

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

March 9, 2023

[REDACTED], ADMINISTRATOR
READING AID II OPCO LLC
[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 01/11/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: MAIDENCREEK PLACE License #: 22658 License Expiration: 05/15/2023
 Address: 105 DRIES ROAD, READING, PA 19605
 County: BERKS Region: NORTHEAST

Administrator

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

Legal Entity

Name: READING AID II OPCO LLC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 68 Waking Staff: 51

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Incident Exit Conference Date: 01/11/2023

Inspection Dates and Department Representative

01/11/2023 On Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 75 Residents Served: 57

Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:

Hospice
 Current Residents: 4

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 57
 Diagnosed with Mental Illness: 2 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 11 Have Physical Disability: 1

Inspections / Reviews

01/11/2023 - Partial
 Lead Inspector: [REDACTED] Follow Up Type: POC Submission Follow Up Date: 02/04/2023

03/02/2023 POC Submission
 Submitted By: [REDACTED] Date Submitted: 03/08/2023
 Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 03/09/2023

Inspections / Reviews *(continued)*

03/09/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/08/2023

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

Resident #1 was restrained to a chair using a gait belt by direct care staff member A on [REDACTED]. The abuse allegation was not reported to the local area agency on aging until [REDACTED].

Resident #2 put their hands down Resident #1's pants on [REDACTED]. The abuse allegation was not reported to the local area agency on aging until [REDACTED].

Resident #1 and Resident #3 both hit each other on [REDACTED]. The abuse allegation was not reported to the local area agency on aging until [REDACTED].

On [REDACTED], Resident #3 was found on the floor of Resident #4's room wearing a shirt, socks and underwear without pants or shoes. Resident #4 was wearing a top and no bottoms. The abuse allegation was not reported to the local area agency on aging until 12/30/22.

Plan of Correction

Accept [REDACTED] - 03/02/2023)

The Regional Executive Director (RED) and/or designee will audit internal incident reports that occurred and grievances/complaints that were received over the preceding 30 days, by 02/02/23, to ensure allegations of suspected abuse of a resident were reported to the local Area Agency on Aging as required. Identified allegations will be reported as necessary by the RED. (Exhibit A 2 – Audit Tool)

On 12/28/23, the Regional Director of Care Services (RDCS) educated the Care Services Manager (CSM), Assistant Care Services Manager (ACSM), and Community Relations Manager (CRM) on regulation 2600.15a and Enlivant Policy Titled, "Abuse, Neglect, and Exploitation –Pennsylvania Communities", (Exhibit A 3- In-Service)

On 12/28/22, 12/29/22, and 1/02/23, CSM and ACSM educated current staff on regulation 2600.15a and Enlivant Policy titled, "Abuse, Neglect, and Exploitation –Pennsylvania Communities". (Exhibit A 4- In-Service)

Beginning 02/02/23, the RED and/or designee will review internal incident reports and grievances/complaints by the following day for 12 weeks to ensure that an incident or allegation that requires reporting under regulation 2600.15a is immediately reported to the local Area Agency on Aging. (Exhibit A 5- Audit Tool)

Results of the audit will be discussed during monthly QI meetings.? The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance.? Monitoring will be ongoing.

Licensee's Proposed Overall Completion Date: 02/04/2023

Implemented [REDACTED] - 03/09/2023)

15b - Supervisor Plan

2. Requirements

2600.

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

Resident #1 was restrained to a chair using a gait belt by direct care staff member A on [REDACTED]. The staff member

15b Supervisor Plan (continued)

continued to work until [REDACTED] and was not immediately suspended or a plan or supervision put in place.

Plan of Correction

Accept [REDACTED] - 03/02/2023)

The involved staff person is no longer employed by the community.

