

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

January 31, 2023

[REDACTED]
MAPLE SHADE MEADOWS LP
[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 01/19/2023 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: *MAPLE SHADE MEADOWS SENIOR LIVING* License #: *20400* License Expiration: *11/20/2023*
 Address: *50 EAST LOCUST STREET, NESQUEHONING, PA 18240*
 County: *CARBON* Region: *NORTHEAST*

Administrator

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

Legal Entity

Name: *MAPLE SHADE MEADOWS LP*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *10/14/2017* Issued By: *Nesquehonig Borough*

Staffing Hours

Resident Support Staff: Total Daily Staff: *90* Waking Staff: *68*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *01/19/2023*

Inspection Dates and Department Representative

01/19/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *104* Residents Served: *73*

Secured Dementia Care Unit
 In Home: *Yes* Area: *n/a* Capacity: *25* Residents Served: *17*

Hospice
 Current Residents: *0*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *73*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *17* Have Physical Disability: *0*

Inspections / Reviews

01/19/2023 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/04/2023*

01/26/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *01/31/2023*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *02/01/2023*

Inspections / Reviews *(continued)*

01/31/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/31/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

141a - Medical Evaluation

1. 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]/21. The home did not have a medical evaluation completed and documented on the required Documentation of Medical Evaluation (DME) form within 30 days of admission. Resident #1's DME form dated [REDACTED]/21 was completed by a physician who did not evaluate the resident in person. This was determined through staff interviews.

Plan of Correction

Accept [REDACTED] - 01/26/2023)

Recently, facility has hired a Care Coordinator to ensure accuracy of all documentation.

Going forward, Director of Nursing and Care Coordinator are responsible for ensuring all DME's and support plans are in compliance with regulatory guidelines.

Licensee's Proposed Overall Completion Date: 01/26/2023

Implemented [REDACTED] - 01/31/2023)

227d - Support Plan Medical/Dental

2. 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's support plan dated [REDACTED]/2021 was not updated to reflect that the resident [REDACTED] and that on or around [REDACTED]/22 the resident [REDACTED].

Plan of Correction

Accept [REDACTED] - 01/26/2023)

Facility has hired a Care Coordinator to ensure accuracy of all documentation.

Care Coordinator is and will continue to assist Director of Nursing in ensuring all documentation is completed in accordance with regulatory requirements.

Licensee's Proposed Overall Completion Date: 01/26/2023

Implemented [REDACTED] - 01/31/2023)