



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: ckline@enlivant.com
MAILING DATE: August 14, 2020

Mr. Michael L. Costa
President and Chief Executive Officer
Reading AID II OPCO LLC
330 North Wabash Avenue, Suite 3700
Chicago, Illinois 60611

RE: Maidencreek Place
105 Dries Road
Reading, Pennsylvania 19605
License #: 226580

Dear Mr. Costa:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on and April 22, 2020 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: MAIDENCREEK PLACE

License Number: 22658

Address: 105 DRIES ROAD, READING, PA 19605

County: BERKS

Region: NORTHEAST

Administrator

Name: Christine Kline

Phone: 6109267600

Email: ckline@entivant.com

Legal Entity

Name: READING AID II OPCO LLC

Address: 330 N WABASH AVENUE, SUITE 3700, CHICAGO, IL, 60611

Certificate(s) of Occupancy

Type: C-2 LP

Date:

Issued By:

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 63

Waking Staff: 47

Inspection

Type: Partial

BHA Docket #:

Notice: Unannounced

Reason: Complaint

Inspection Dates and Department Representative

04/22/2020 - Off-Site: Ryan Yankowy

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 75

Residents Served: 59

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 5

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 59

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 4

Have Physical Disability: 2

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's RASP dated 3/26/20 notes the resident does not have any problems with irritability, agitation or judgement. It has been determined through interviews that the resident is easily irritated, agitated and lacks judgement. Resident #1's RASP has not been updated to reflect her current care needs.

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 April 22, 2020 Care Services Manager updated resident #1 RASP to reflect section Irritability, Judgement, Agitation and Aggression and the description of service need and the plan to meet service need (copy attached)

ED and or designee to conduct audit by 8/15/2020 of all current Resident Assessment and Support Plans (RASP) to ensure medical, dental, vision, hearing, and mental health behaviors and associated referrals are captured accurately on the RASP. RASPs noted with needed revisions will be updated accordingly.

On 7/31/20 CSM was reeducated by Regional Director of Care Services on PA 2600.227d CSM to reeducate all staff on PA 2600.227d by 8/5/2020.

ED and or designee to validate compliance by auditing 5 resident RASPs weekly x 4 weeks, then 5 resident RASPs montly x 2 months to identify that resident care needs set forth in 2600.227d are reflected appropriately on the RASP of all current residents.

Results of these audits will be reviewed during monthly QI meeting

Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited, and is also NOT to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan of Correction. In addition, preparation and submission of this Plan of Correction does NOT constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.

Legal Entity Representative


Signature

Christine L. Kline, LPN, PCHA, Excutive Director
Printed Name and Title

8/5/20
~~7/27/2020~~
Date

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The above plan of correction is approved as of 8-11-2020
(Date)

Plan of correction implementation status as of 8-11-2020
(Date)

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

Implemented
 Not Implemented