On 02/02/23 ,the RED and/or designee audited internal incident reports that had occurred and grievances/complaints that were received over the preceding 30 days to ensure allegations of suspected abuse involving a staff person resulted in a suspension or plan of supervision of said staff person. No additional findings were noted as a result of the audit. (Exhibit B 2 Audit Tool)

On 12/28/23, 12/29/23, 1/02/23, the RDCS educated the CSM, ACSM, CRM on regulation 2600.15b and Enlivant Policy titled, "Abuse, Neglect, and Exploitation Pennsylvania Communities". (Exhibit B 3 In Service)

On 12/28/23, 12/29/23, 1/02/23 , the CSM and ACSM educated current staff on regulation 2600.15b and Enlivant Policy titled, "Abuse, Neglect, and Exploitation Pennsylvania Communities". (Exhibit B 4 In Service)

Beginning, 02/02/23, the RED and/or designee will review internal incidents and complaints by the following day for 12 weeks to ensure that an incident or allegation of abuse of a resident involving a staff person results in either suspension or implementation of supervision of the staff person in the alleged incident. (Exhibit B 5 Audit Tool)

Results of the audit will be discussed during monthly QI meetings.? The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance.? Monitoring will be ongoing.

Completion Date 02/02/23.

Licensee's Proposed Overall Completion Date: 02/04/2023

Implemented [REDACTED] - 03/09/2023)

15d - Resident Abuse-Notification

3. Requirements

2600.

15.d. The home shall immediately notify the resident and the resident's designated person of a report of suspected abuse or neglect involving the resident.

Description of Violation

On [REDACTED], Resident #3 was found on the floor of Resident #4's room wearing a shirt, socks and underwear without pants or shoes. Resident #4 was wearing a top and no bottoms. The home did not report the incident to the residents' families immediately.

Plan of Correction

Accept [REDACTED] - 03/02/2023)

On 12/30/22 the CSM notified resident #3 and #4, their POA, and the Physician of the report of suspected abuse.

On 02/02/23, the RED and/or designee will audit internal incident reports that occurred and grievances/complaints that were received over the preceding 30 days to ensure allegations of suspected abuse involving a resident had subsequent notifications to the involved resident, their POA, and physician. No additional instances of suspected abuse were noted. (Exhibit C 2 Audit Tool)

On 12/28/22, 12/29/22, 01/02/23, the RDCS educated the CSM, ACSM, CRM on regulation 2600.15d and Enlivant Policy titled, "Abuse, Neglect, and Exploitation Pennsylvania Communities". (Exhibit 3 In Service)

On 12/28/22, 12/29/22, 01/02/23 the CSM and ACSM educated current staff on regulation 2600.15d and "Abuse, Neglect, and Exploitation Pennsylvania Communities". (Exhibit C4 In Service)

Beginning 02/02/23, the RED or designee will review internal incidents and complaints by the following day for 12 weeks to ensure that an incident or allegation of abuse involving a resident had subsequent notifications to the involved resident, their POA and physician. (Exhibit C5 Audit Tool)

15d - Resident Abuse-Notification (continued)

Results of the audit will be discussed during monthly QI meetings.? The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance.? Monitoring will be ongoing. Completion Date 02/02/23.

Licensee's Proposed Overall Completion Date: 02/04/2023

Implemented [redacted] - 03/09/2023)

16c - Written Incident Report

4. 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

Resident #1 was restrained to a chair using a qait belt by direct care staff member A on [redacted]. The abuse allegation was not reported to the Department until [redacted]

Resident #2 put their hands down Resident #1's pants on [redacted] The abuse allegation was not reported to the Department until [redacted]

Resident #1 and Resident #3 both hit each other on [redacted]. The abuse allegation was not reported to the Department until [redacted]

On [redacted] Resident #3 was found on the floor of Resident #4's room wearing a shirt, socks and underwear without pants or shoes. Resident #4 was wearing a top and no bottoms. The abuse allegation was not reported to the Department until [redacted].

