

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

May 17, 2023

[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 03/28/2023 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]  
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: MAIDENCREEK PLACE License #: 22658 License Expiration: 05/15/2024  
 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**

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

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 69 Waking Staff: 52

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Complaint, Incident Exit Conference Date: 03/28/2023

**Inspection Dates and Department Representative**

03/28/2023 On Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: 75 Residents Served: 56

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

**Hospice**  
 Current Residents: 6

**Number of Residents Who:**  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 56  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 13 Have Physical Disability: 0

**Inspections / Reviews**

03/28/2023 - Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/08/2023

05/09/2023 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 05/12/2023  
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 05/12/2023

Inspections / Reviews *(continued)*

05/17/2023 - Document Submission

Submitted By [REDACTED]

Date Submitted: 05/12/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 58a - Awake Staff 16 or More

## 1. Requirements

2600.

58.a. If a home serves 16 or more residents, all direct care staff persons on duty in the home shall be awake at all times one or more residents are present in the home.

## Description of Violation

On [REDACTED] 23, 56 residents were present in the home. Staff A was on duty, but admitted during an internal investigation with Staff B, that Staff A sleeps during working hours when staff A has migraines.

## Plan of Correction

Accept ([REDACTED] - 05/09/2023)

- As of [REDACTED]/2023, Staff Member A is no longer employed by the community. (Exhibit A1- Incident report)
- By 5/9/2023, the Executive Director (ED) in-serviced current employees on the requirements set within regulations 2600.58a (Exhibit A2 – In-Service tool)
- On 5/4/2023, the ED or designee will interview current employees, asking them if they have slept during working hours. (Exhibit A3 – Audit tool)
- Beginning 5/8/2023, the ED or designee will conduct unannounced rounds throughout the community on each shift, weekly x 4 weeks, then bi-weekly x 4 weeks, then monthly x 1, validating the absence of staff members sleeping. (Exhibit A4 – Audit tool)
- The 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.
- Completion date 8/8/2023.

Licensee's Proposed Overall Completion Date: 08/08/2023

Implemented ([REDACTED] - 05/17/2023)

## 141a - Medical Evaluation

## 2. 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 #2 was admitted to the home on [REDACTED]/22 and Resident #3 was admitted on [REDACTED]/22. Resident #2's initial DME was completed on [REDACTED]/22 and Resident #3's initial DME was completed on [REDACTED] 22. Resident #2 and #3's DME were completed more than 60 days prior to admission.

## Plan of Correction

Accept ([REDACTED] - 05/09/2023)

- On [REDACTED] 2023, Resident #2 moved out of community. (Exhibit B1)
- On [REDACTED]/2023, Resident #3's healthcare provider completed a new DME. (Exhibit B2)
- On 3/28/2023, the ED educated the Community Relations Manager (CRM) and Lead Medication Technician on the requirement set within regulation 2600.141.a (Exhibit B3 – In-service)
- By 5/10/2023, the ED or designee will audit current resident DMEs to validate that they were completed within the regulated timeframe before admission. For DMEs noted out of compliance, the ED will alert the affected resident's healthcare provider, requesting a new DME be completed. (Exhibit B4 – Audit tool)
- Beginning 5/15/2023, the ED or designee will audit newly admitted residents' DME completion dates before admission, weekly x 4 weeks, biweekly x 4 weeks, then monthly x 1 to validate sustained compliance. (Exhibit B5 –

141a - Medical Evaluation (continued)

Audit tool)

- The 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.
- Completion date 8/15/2023.

Licensee's Proposed Overall Completion Date: 08/15/2023

Implemented ( [redacted] ) - 05/17/2023)

141a 1 10 Medical Evaluation Information

3. 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 Initial DME dated [redacted] 22 indicated Resident #2 needs [redacted]. The home does not have [redacted]

Plan of Correction

Accept ( [redacted] ) 05/09/2023)

- On [redacted]/2023, Resident #2 moved out of community. (Exhibit B1- Audit tool)
- On 5/5/2023, the ED or designee will audit the current residents 'DMEs to identify additional DMEs reflecting that a Secured Dementia Care Unit (SDCU) was required. No additional instances were noted. (Exhibit C2 – Audit tool)
- On 3/28/2023, the ED in-serviced the CRM and Lead Medication Technician on the requirements set within regulations 2600.141.a. (Exhibit B3 – In-service)
- Beginning 5/8/2023, the ED or designee will audit five resident DMEs weekly x 4 weeks, then bi-weekly x 4 weeks, then monthly x 1 to validate sustained compliance (Exhibit C4-Audit tool)
- The 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.
- Completion date 8/8/2023.

Licensee's Proposed Overall Completion Date: 05/08/2023

Implemented ( [redacted] ) - 05/17/2023)

185a - Implement Storage Procedures

4. Requirements

185a - Implement Storage Procedures (*continued*)

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

**Description of Violation**

Resident #1 is prescribed [REDACTED]. This medication was not available on [REDACTED]/23.

