

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

July 24, 2023

[REDACTED], EXECUTIVE DIRECTOR
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 06/09/2023, 06/12/2023 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: 05/15/2024
 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: Pa. Dept. of L & I

Staffing Hours

Resident Support Staff: 51 Total Daily Staff: 108 Waking Staff: 81

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint, Incident Exit Conference Date: 06/12/2023

Inspection Dates and Department Representative

06/09/2023 - Off-Site: [REDACTED]
 06/12/2023 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 75 Residents Served: 51
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 5
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 51
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 6 Have Physical Disability: 0

Inspections / Reviews

06/09/2023 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 06/30/2023

07/06/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 07/17/2023
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 07/12/2023

Inspections / Reviews *(continued)*

07/24/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/17/2023

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's Resident Assessment and Support Plan was not updated to indicate resident #1 was placed on 1 to 1 staff observation on [REDACTED] due to inappropriate behavior on [REDACTED]. It could not be determined if the 1 on 1 meant a staff person was with resident #1 continuously over-night or was resident #1 on 15 minute or 30 minute or hourly checks by staff. The 1 to 1 staff observation was discontinued on [REDACTED] by verbal order from resident #1's Certified Registered Nurse Practitioner [REDACTED].

Plan of Correction

Accept ([REDACTED] - 07/06/2023)

- On 6/21/2023, the Assistant Care Services Manager (ACSM) recorded a late entry to Resident #1's Resident Assessment and Support Plan (RASP), indicating that the resident was placed on a 1 to 1 continuous staff observation on 2/23/23. (Exhibit – A1)
- On 6/21/2023, the interim Executive Director (ED) educated the ACSM on the requirements of regulation 2600.227d. (Exhibit A2)
- By 6/30/2023, the ACSM or designee will audit the RASPs of current residents who were also placed on a 1 to 1 staff observation over the preceding 90 days to ensure the RASP reflects so accordingly. For instances where a 1 to 1 observation omission is identified, the ACSM will record a late entry accordingly. (Exhibit – A3)
- Beginning 7/10/2023, the ACSM or designee will audit three current resident RASPs weekly x 4 weeks, bi-weekly x 4 weeks, then monthly x 1, to ensure timely and relevant support plan updates, including instances of staff 1 to 1, were recorded. (Exhibit – A4)
- 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.

Licensee's Proposed Overall Completion Date: 09/30/2023

Implemented ([REDACTED] - 07/24/2023)

227g -Support Plan Signatures

2. Requirements

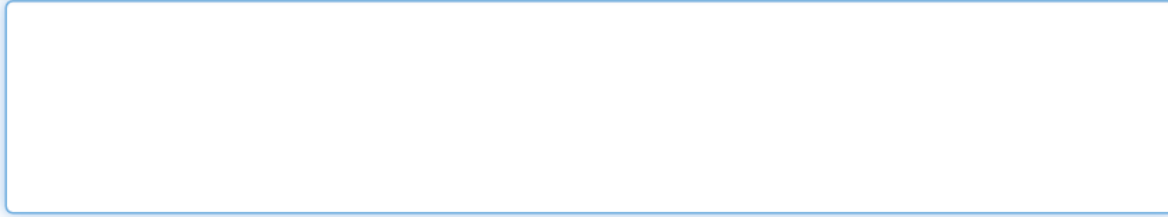
2600.

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

Description of Violation

Resident #2's support plan was signed on [REDACTED] by the home's Care Services Manager who was the Assessor. Resident #2 signed his/her name to the support plan but failed to indicate the date resident #2 signed his/her name. Because the Date Signed block next to the resident Signature box was left blank, it could not be determined when resident #2 actually participated in the assessment and support plan process.

227g Support Plan Signatures (continued)



Plan of Correction

Accepted [redacted] - 07/06/2023)

- On 6/27/2023, the interim ED met with Resident #2 to collaboratively review their RASP dated 4/13/2023. At this time, Resident #2 re-signed and dated the RASP to reflect the current date. (Exhibit – B1)
- On 6/21/2023, the interim ED educated the ACSM on the requirement set within regulation 2600.227g. (Exhibit – B2)
- By 6/30/2023, the ACSM or designee will audit current resident RASPs to validate that the date each resident participated in the assessment and support plan process was recorded beside their signature. For date omissions identified, the resident will be offered the opportunity to participate in the RASP process and asked to sign and date their RASP accordingly. (Exhibit – B3)
- Beginning 7/10/2023, the ACSM will audit three current resident RASPs weekly x 4 weeks, bi-weekly x 4 weeks, then monthly x 1 month to validate sustained compliance (Exhibit – B4)
- 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.

Licensee's Proposed Overall Completion Date: 09/30/2023

Implemented [redacted] - 07/24/2023)