Plan of Correction

Accept [redacted] - 03/02/2023)

On 02/02/23, the RED audited internal incident reports that occurred and grievances/complaints that were received over the preceding 30 days, to ensure allegations of suspected abuse were reported to the Department of Human Services Licensing Bureau. Identified allegations will be reported by the RED or designee as necessary. (Exhibit D2- Audit Tool)

On 12/28/22, 12/29/22, 01/02/23, the RDCS educated the CSM, ACSM, CRM on regulation 2600.16c and Enlivant Policy titled, "Abuse, Neglect, and Exploitation –Pennsylvania Communities". (Exhibit D3- In-Service)

On 12/28/22, 12/29/22, 01/02/23 , the CSM and ACSM educated current staff on regulation 2600.16c and Enlivant Policy Titled, "Abuse, Neglect, and Exploitation –Pennsylvania Communities". (Exhibit D 4 – In-Service)

Beginning 02/02/23, the RED and/or designee will review internal incident reports and grievances/complaints by the following day for 12 weeks to ensure that an incident or allegation that requires reporting under regulation 2600.16c is immediately reported to the Department of Human Services Licensing Bureau. (Exhibit D5 –Audit Tool)

Results of the audit will be discussed during monthly QI meetings.? The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance.? Monitoring will be ongoing. Completion Date 02/02/23.

Licensee's Proposed Overall Completion Date: 02/04/2023

Implemented [redacted] /09/2023)

54a - Direct Care Staff

5. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person A hired [REDACTED] does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Accept [REDACTED] - 03/02/2023)

Staff person A is no longer employed by the community

On 02/01/23, the RED in-serviced the Administrative Specialist on the requirements stated within 2600.54.a. (Exhibit E 2- In-Service)

On 02/01/23, the Administrative Specialist audited current personnel files of direct care staff to validate each employee has at minimum a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry. If applicable, Department of Human Service waivers will be validated for employees who attended educational institutions abroad. (Exhibit E 3 - Audit tool)

Beginning 02/01/23, for the duration of 90 days, the Administrative Specialist or designee will audit newly hired employee personnel files on an employee's first day of employment to validate each employee has at minimum a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry. (Exhibit E 4 - Audit Tool)

Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be on-going.

Completion Date: 02/01/23.

Licensee's Proposed Overall Completion Date: 02/04/2023

Implemented ([REDACTED] - 03/09/2023)

141a - Medical Evaluation

6. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

Resident #1 was admitted to the home on [REDACTED], the DME was completed on [REDACTED]

Resident #2 was admitted to the home on [REDACTED], the DME was completed on [REDACTED].

Plan of Correction

Accept ([REDACTED] - 03/02/2023)

On 02/01/23, the Documentation of Medical Evaluation (DME) for resident #1 was completed by a physician. (Exhibit F1 - New DME)

On 1/12/23 the DME for Resident #2 was completed by a physician (Exhibit F1-b)

On 1/12/23 RDCS educated the ED, CSM and ACSM on the requirement set within regulation 2600.141(a). (Exhibit F2 - In-Service)

On 01/31/23 the CSM and ACSM audited current resident DMEs to validate that completion dates were within 60 days prior to admission or within 30 days after admission. For instances identified where a DME was not completed within the regulated time window, a new DME was completed by the Physician. (Exhibit F3- Audit Tool)

141a - Medical Evaluation (continued)

Beginning 02/09/23, the CSM and/or designee will audit the DMEs of newly admitted residents weekly for x 4 weeks, then bi-weekly x 4 weeks, then monthly x 1 month to validate DME assessments dates do not exceed the regulated time frame of 60 days prior to admission or 30 days after admission. (Exhibit F4 – Audit Tool)

Results of the audit will be discussed during the monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance.

Completion date: 2/9/23.

Licensee's Proposed Overall Completion Date: 02/09/2023

Implemented ([redacted] - 03/09/2023)

141a 1-10 Medical Evaluation Information

7. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

Resident #2's DME dated [redacted] did not have anything noted for body positioning, allergies, ability to self medicate and cognitive functioning. The DME noted the residents level of care as a secured dementia care unit.

