

Department of Human Services
Bureau of Human Service Licensing

August 18, 2021

██████████ CONSULTANT
MAPLE SHADE MEADOWS LP
490 NORTH MAIN STREET
PITTSBURGH, PA 15201

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

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/06/2021 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: 11/20/2021
Address : 50 EAST LOCUST STREET, NESQUEHONING, PA 18240
County: CARBON Region: NORTHEAST

Administrator

Name: [REDACTED] Phone: 5706695500 Email: [REDACTED]

Legal Entity

Name: MAPLE SHADE MEADOWS LP
Address: 490 NORTH MAIN STREET, PITTSTON, PA, 18640
Phone: 5706695500 Email: [REDACTED]

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: 101 Waking Staff: 76

Inspection

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Complaint Exit Conference Date: 05/06/2021

Inspection Dates and Department Representative

05/06/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 104 Residents Served: 80

Secured Dementia Care Unit

In Home: Yes Area: nm Capacity: 25 Residents Served: 10

Hospice

Current Resident : 0

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 80
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 21 Have Physical Disability: 0

Inspections / Reviews

05/06/2021 - Partial

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*

Follow-Up Date: *06/24/2021*

7/21/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *07/28/2021*

8/18/2021 - Document Submission

Lead Reviewer: [REDACTED]

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 Repeat Violation

On 3/17/21 Resident #7 fell and hit [redacted] head. [redacted] was diagnosed with a closed head injury. This incident was not reported to the Department as required.

Plan of Correction

Accept

Co-Administrators are knowledgeable about reportable incidents. It is not clear who this incident involved because there in no #7 resident listed.

Completion Date: 07/07/2021

Update - 07/21/2021

Within 7 days of receipt of this plan of correction:

The administrator will review the incidents required to be reported by 2600.16a with all staff. All future incidents will be reported as required.

Please send/Attach proof of staff training. 7-21-2021 - MM

Document Submission

Implemented

staff training log attached

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.

Description of Repeat Violation

On 3/10/21, 3/13/21, 3/14/21, 3/17/21 through 3/25/21, two staff persons were scheduled from 11pm to 7am. The home has 10 SDCU residents, and an additional 12 assists of 1 or two residents. Two staff persons could not safely evacuate all the residents in the event of an emergency.

Plan of Correction

Accept

During COVID, it was very difficult to hire employees. On many shifts, management team members filled in as caregivers but were not shown on the schedule. [redacted] and [redacted] Staffing Agencies have been used to supplement facility staff but they could not always fill vacancies either. The facility continues to supplement in-house staff with agency personnel when necessary to meet residents' needs. If agency is unable to fill vacancies, management staff work as caregivers. Administrator will monitor schedules for meeting staffing needs.

Completion Date: 07/07/2021

Update - 07/21/2021

Within 3 days of receipt of this plan of correction:

The administrator shall monitor schedule daily X's 3 months to ensure that staffing is being provided to meet the needs of the residents as specified in the resident's RASP.

Also, please send/Attach current staff schedule, back 2 weeks. 7-21-2021 MM

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

Document Submission

Implemented

schedules attached

187a - Medication Record

1. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

- 9. Administration times.

Description of Violation

Resident #2 is prescribed medline zguard. This medication was administered on 3/10/21; however, it was not documented on resident 2's medication administration record.

Resident #3 is prescribed Lactaid. This medication was administered on 3/31/21; however, it was not documented on resident 3's medication administration record.

Resident #4 is prescribed Levothyroxine and Clmoseptine ointment. This medication was administered on 3/29/21; however, it was not documented on resident 4's medication administration record.

Resident #5 is prescribed Melatonin. This medication was administered on 3/31/21; however, it was not documented on resident 5's medication administration record.

Resident #6 is prescribed accuchecks. The accucheck was administered on 3/10/21; however, it was not documented on resident 6's medication administration record.

Plan of Correction

Accept

Med staff are continuously reminded to sign off on all meds at the time of administration of the med. All med techs have been trained in the DHS med tech program and will continue to renew med tech training. Nursing coordinator and Administrator will be responsible for monitoring MARS on a weekly basis.

Completion Date: 08/31/2021

Update - 07/21/2021

Please send/Attach proof of staff training. 7-21-2021 MM

Document Submission

Implemented

Staff training log attached