

Department of Human Services
Bureau of Human Service Licensing

January 6, 2021

SANDY INSALACO, PRESIDENT
MAPLE SHADE MEADOWS LP
490 NORTH MAIN STREET
PITTSTON, PA 18640

RE: MAPLE SHADE MEADOWS SENIOR
LIVING
50 EAST LOCUST STREET
NESQUEHONING, PA, 18240
LICENSE/COC#: 20400

Dear Mr. Insalaco,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/25/2020, 08/27/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY**

Facility Information

Name: MAPLE SHADE MEADOWS SENIOR LIVING **License #:** 20400 **License Expiration Date:** 11/20/2020
Address: 50 EAST LOCUST STREET, NESQUEHONING, PA 18240
County: CARBON **Region:** NORTHEAST

Administrator

Name: Shreey Hill **Phone:** 5706695500 **Email:**
 shill@peppunlimited.com,
 jperry@peppunlimited.com, lindscott@pa.gov,
 mmoskalczy@pa.gov

Legal Entity

Name: MAPLE SHADE MEADOWS LP
Address: 490 NORTH MAIN STREET, PITTSTON, PA, 18640
Phone: 5706695500 **Email:** sivr@insalacodev.com

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:** 81 **Waking Staff:** 61

Inspection

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint **Exit Conference Date:** 09/11/2020

Inspection Dates and Department Representative

08/25/2020 - On-Site: Pamela Harris
 08/27/2020 - On-Site: Pamela Harris

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 104 **Residents Served:** 58

Secured Dementia Care Unit

In Home: Yes **Area:** NM **Capacity:** 25 **Residents Served:** 11

Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 58
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 23 **Have Physical Disability:** 0

Inspections / Reviews

08/25/2020 - Partial

Lead Inspector: *Pamela Harris* **Follow Up Type:** *POC Submission* **Follow-Up Date:** *10/08/2020*

10/20/2020 POC Submission

Lead Reviewer: *Michele Moskalczyk* **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *10/30/2020*

1/6/2021 - Document Submission

Lead Reviewer: *Michele Moskalczyk* **Follow-Up Type:** *Not Required*

16c - Written Incident Report

1. Requirements

2600.

- 16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 6/11/20, resident 3 fell and fx her left tibia/fibula On 4/10/20, 6/28/20, and 8/1/20, resident 6 fell and had injuries that required transport to the ER. The home did not report these incident's to the department.

Plan of Correction

Accept

Continual required training of management staff and medical staff regarding incident reporting to the Department of Human Services and Office of Aging for neglect and abuse. Training of regulation 2600.16c is ongoing and designated staff have been assigned to do the reports. The Director of Nursing who was responsible for reportable incidents is no longer employed at Mapleshade Meadows.

Completion Date: 09/01/2020

Update - 10/20/2020

Please submit proof of staff training regarding this regulation.

Document Submission

Implemented

Staff Training was conducted on this date for Abuse, Neglect, and OAPSA and repeated again along with Resident Rights on 10/27/20. Please see attachments for Staff Meeting sign in sheets and Training PowerPoints

57c - 2 Hours/Day

1. Requirements

2600.

- 57.c. Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.

Description of Violation

On 8/8/20, there were 58 residents in the home, including 23 residents with mobility needs, requiring a total minimum of 81 hours of direct care service. On this date, only 67.5hours of direct care staffing was provided.

Plan of Correction

Accept

Co-Director has assumed the responsibility of hiring and scheduling staff to ensure adequate staffing hours for direct care service. Both co-directors will be responsible for adequate staffing 24-hours per day, 7 days per week.

Completion Date: 09/01/2020

Update - 10/20/2020

Please send proof of staff schedule, current back 2 weeks.

Document Submission

Implemented

Please see attached schedule.

60a - Staff/Support Plan

1. Requirements

2600.

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

60a - Staff/Support Plan *(continued)*

Description of Violation

On 8/21/20, two staff persons were schedule from 11pm to 7am. One of the staff persons called off and there was no indication that this shift was covered by another direct care staff person. On this date, the home has 11 SDCU residents, 1 completely immobile resident, and 10 assist of 1 or 2. One direct care staff person could not safely evacuate all the residents in a timely manner.

Plan of Correction

Accept

A 3pm-11pm staff member worked a double shift on this date so two staff members were in the building. However, the staffing was still short. The Co-Director has assumed the responsibility of hiring and scheduling staff to ensure adequate staffing for direct care services to residents. Co-directors will be responsible for adequate staffing 24-hours per day, seven days per week.

Completion Date: 09/01/2020

Update - 10/20/2020

Immediately and Ongoing:

Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan. The administrator shall monitor schedule weekly X's 4 months.

Document Submission

Implemented

See attached staff schedule.

225c - Additional Assessment

1. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

Description of Violation

Resident 6's assessment, dated 3/12/19, does not include any details about dental, including if resident has natural teeth or dentures and if resident has any chipped or cracked teeth.

Resident 1's most recent assessment was completed on 7/1/19. Resident 5 and 6's most recent assessment was completed on 12/13/18.

Resident 2's most recent assessment was completed on 8/28/19 However, [REDACTED] had a fall that required Nursing Home rehabilitation and returned to the facility. Then on 7/19/20, [REDACTED] was admitted to Ascend Hospice. At no time was [REDACTED] Assessment updated or amended. .

Plan of Correction

Accept

All medical staff have been trained on 09/24/20, regarding RASP's and Assessments. Specific employees have been assigned for doing RASP's and assessments. Chart audits are being completed on all resident charts for updates and assessments on all residents. Chart audits are to be completed by September 30, 2020. Co-Administrators and Director of Nursing will be responsible for keeping all RASP's and Assessments up to date.

Completion Date: 09/24/2020

Update - 10/20/2020

Please send proof of staff training.

225c - Additional Assessment *(continued)*

Document Submission

Implemented

Nurses and Medication Technicians received training on this date for Medical Evaluations and RASP. Please see attached sign in sheet and PowerPoint.

227d Support Plan Medical/Dental

1. Requirements

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 6 had falls on 4/10/20, 6/28/20, and 8/1/20. The resident's support plan, dated 12/13/18 does not document how this need will be met by the home.

Plan of Correction

Accept

Resident #6 was hospitalized and did not return to Mapleshade Meadows. Medical staff have been trained and will continue to be reminded about assessments and updating RASP's to provide the services needed for care issues. Designated medical staff have been assigned to assessments and RASP's

Completion Date 09/24/2020

Update 10/20/2020

Please send proof of staff training on this regulation.

Document Submission

Implemented

Nurses and Medication Technicians received training on this date for Medical Evaluations and RASP. Please see attached sign in sheet and PowerPoint.