Plan of Correction

Accept ([redacted] - 03/02/2023)

On [redacted] the Documentation of Medical Evaluation (DME) for resident #2 was completed by a physician, addressing the residents needs associated with body positioning, allergies, ability to self-medicate, cognitive functioning, and appropriateness to reside within a personal care home. (Exhibit G1- New DME)

On 1/12/23 RDCS educated the ED, CSM and ACSM on the requirements set within regulation 2600.141(a)2. (Exhibit G2 – In-Service)

On 01/30/23 the CSM completed an audit of current resident DMEs to ensure that residents’ needs and appropriateness were thoroughly documented. DMEs identified with documentation omissions were amended by the CSM. (Exhibit G3- Audit Tool)

Beginning 02/09/23, the CSM and/or designee will audit new DME’s weekly for x 4 weeks, then bi-weekly x 4 weeks, then monthly x 1 month to validate that residents’ needs and appropriateness were thoroughly documented. (Exhibit G4- Audit Tool)

Results of the audit will be discussed during the monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance.

Completion date: 2/09/23.

Licensee's Proposed Overall Completion Date: 02/09/2023

141a 1-10 Medical Evaluation Information (continued)

Implemented () - 03/09/2023)

202 - Prohibitions

8. Requirements

2600.

202. The following procedures are prohibited:

5. Mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited. Mechanical restraints include geriatric chairs, handcuffs, anklets, wristlets, camisoles, helmet with fasteners, muffs and mitts with fasteners, poseys, waist straps, head straps, papoose boards, restraining sheets, chest restraints and other types of locked restraints. A mechanical restraint does not include a device used to provide support for the achievement of functional body position or proper balance that has been prescribed by a medical professional as long as the resident can easily remove the device.

Description of Violation

Resident #1 was restrained to a chair using a gait belt by direct care staff member A on ().

Plan of Correction

Accept () - 03/02/2023)

Staff Person A is no longer employed by the community

On 01/31/23, 2/2/23 the ACSM queried current residents by asking them if they have been subject to restraints while residing in the community. No additional instances of restraint use were identified. (Exhibit H2 – Audit Tool)

On 12/28/22, the RDCS educated the CSM, ACSM on the requirements stated within 2600.202 and Enlivant Policy Titled, "Abuse, Neglect, and Exploitation –Pennsylvania Communities". (Exhibit H3- In-Service)

On 12/28/22, 12/29/22, 01/02/23 the CSM and ACSM educated current staff on regulation 2600.202 and Enlivant Policy Titled, "Abuse, Neglect, and Exploitation –Pennsylvania Communities". (Exhibit H4-In-Service)

Beginning 02/09/23 the CSM or designee will query 3 residents weekly x 4 weeks, then bi-weekly x 4 weeks, then monthly x 1, asking them if they have been subject to restraints while residing in the community. (Exhibit H5-Audit Tool)

Results of the audit will be discussed during the monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance.

Completion date: 02/09/23.

Licensee's Proposed Overall Completion Date: 02/09/2023

Implemented () 03/09/2023)

227d - Support Plan Medical/Dental

9. 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

The RASP for Resident #3 dated (), was not updated to indicate the need for supervision when they are with Resident #4 and that his/her family has given consent for them to hold hands and kiss in common areas of the home.

The RASP for Resident #4 dated (), was not updated to indicate the need for supervision when they are with

227d - Support Plan Medical/Dental (continued)

Resident #3 and that his/her family has given consent for them to hold hands and kiss in common areas of the home.

Resident #2's RASP dated [REDACTED] hasn't been updated regarding the incident on [REDACTED] where the resident was found with their hands down Resident #1's pants. Nursing notes indicated that Resident #2 has an extensive fall history, the RASP hasn't been updated as to how the home will meet the residents needs.

Nursing notes indicate that Resident #1 has the following behaviors: the resident is constantly wandering in and out of others room, exit seeking, is aggressive to staff and yells at them, will pull the residents pants down in common areas and regarding the incident on [REDACTED] where the resident hit resident #3. Resident #1's RASP hasn't been updated to reflect the residents current care needs.

