



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to MAPLE WINDS HEALTHCARE AND REHABILITATION CENTER LLC
LEGAL ENTITY

To operate MAPLE WINDS PERSONAL CARE
NAME OF FACILITY OR AGENCY

Located at 4112 SPRINGHILL ROAD, PORTAGE, PA 15946
(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 22
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

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 February 18, 2020 until February 18, 2021,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **333250**

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.



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DEPARTMENT OF HUMAN SERVICES

Mailing Date: February 18, 2020

Mr. Yaakov Dorfman
COO
Maple Winds HealthCare and Rehabilitation Center LLC
4112 Springhill Road
Portage, Pennsylvania 15946

RE: Maple Winds Personal Care
Certificate #: 333250

Dear Mr. Dorfman

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on January 15, 2020 and February 13, 2020 we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. 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 WINDS PERSONAL CARE

License Number: 33325

Address: 4112 SPRINGHILL ROAD,, PORTAGE, PA 15946

County: CAMBRIA

Region: CENTRAL

Administrator

Name: Tawyna Lamark

Phone: 8147366000

Email:

Legal Entity

Name: MAPLE WINDS HEALTHCARE AND REHABILITATION CENTER LLC

Address: 4112 SPRINGHILL ROAD, PORTAGE, PA, 15946

Certificate(s) of Occupancy

Type: I-2

Date: 03/23/2011

Issued By: L&I

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 22

Waking Staff: 17

Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal,Provisional

Inspection Dates and Department Representative

01/15/2020 - On-Site: Israel Springs, Cybil Bombberger

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 22

Residents Served: 17

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 17

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 5

Have Physical Disability: 0

63a - First Aid/CPR Training

Regulations

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

Between the hours of 2:30pm and 10:30 pm on 1/4/2020, 1/5/2020, 1/9/2020, 1/10/2020, and 1/11/2020, there were residents present in the home, but no staff with current training in first aid and certified in CPR and obstructed airway techniques.

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.)

PCHA scheduled a mandatory CPR training with Pj Shell to occur on 01/22/20 to have new cards issued to the staff members and Update any other members CPR cards that are close to expiring.

The administrator and HR director will monitor the dates of all CPR cards and keep them in one file, so they will not be missed placed. The Folder will be kept in the HR department and will be reviewed monthly for compliance. The Administrator will complete a monthly log of all staff's CPR cards and a second check will be done by the HR director. All CPR cards will be up to date by 01/20/20.

All Staff have been trained on CPR/obstructed air way. The administrator, LPN and Lead aide will assure that there is a staff member scheduled on each shift that always has their current CPR training . Plan of correct was implemented 1/16/2020

Legal Entity Representative

Tawnya LaMark
Signature

Tawnya LaMark PCHA *1-28-20*
Printed Name and Title Date

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The above plan of correction is approved as of 1/30/2020 Plan of correction implementation status as of 2/18/2020
(Date) (Date)

The above plan of correction was approved by BAS Implemented
(Initials) Not Implemented

85a - Sanitary Conditions

Regulations

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

The glucometer for Resident #1 was used to test the blood sugars for Resident #2's prescribed 7:00 am testing on 1/6/2020, 1/13/2020, 1/14/2020, and 1/15/2020.

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.)

2 residents are Diabetic and have daily blood checks. The LPN used the same monitor to check both residents. Effective Immediately all staff was reeducated by the infection control nurse on proper use of the glucometers, infection control and on the importance of using one glucometer per resident. The administrator immediately had 2 new meters delivered from the pharmacy, which arrived on 1/15/20. MD was contacted to get orders for blood testing for communicable diseases to ensure the safety of both residents. Effective Immediately, the staff will ensure that the meters being used is the residents' meter only, by having the resident identify their name on the meter and logging the response on the tracking sheets. an audit of the glucometers as compared with the documented readings in the MAR will be completed for 2 months. The Administrator and Charge LPN will complete the audit and reviews daily for 2 weeks and then weekly for 2 months, the date of completion for these audits will be done by March 1, 2020. All staff were educated on the new form on 1/16/2020 and form was implemented on 1/17/2020. Plan of correct went into effect on 01/17/2020. Upon completion, documentation will be provided to the Department for review on March 1, 2020.

Legal Entity Representative

Tawnya Larnark PCHA
Signature

Tawnya Larnark PCHA
Printed Name and Title

1-29-20
Date

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(Date)

Plan of correction implementation status as of 2/18/2020
(Date)

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

Implemented
 Not Implemented

141a 1-10 Medical Evaluation Information

Regulations

2600.
 141.a. 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:
1. A general physical examination by a physician, physician's assistant or nurse practitioner.
 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
 4. Special health or dietary needs of the resident.
 5. Allergies.
 6. Immunization history.
 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
 8. Body positioning and movement stimulation for residents, if appropriate.
 9. Health status.
 10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

The Documentation of Medical Evaluation form for Resident #2, completed on 12/19/2019 did not assess the resident's ability to self-administer medications.


Repeat Violation: 8/21/2019, 7/9/2019

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.)

Self-administration of medication is not able to be checked off on the Tabula system and must be completed by hand once printed. Effective immediately The LPN and Charge CNA were educated on the forms and the completion of them. Administrator contacted Tabula and their IT department is looking into this issue. This issue was resolved by the IT department on 1/17/20. Effective 1/16/20, Audit form started to monitor all DME forms for all boxes to be double checked by the LPN, Charge CNA and the Administrator. Whole house audit was completed on 1/17/2020 to ensure that all DMEs are completed correctly. A weekly audit will be completed by the Administrator and charge CNA starting 1/16/2020 to ensure all forms are completed appropriately. Plan of correct was started on 1/16/20. Documentation for the first four weeks of audits will be provided to the Department by March 1, 2020.

Legal Entity Representative

	Tawnya Latmark PCHA	1-28-20
Signature	Printed Name and Title	Date

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 (Date) Implemented (Date)

The above plan of correction was approved by BAS Not Implemented
 (Initials)

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

- The Medication Administration Record (MAR) for Resident #1 incorrectly documented a recorded glucose reading of 243 at 11:40 on 1/10/2020. The actual reading for this test was 235 as stored in the resident's glucometer.
- The MAR for Resident #2 documented blood sugar readings of 94 on 1/6/2020, 109 on 1/4/2020, 98 on 1/3/2020, and 118 on 1/20/2020. These readings were not stored in the resident's glucometer or any other glucometer in the personal care home.
- The glucometer for Resident #1 was not calibrated for the correct date and time.

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 glucometer was found to have the wrong time, by 3 hours on the resident's machine. The staff was educated on 1/16/2020, by the infection control nurse on proper use of the glucometers and that the glucometers must have the correct time on each machine to ensure accurate documentation and history for the resident. Effective 1/16/2020. The Glucometer Calibration sheets were updated to include "correct Time Shown". The Administrator and Charge LPN will complete the audit and reviews daily for 2 weeks and then weekly for 2 months, the date of fully implementation for these audits will be done by March 1, 2020. Plan of correction went into effect on 01/18/2020. the date of completion for these audits will be done by March 1, 2020. Documentation of the audits will be provided to the department for review.

Legal Entity Representative

Tawnya Lamark RCHA
Signature

Tawnya Lamark RCHA
Printed Name and Title

1-28-20
Date

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