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

November 3, 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 10/11/2023, 10/12/2023 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: *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]

[redacted]*5706695500* **Email**: [redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *06/14/2004* **Issued By**: *L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *117* **Waking Staff**: *88*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal, Complaint* **Exit Conference Date**: *10/12/2023*

Inspection Dates and Department Representative

10/11/2023 - On-Site: [redacted]

10/12/2023 - 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**: *back* **Capacity**: *25* **Residents Served**: *20*

Hospice

Current Residents: *5*

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: *44* **Have Physical Disability**: *1*

Inspections / Reviews

10/11/2023 - Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *10/29/2023*

10/27/2023 - POC Submission

Submitted By: [redacted] **Date Submitted**: *11/03/2023*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *11/01/2023*

Inspections / Reviews *(continued)*

10/31/2023 - POC Submission

Submitted By: [redacted] **Date Submitted:** *11/03/2023*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *11/06/2023*

11/03/2023 - Document Submission

Submitted By: [redacted] **Date Submitted:** *11/03/2023*

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

25b - Contract Signatures

1. Requirements

2600.
25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [redacted]/23, for Resident #1 was not signed by the resident.

Repeat violation 11/29/2022

Plan of Correction ***Accept [redacted] - 10/27/2023)***

The admission team was educated on the importance of 2600.25(b) and the important of ensure documents are signed. If a resident is unable to sign, it must be documented. Additionally, the facility has hired an administrative assistant to audit files monthly to ensure accuracy. Administrator will also be responsible for ensuring ongoing compliance.

Licensee's Proposed Overall Completion Date: *10/26/2023*

Implemented ([redacted] - 11/03/2023)

54a - Direct Care Staff

2. 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 was hired on [redacted]/21. The home did not have documentation that staff person A has a GED or high school diploma. Staff person A provides direct care.

Plan of Correction ***Accept [redacted] - 10/27/2023)***

Hiring manager was educated on the importance of ensuring all staff have proper documents in their files prior to starting work. Additionally, the facility has hired an administrative assistant to audit files on a monthly basis to ensure accuracy. Administrator will also be responsible for ensuring ongoing compliance. Attached is the receipt, where Staff Person A has ordered her diploma transcripts for her file. See attached.

Licensee's Proposed Overall Completion Date: *11/03/2023*

Implemented [redacted] - 11/03/2023)

65f - Training Topics

3. Requirements

2600.
65.f. Training topics for the annual training for direct care staff persons shall include the following:
1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.

Description of Violation

Direct care staff person B did not receive training in medication self-administration and DME/RASP during training

65f - Training Topics (continued)

year 2022.

Plan of Correction ***Accept (- 10/27/2023)***

Staff meetings are mandatory for all staff members. Facility hired an administrative assistant whose responsibilities include monitoring staff meeting attendance, if a staff member cannot attend for any reason, the administrative assistant will be setting up times for those staff members to receive the required education. Administrator will be responsible for ongoing compliance and checking meeting sign in documents.

Licensee's Proposed Overall Completion Date: *10/26/2023*

Implemented (- 11/03/2023)

81b - Resident Personal Equipment

4. Requirements

2600.
81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

Resident #2's bed enabler was not securely fastened to the bed and had an opening 12 x 7 inches that was not covered to ensure safety of the resident from entrapment.

Plan of Correction ***Accept (- 10/31/2023)***

At time of inspection, facility was unaware that resident's family had brought and placed an enabler bar. Facility has since gotten evaluation and doctor order for enabler bar. Occupational therapist is working with family to purchase an enabler bar that is up to safety standards. Current enabler bar removed from bed.
Memory Care Director to monitor rooms in memory care for compliance and provide education to families regarding regulation 2600.81(b). Administrator to monitor weekly building checks for continued compliance.

Licensee's Proposed Overall Completion Date: *11/06/2023*

Implemented (11/03/2023)

85d - Trash Receptacles

5. Requirements

2600.
85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

There were 3 trash cans located in the kitchen. One large trash can had the lid located underneath the can. The other two had lids on them. However, the lids were broken and could not completely cover the trash in the cans.

Plan of Correction ***Accept 10/27/2023)***

Kitchen staff were educated on the date of inspection and were aware of the issue.
Kitchen manager purchased new lids for trash cans. Going forward, the kitchen manager will ensure compliance with 2600.85(d). Administrator will periodically spot check for compliance on a continual basis. See attached.

Licensee's Proposed Overall Completion Date: *10/26/2023*

Implemented (11/03/2023)

101j7 - Lighting/Operable Lamp

6. Requirements

2600.
101.j. Each resident shall have the following in the bedroom:
7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident #3 who resides in room [redacted] and Resident #4 who resides in room [redacted], don't have an operable lamp or other source of lighting that can be turned on at bedside.

Plan of Correction ***Accept ([redacted] - 10/27/2023)***

During time of inspection, facility administration was unaware that family has moved bedside table aware from bed. At the advice of licensing representative, facility has purchased touch lamps for at the bedside to allow families flexibility to move the bedside table around. Please see attached receipt and photo. Facility hired a new memory care director who will ensure compliance going forward. Administrator to continue random monthly room checks to ensure regulatory compliance. Please see attached photo and receipt.

Licensee's Proposed Overall Completion Date: *10/29/2023*

Implemented ([redacted] - 11/03/2023)

132e - Fire Drill Sleeping Hours

8. Requirements

2600.
132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The home conducted sleeping hour drills on February 8, 2023 at 11:15 pm and September 29, 2023, at 6:00 am. The home did not conduct a sleeping drill every six (6) months as required.