Plan of Correction

Accept [REDACTED] - 03/02/2023)

On [REDACTED] the Resident Assessment and Support Plan (RASP) for resident #3 and #4 were updated by the CSM to reflect that staff supervision is required when the residents share intimacy, approved by their responsible parties, limited to holding of hands and kissing. (Exhibit I 1 – New RASP)

On [REDACTED] the RASP for Resident #2 was updated by the CSM to reflect the incident on [REDACTED]. In addition, the RASP was updated to reflect the residents' frequent falls and associated falls interventions. (Exhibit I1a)

On [REDACTED] the RASP for Resident #1 was updated by the CSM to reflect the residents current care needs, not limited to: demonstrated behaviors associated with wandering, exit seeking, aggression, disrobing, and the incident involving resident #3, with associated interventions. (Exhibit I1b)

On [REDACTED] the RDCS educated the CSM and ACSM on the requirement set within regulation 2600.227(d). (Exhibit I 2- In-Service)

On [REDACTED] the CSM conducted an audit of current resident DMEs and RASPs to ensure both comprehensively capture each resident's medical diagnosis and associated support plan needs. Upon identification of a discrepancy and or omitted diagnosis or support plan need, the CSM updated the DME or support plan accordingly. (Exhibit I 3- Audit Tool)

Beginning 02/09/23, CSM and/or designee will audit new resident RASPs and DMEs weekly for x 4 weeks, then biweekly x 4 weeks, then monthly x 1 month to validate that RASPs comprehensively capture the resident's medical diagnoses and associated support plan needs. (Exhibit I 4– Audit Tool)

Results of the audit will be discussed during the monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance.

Completion date: 02/09/23.

Licensee's Proposed Overall Completion Date: 02/09/2023

Implemented [REDACTED] - 03/09/2023)

227g -Support Plan Signatures

10. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Review of Resident #3's RASP completed on [REDACTED] and Resident #1's RASP dated [REDACTED] indicated it was not signed by the resident and does not indicate a refusal to sign.

227g -Support Plan Signatures (continued)

Plan of Correction

Accept () - 03/02/2023

On () Resident #1 and #3 signed their RASP. (Exhibit J1- RASP Signature pages)

On 1/12/23 the RDCS educated the CSM and ACSM on the requirement set within regulation 2600.227(e). (Exhibit J2- In-Service)

On 2/08/23 the CSM conducted an audit of current resident RASPs to ensure each RASP was signed by the resident. Upon identification of an omitted signature, the CSM presented the rasp to the resident for their signing. (Exhibit J3- Audit Tool)

Beginning 02/09/23, the CSM and/or designee will audit new resident RASPs weekly for x 4 weeks, then biweekly x 4 weeks, then monthly x 1 month to validate that RASPs were signed by the resident. (Exhibit J4-Audit Tool)

Results of the audit will be discussed during the monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance.

Completion date: 2/09/23.

Licensee's Proposed Overall Completion Date: 02/09/2023

Implemented () 03/09/2023

252 - Record Content

11. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

3. A photograph of the resident that is no more than 2 years old.

Description of Violation

Review of Resident #4's records indicate that their photo has not been updated since 2021.

Plan of Correction

Accept () - 03/02/2023

On () the Administrative Specialist updated the resident #4's record with () photo

On 02/01/23 the RED educated the Administrative Specialist on the requirements set within 2600.252. (Exhibit K2 – In-service)

On 02/01/23 the Administrative Specialist audited the homes current resident's records to ensure a photo, dated within the last two years, was on file. For instances identified where no photo was on file, or the date of the photo exceeded two years, the Administrative Specialist took a new photograph of the resident and notated the date on the photo. (Exhibit K3 – Audit Tool)

Beginning 2/2/23 the Administrative Specialist or designee will audit the photos of new admissions weekly x 4 weeks, then bi-weekly x 4 weeks, then monthly x 1 to validate sustained compliance. (Exhibit K4 – Audit Tool)

Results of the audit will be discussed during the monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance.????

Completion date: 02/2/23.?

Licensee's Proposed Overall Completion Date: 02/04/2023

Implemented () - 03/09/2023