**Plan of Correction**

Accept ([REDACTED] - 05/09/2023)

- On 3/20/2023, the ED ordered Resident #1's prescribed [REDACTED] from the pharmacy. (Exhibit D- copy of order sent to pharmacy)
- On 3/21/2023, this medication was delivered by the pharmacy. (Exhibit D1-Copy of pharmacy delivery manifest)
- On 3/29/2023, the ED in-serviced the Lead Medication Technician on the requirements set within 2600.185.a. Exhibit D2 – In-service)
- By 5/11/2023, the Lead Medication Technician will audit current resident medication orders to ensure prescribed medications are available within the medication carts. No additional unavailable medications were noted. (Exhibit D3- Audit Tool)
- Beginning 5/18/2023, the Lead Medication Technician or designee will audit five resident medications to ensure prescribed medications are available in the medication cart weekly x 4 weeks, then bi-weekly x 4 weeks, the monthly 1 to validate sustained compliance. (Exhibit D4- Audit Tool)
- The 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.
- Completion date 8/18/2023.

Licensee's Proposed Overall Completion Date: 08/18/2023

Implemented ([REDACTED] - 05/17/2023)

## 187c - Refusal of Medication

**5. Requirements**

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

**Description of Violation**

On [REDACTED]/23, at [REDACTED] am, resident #1 refused to take a scheduled dose of [REDACTED]. The home did not notify the doctor.

**Plan of Correction**

Accept ([REDACTED] - 05/09/2023)

- On 5/8/2023, the ED notified Resident #1's healthcare provider of Resident #1's refusal to take their prescribed [REDACTED] on [REDACTED] 23 at [REDACTED] am. (Exhibit E- copy of nurse's note)
- By 5/11/2023, the Lead Medication Technician or designee will audit the current month's Medication Administration Records (MAR) to identify additional instances of documented medication refusals and validate accompanying documented notifications. The Lead Medication technician or designee will notify the resident's healthcare provider for additional undocumented refusal notifications. (Exhibit E1 – Audit tool)
- On 5/8/2023, the ED educated currently employed Medication Technicians and licensed nurses on the requirements set within 2600.187.c. (Exhibit E2- Audit tool)

187c - Refusal of Medication (continued)

- Beginning 5/15/2023, the ED or designee will audit three residents' MARs weekly x 4 weeks, bi-weekly x 4 weeks, then monthly x 1 to validate sustained compliance. (Exhibit E3 – Audit tool)
- The 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.
- Completion date 8/15/2023.

Licensee's Proposed Overall Completion Date: 08/15/2023

Implemented (████) - 05/17/2023)

187d Follow Prescriber's Orders

6. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 is prescribed ██████████. This medication was not given on █████/23 as prescribed at █████ am, █████ pm, and █████ pm.

Plan of Correction

Accept (████) - 05/09/2023)

- On 5/8/2023, the ED notified Resident #1, their responsible party, and the physician of their missed █████ administrations on █████/2022 at █████ am, █████ pm, and █████ pm. (Exhibit E,F- Audit tool)
- By 5/12/2023, the ED audited the current month's MARs to validate no additional missed administrations. (Exhibit F1- Audit tool)
- On 5/8/2023, the ED educated currently employed Medication Technicians and licensed nurses on the requirements set within 2600.187.d. (Exhibit E2- Inservice)
- Beginning 5/19/2023 the ED or designee will audit three resident's MARs weekly x 4 weeks, bi-weekly x 4 weeks, then monthly x 1 to validate sustained compliance. (Exhibit F3 – Audit tool)
- The 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.
- Completion date 8/19/2023.

Licensee's Proposed Overall Completion Date: 08/19/2023

Implemented (████) - 05/17/2023)

227d Support Plan Medical/Dental

7. 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 had falls on █████/23, █████/23, █████/23, and █████/23. The assessment and support plan was not documented indicating what the home was doing to prevent future falls and to keep the resident safe. Resident #2's Assessment

**227d - Support Plan Medical/Dental (continued)**

and support plan, dated [REDACTED]/22, indicated Resident #2 has [REDACTED] but did not indicate of level of care needed, additionally behavioral and cognitive needs all indicated not applicable.

**Plan of Correction****Accept ([REDACTED] - 05/09/2023)**

- On 3/29/2023, the ED updated Resident #1's Resident Assessment and Support Plan (RASP) to reflect the falls that had occurred on [REDACTED]23, [REDACTED]/23, [REDACTED]/23, and [REDACTED]/2023. (Exhibit G1 – Updated RASP)
- On 4/5/2023, the ED updated Resident #2's RASP to reflect the resident's short-term memory loss, level of care needed, and behavioral and cognitive needs. (Exhibit G2- Updated RASP)
- By 5/10/2023, the ED or designee will audit current resident RASPs, validating that resident falls in a 30-day lookback period were recorded on each resident's RASP and accompanying preventative interventions. For omissions identified, the ED or designee will update the RASP accordingly. (Exhibit G3- Audit tool)
- By 5/10/2023, the ED or designee will audit current RASPs belonging to residents with a memory loss or impairment diagnosis, validating that their diagnosis, level of care needed, and behavioral and cognitive needs are documented on the RASP. For omissions identified, the ED will update the RASP accordingly. (Exhibit G4- Audit tool)
- On 3/29/2023, the Regional Executive Director (RED) educated the ED on the requirements set within 2600.227.d. Exhibit G5– In-service)
- Beginning 5/17/2023, the ED or designee will audit three RASPs weekly x 4 weeks, then bi-weekly x 4 weeks, the monthly x 1 to validate sustained compliance. (Exhibit G6 – Audit tool)
- The 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.
- Completion date 8/17/2023.

Licensee's Proposed Overall Completion Date: 08/17/2023

**Implemented ([REDACTED] - 05/17/2023)**