

Department of Human Services
Bureau of Human Service Licensing

February 28, 2022

[REDACTED]
READING AID II OPCO LLC
[REDACTED]
[REDACTED]

RE: MAIDENCREEK PLACE
105 DRIES ROAD
READING, PA, 19605
LICENSE/COC#: 22658

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/21/2021 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: MAIDENCREEK PLACE License #: 22658 License Expiration: 05/15/2022
Address: 105 DRIES ROAD, READING, PA 19605
County: BERKS Region: NORTHEAST

Administrator

Name: [REDACTED] Phone: 6109267600 Email: [REDACTED]

Legal Entity

Name: READING AID II OPCO LLC
Address: 330 N WABASH AVENUE, SUITE 3700, CHICAGO, IL, 60611
Phone: 6109267600 Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 10/01/2004 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 60 Waking Staff: 45

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Complaint Exit Conference Date: 12/21/2021

Inspection Dates and Department Representative

12/21/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 75 Residents Served: 58

Secured Dementia Care Unit

In Home: No	Area:	Capacity:	Residents Served:
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Hospice

Current Residents: 3

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: 2	Have Physical Disability: 0

Inspections / Reviews

12/21/2021 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/21/2022

Inspections / Reviews (*continued*)

02/28/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *03/07/2022*

02/28/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

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 #1 requires frequent incontinence checks and must be assisted by staff to change their brief. Resident #1 also wears a wander guard for exit seeking behaviors. The support plan dated [redacted] was not updated to reflect these needs and to indicate a plan to address these needs.

Plan of Correction

Accept

See attached

Update: 02/28/2022

PLEASE ENTER YOUR POC DIRECTLY IN THE BOX ABOVE MOVING FORWARD.

Resident #1 did not suffer a negative affect related to this finding.

On 12/21/2021 the Care Services Manager (CSM) updated Resident #1s support plan dated [redacted] to reflect frequent incontinence checks, staff assistance to change incontinence brief, and a wander guard for exit seeking behaviors. (Exhibit- support plan addendum)

On 12/21/2021 the Executive Director (ED) educated the CSM on the requirements of regulation 2600.227d – Support Plan, Medical and Dental Requirements. (Exhibit in-service)

By 2/21/2022 the CSM and ED audited current resident support plans to ensure residents requiring incontinence checks, staff assistance with incontinence care, and or a wander guard have a support plan that encompasses these interventions. Residents identified to require incontinence checks, staff assistance with incontinence care, and or a wander guard and their support plan does not reflect these interventions, the CSM or ED will update the support plan accordingly. (Exhibit- audit tool)

The CSM and or ED will audit 3 resident support plans weekly x 4 weeks, bi-weekly x 4 weeks, and monthly x 1 to ensure support plans are updated to reflect a residents incontinence checks, staff assistance with incontinence care, and or wander guard use. (Exhibit XX- audit tool)

The QI committee will determine if continued auditing is necessary based upon three consecutive months of compliance.

PLEASE SEND/ATTACH RESIDENT #1's UPDATED RASP.

02-28-2022 MM

Document Submission

Implemented

Updated support plan