Plan of Correction ***Accept ([redacted] - 10/31/2023)***

Administrator misunderstood regulation and thought that sleeping drills were to be conducted 2x per year. Administrator and maintenance director will be responsible for fixing this problem. Going forward, the maintenance director and administrator have created a fire drill plan to ensure that the drills are done in accordance with regulatory requirements.
Please see attached plan.
Administrator and maintenance director will ensure compliance related to 2600.132(e) going forward.

Licensee's Proposed Overall Completion Date: *10/30/2023*

Implemented ([redacted] - 11/03/2023)

162c - Menus Posted

9. Requirements

2600.
162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home did not have posted in a public and conspicuous area the home's menu for the current week and upcoming week's menu in the memory care unit.

162c - Menus Posted *(continued)*

Plan of Correction ***Accept [redacted] 10/27/2023)***

Menus that were removed in memory care were immediately reposted.
Facility recently hired memory care director to ensure continued compliance.
Administrator to complete walkthrough of facility on a weekly basis to ensure ongoing compliance with 2600.62 (c).
See attached.

Licensee's Proposed Overall Completion Date: *10/26/2023*

Implemented ([redacted] - 11/03/2023)

184b - Labeling OTC/CAM

10. Requirements

2600.
184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On 10/17/23, a bottle of super vitamin complex B and adult 50+ vitamin belonging to Resident # 6 was found in the cart. These medication bottles did not have the residents name on them.

Plan of Correction ***Accept ([redacted] - 10/27/2023)***

All medications listed were labeled at time of inspection. Newly hired nurse management and shift supervisors will be responsible for random cart audits. Administrator will also audit carts on a random monthly basis to ensure continued compliance with 2600.184(b)

Licensee's Proposed Overall Completion Date: *10/26/2023*

Implemented ([redacted] 11/03/2023)

185a - Implement Storage Procedures

11. Requirements

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 #7 has a PRN order for Guaifenesin-sf 100mg/5ml liquid every 4 hours as needed for cough. This medication was not available at the time of inspection.

Repeat violation 11/29/2022

Plan of Correction ***Accept ([redacted] - 10/27/2023)***

Medication was ordered on date of inspection.
Newly hired nurse management is responsible for auditing carts weekly.
Nurse management is also working on obtaining discontinue orders for medications that are not utilized to ensure compliance.
Administrator will complete random cart audits monthly, in addition to nursing management.

Licensee's Proposed Overall Completion Date: *10/26/2023*

Implemented [redacted] - 11/03/2023)

224a - Preadmission Screen Form

12. Requirements

2600.
224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #8 preadmission screening form was not filled out completely. Part III, determination, was left blank.

Plan of Correction ***Accept (- 10/27/2023)***

Admissions team was re-educated on the importance of ensuring documentation is filled out completely. Preadmission screen was updated and completed correctly on dated of inspection. Care Coordinator will be responsible for auditing resident charts to ensure compliance. New Nurse management will be responsible for ongoing compliance related to 2600.224(a). Additionally, Administrator will complete random chart audits. See attached.

Licensee's Proposed Overall Completion Date: *10/26/2023*

Implemented (- 11/03/2023)

227d - Support Plan Medical/Dental

13. 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 #2 has an enabler bar attached to the bed. Resident stated Resident uses it for bed mobility. It is not in assessment and support plan what the specific device is that the resident is utilizing, the intended use, any risk associated with the device, and the residents ability to safely use the device for the intended purpose,

Plan of Correction ***Accept (- 10/27/2023)***

At time of inspection, facility was unaware that resident's family had brought and placed an enabler bar. Facility has since gotten evaluation and doctor order for enabler bar. Occupational therapist is working with family to purchase an enabler bar that is up to safety standards. Memory Care Director to be responsible for monitoring resident rooms in memory care. Nurse managers in personal care responsible for monitoring rooms in personal care. Administrator will continue weekly building checks to ensure ongoing compliance.
See attached.

Licensee's Proposed Overall Completion Date: *10/26/2023*

Implemented (- 11/03/2023)

231c - Preadmission Screening

14. 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.

231c - Preadmission Screening *(continued)*

Description of Violation

Resident #1 was admitted to the home's secure dementia unit on [redacted]/23. The home did not complete a written cognitive preadmission screening for this resident.

Repeat violation 11/29/2022

Plan of Correction ***Accept [redacted] - 10/27/2023)***

Facility correctly completed preadmission screen on the date of inspection.
Admissions staff were re-educated on the importance of filling out and completely filling out documentation. Nurse management and Care Coordinator will be responsible for chart audits to ensure compliance with 2600.231.(c).
Administrator will perform random chart audits on a monthly basis to ensure ongoing regulatory compliance.

Licensee's Proposed Overall Completion Date: *10/26/2023*

Implemented [redacted] - 11/03/2023)

231e - No Objection Statement

15. 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 secure dementia unit of the home on [redacted]/23. The home did not have documentation that Resident #1 and their designee did not object to the resident's transfer to the secure dementia care unit.

Repeat violation 11/29/2022

Plan of Correction ***Accept [redacted] - 10/27/2023)***

Admissions were re-education on ensuring that the residents sign or mark the no object statement. Resident was unable to sign but was able to mark.
Newly hired administrative assistant to continually audit files to ensure ongoing compliance.
See attached.

Licensee's Proposed Overall Completion Date: *10/26/2023*

Implemented ([redacted] - 11/03/2023)