed Name and Title Date

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The above plan of correction is approved as of 3-2-2020  
(Date)

Plan of correction implementation status as of 3-2-2020  
(Date)

The above plan of correction was approved by ag  
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Implemented  
 Not Implemented