

Department of Human Services
Bureau of Human Service Licensing

August 29, 2022

[REDACTED]
MAPLE SHADE MEADOWS LP
[REDACTED]
[REDACTED]

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/09/2022 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: *11/20/2022*
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 Nesquehoning*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *87* Waking Staff: *65*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *06/13/2022*

Inspection Dates and Department Representative

06/09/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *104* Residents Served: *64*

Secured Dementia Care Unit

In Home: *Yes* Area: *n/a* Capacity: *25* Residents Served: *17*

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *64*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *23* Have Physical Disability: *0*

Inspections / Reviews

06/09/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/04/2022*

Inspections / Reviews *(continued)*

07/25/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/01/2022*

08/16/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *08/24/2022*

08/29/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On 5/29/22 Resident #1 was found in resident #2's room. Staff observed resident #2 touching resident #1 in a sexually inappropriate manner. The incident was not reported to the Area Agency on Aging.

Plan of Correction

Do Not Accept

Administrator will ensure Area Agency on Aging is alerted to any suspected abuse.

Completion Date: 07/01/2022

Update: 07/25/2022

Who is responsible for fixing the problem and what did they do to fix it?

What action that person will take, and when that action will happen - (date).

Who will monitor ongoing compliance?

Plan of Correction

Accept

Administrator and DON will be responsible for fixing the issue and will ensure Area Agency on Aging is alerted to any suspected abuse immediately.

Administrator and DON will be responsible for monitor ongoing compliance.

Completion Date: 08/04/2022

Document Submission

Implemented

Administrator and DON will be responsible for fixing the issue and will ensure Area Agency on Aging is alerted to any suspected abuse immediately.

Administrator and DON will be responsible for monitor ongoing compliance.

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On 5/29/22 Resident #1 was found in resident #2's room. Staff observed resident #2 touching resident #1 in a sexually inappropriate manner.

Plan of Correction

Do Not Accept

Bells were placed on Resident 2's doors to alert staff of residents going in and out of [redacted] room.

Resident 2's doctor was contacted for a libido decreasing medication. Medication changes were made.

Completion Date: 07/01/2022

Update: 07/25/2022

Who is responsible for fixing the problem and what did they do to fix it?

42b - Abuse (continued)

What action that person will take, and when that action will happen - (date).

Who will monitor ongoing compliance?

Plan of Correction

Accept

Director of memory care was responsible to fix the issue. Bells were placed on Resident 2's doors to alert staff of residents going in and out of [redacted] room.

Resident 2's doctor was contacted for a libido decreasing medication. Medication changes were made immediately upon doctor response and facility contact to DHS.

Director of Memory care responsible for monitor ongoing compliance. DON and Administrator to also monitor for ongoing compliance.

Completion Date: 08/04/2022

Update: 08/16/2022

Please send proof of staff training regarding 2600 42b - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Document Submission

Implemented

Director of memory care was responsible to fix the issue. Bells were placed on Resident 2's doors to alert staff of residents going in and out of [redacted] room.

Resident 2's doctor was contacted for a libido decreasing medication. Medication changes were made immediately upon doctor response and facility contact to DHS.

Director of Memory care responsible for monitor ongoing compliance. DON and Administrator to also monitor for ongoing compliance.

231c - Preadmission Screening

1. Requirements

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident #2 moved into the home's secure dementia unit on 5/23/22. The home did not complete a written cognitive preadmission screening within 72 hours prior to admission.

Plan of Correction

Do Not Accept

Director of Memory Care was reminded of 2600. 231C. DON and Administrator will periodically check resident charts to ensure compliance.

Completion Date: 07/01/2022

Update: 07/25/2022

Who is responsible for fixing the problem and what did they do to fix it?

What action that person will take, and when that action will happen - (date).

Who will monitor ongoing compliance?

Plan of Correction

Accept

Director of Memory Care was reminded of 2600. 231C.

Administrator is responsible and completed preadmission screening on the day of inspection.

231c - Preadmission Screening (continued)

DON and Administrator will periodically check resident charts to ensure compliance. Director of Nursing will be responsible for ongoing compliance.

Management team was reminded and given copies of regulations.

Completion Date: 08/04/2022

Document Submission

Implemented

Director of Memory Care was reminded of 2600. 231C.

Administrator is responsible and completed preadmission screening on the day of inspection.

DON and Administrator will periodically check resident charts to ensure compliance. Director of Nursing will be responsible for ongoing compliance.

Management team was reminded and given copies of regulations.

See attached

231e - No Objection Statement

1. Requirements

2600.

231.e. Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

Description of Violation

Resident #1 was admitted to the home's secure dementia unit on [redacted]. The home did not have documentation that the resident and/or the resident's designated person have not objected to the resident's admission to the secure dementia unit.

Resident #2 transferred to the home's secure dementia unit on [redacted]. The home did not have documentation that the resident and/or the resident's designated person have not objected to the resident's transfer to the secure dementia unit.

Plan of Correction

Do Not Accept

Facility has created updated No Objection Statement.

Completion Date: 07/01/2022

Update: 07/25/2022

Who is responsible for fixing the problem and what did they do to fix it?

What action that person will take, and when that action will happen - (date).

Who will monitor ongoing compliance?

Plan of Correction

Accept

Administrator and Admissions Team is responsible for fixing the issue. Facility has created a no object statement.

Going forward all new admissions to memory care will be required to sign a no objection statement. Facility will also update current resident records as able and have current residents/families' sign no object statements.

Admissions team is responsible to ensure compliance. Administrator will monitor records for compliances on an ongoing basis.

Completion Date: 08/04/2022

Document Submission

Implemented

Administrator and Admissions Team is responsible for fixing the issue. Facility has created a no object statement.

Going forward all new admissions to memory care will be required to sign a no objection statement. Facility will

231e - No Objection Statement (continued)

also update current resident records as able and have current residents/families' sign no object statements. Admissions team is responsible to ensure compliance. Administrator will monitor records for compliances on an ongoing basis.

234a - Admission Support Plan

1. Requirements

2600.

234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident #1 was admitted to the home's secure dementia unit on [REDACTED]. The home did not complete a support plan until [REDACTED], more than 72 hours after admission to the secure dementia unit.

Resident #2 was transferred to the home's secure dementia unit on [REDACTED]. The home did not complete a support plan for resident #2 until [REDACTED] more than 72 hours after transfer to the secure dementia unit.

Plan of Correction

Do Not Accept

Director of Memory Care is responsible for ongoing compliance. Director of Memory Care was reminded of 2600.234a. DON and Administrator will check resident charts to ensure ongoing compliance.

Completion Date: 07/01/2022

Update: 07/25/2022

Who is responsible for fixing the problem and what did they do to fix it?

What action that person will take, and when that action will happen - (date).

Who will monitor ongoing compliance?

Plan of Correction

Accept

Director of Memory Care is responsible for ongoing compliance. Director of Memory Care was reminded of 2600.234a. DON and Administrator is responsible for fixing the issue. DON and administrator will check resident charts to ensure ongoing compliance. DON and administrator have checked all charts after inspection to ensure they were compliant with DHS regulations. DON and Administrator will monitor compliance.

Completion Date: 08/04/2022

Document Submission

Implemented

Director of Memory Care is responsible for ongoing compliance. Director of Memory Care was reminded of 2600.234a. DON and Administrator is responsible for fixing the issue. DON and administrator will check resident charts to ensure ongoing compliance. DON and administrator have checked all charts after inspection to ensure they were compliant with DHS regulations. DON and Administrator will monitor compliance.