

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

June 24, 2024

[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 04/23/2024 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: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 41 Waking Staff: 31

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal, Incident Exit Conference Date: 04/23/2024

Inspection Dates and Department Representative

04/23/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 75 Residents Served: 36

Secured Dementia Care Unit

In Home: No	Area:	Capacity:	Residents Served:
Hospice			
Current Residents: 3			
Number of Residents Who:			
Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 36		
Diagnosed with Mental Illness: 0	Diagnosed with Intellectual Disability: 0		
Have Mobility Need: 5	Have Physical Disability: 0		

Inspections / Reviews

04/23/2024 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/16/2024

05/22/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 06/13/2024
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 06/01/2024

Inspections / Reviews *(continued)*

06/07/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/13/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 06/14/2024

06/24/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/13/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The home does not have a policy that outlines the use of bedside mobility devices. There are currently 4 residents in the home using bed enablers.

Plan of Correction

Accept ([redacted]) - 05/21/2024)

Inspirit Senior Living does have a policy in place outlining the use of bedside mobility devices. (Exhibit 1)

On 5/14/2024, Regional Director of Wellness educated Executive Director and Resident Wellness Director on this existing policy. (Exhibit 2)

By 5/31/2024 – All current Care Staff will be educated on the Inspirit policy regarding bedside mobility devices. (Exhibit 3)

Licensee's Proposed Overall Completion Date: 05/31/2024

Implemented ([redacted]) - 06/24/2024)

51 - Criminal Background Check

2. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff A was hired on [redacted]. The personnel file for direct care staff member A did not contain a PA background check that meets the requirements of the OAPSA. The staff person is still employed by the home and provides direct care to residents.

Plan of Correction

Accept ([redacted]) - 05/21/2024)

PA Background Check was completed prior to Staff Person A's Hire Date, but the PATCH Report was not printed and put into Employee File.

On 4/24/24 – Staff Person A's PATCH Report was printed from the 3rd Party Screening Vendor's secure website and filed within Staff Person A's Employee File. (Exhibit 4)

On 5/15/24 – Business Office Manager reviewed all Employee Files to verify PATCH Reports were present for all current employees. (Exhibit 5)

Executive Director or Designee will monitor ongoing compliance with all future new hires.

Licensee's Proposed Overall Completion Date: 05/31/2024

Implemented ([redacted]) - 06/24/2024)

54a - Direct Care Staff

3. Requirements

54a - Direct Care Staff (continued)

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 B was hired on [REDACTED] The home did not have documentation that staff person B has a GED or high school diploma. Staff person B provides direct care.

Plan of Correction

Accept ([REDACTED]) - 05/21/2024)

On 4/25/24 – Staff Person B provided GED which was filed into the Employee File (Exhibit 6)

On 4/25/24 - Business Office Manager reviewed all Employee Files to verify all current care staff Employee Files are in compliance (Exhibit 7)

Executive Director or Designee will monitor ongoing compliance with all future new hire care staff.

Licensee's Proposed Overall Completion Date: 05/31/2024

Implemented ([REDACTED]) - 06/24/2024)

65f - Training Topics

4. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

- 2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- 3. Care for residents with dementia and cognitive impairments.
- 4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- 5. Personal care service needs of the resident.
- 6. Safe management techniques.

Description of Violation

Direct care staff person A did not receive training in DME/RASP, care for residents with dementia and cognitive impairment, and personal care service needs of the resident and Direct care staff person C did not receive training in infection control and safe management techniques during training year 2023.

Plan of Correction

Accept ([REDACTED]) - 05/31/2024)

5/13/2024 – Executive Director reviewed 2024 Staff Training Plan to ensure all topics required within Regulation 2600.65f are scheduled. (Exhibit 8)

By 6/14/24 - Staff Persons A and C will be educated on missed topics of 2023 Training Year. (Exhibits A and B)

Staff Persons A and C will also complete the scheduled training of these topics within the 2024 Training Year.

Starting June 2024, Executive Director or Designee will complete a Quarterly audit of 2024 Trainings to ensure current staff have completed the scheduled 2024 trainings

Licensee's Proposed Overall Completion Date: 06/14/2024

Implemented ([REDACTED]) - 06/24/2024)

65g - Annual Training Content

5. Requirements

65g - Annual Training Content (continued)

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
5. Falls and accident prevention.

Description of Violation

Staff person A did not receive training in fire safety by a fire safety expert and resident rights and staff person C did not receive training in fire safety by a fire safety expert, emergency preparedness, and falls and accident prevention during training year 2023.

Plan of Correction

Accept (█) - 05/31/2024)

On 5/9/2023 - Staff Member A did receive training on Resident Rights in Assisted Living through Relias Online Training. (Exhibit 9)

5/13/2024 – Executive Director reviewed 2024 Staff Training Plan to ensure all topics required within Regulation 2600.65g are scheduled. (Exhibit 8)

By 6/14/24 - Staff Persons A and C will be educated on missed topics of 2023 Training Year. (Exhibits C and D)
 Staff Persons A and C will also complete the scheduled training of these topics within the 2024 Training Year.
 Executive Director or Designee will complete a Quarterly audit of 2024 Trainings to ensure current staff have completed the scheduled 2024 trainings.

Licensee's Proposed Overall Completion Date: 06/14/2024

Implemented (█) - 06/24/2024)

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 rooms #16 and #51 do not have a bedside lamp or other source of lighting within reach of the resident's bed.

Plan of Correction

Accept (█) - 05/31/2024)

On 4/23/24 – Resident Rooms 16 and 51 per provided with operable bedside lamps.

On 4/24/24 – Environmental Services Director reviewed all currently occupied Resident Rooms and verified each contained an operating bedside lamp (Exhibit 10)

Starting 6/3/24, Executive Director or Designee will audit 4 occupied Resident Rooms a week x 4 weeks to verify lamp is present and operable. (Exhibit E)

Executive Director or Designee will monitor for ongoing compliance through routine checks with all occupied and future occupied Resident Rooms.

101j7 - Lighting/Operable Lamp (continued)

Licensee's Proposed Overall Completion Date: 07/01/2024

Implemented () - 06/24/2024

132e - Fire Drill Sleeping Hours

7. 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 6/14/23 at 11:05pm. Another sleeping hour drill was due in the month of December 2023. The home did not conduct a sleeping drill every six months as required.

Plan of Correction

Accept () - 05/21/2024

As of 3/28/24, Community has contracted with Fire Safety Company (Kroger) to conduct monthly fire drills on rotating shifts – a sleeping hours drill will be conducted every 3 months in 2024.

(Exhibit 11)

By 5/31/24, A sleeping hours drill will be conducted by this vendor. (Exhibit 12)

Executive Director or Designee will monitor for ongoing compliance

Licensee's Proposed Overall Completion Date: 05/31/2024

Implemented () - 06/24/2024

181c - Self-administration Assessment

8. Requirements

2600.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

Resident # 2 was observed to have a tube of barrier cream in the cabinet in their bathroom. The cabinet was not locked. Resident #2's DME indicates that the resident is not able to self-administer.

Plan of Correction

Accept () - 05/21/2024

On 4/23/24 – Resident 2 was informed that the barrier cream needed to be removed from the room and stored within the Med Cart, but would still be available for use as ordered.

On 4/24/24 – Resident Wellness Director coordinated the review of each Resident room and removal of any other medicated items from rooms and to be stored in Med Cart. (Exhibit 13)

Resident Wellness Director or Designee will monitor for ongoing compliance with all occupied and newly occupied Resident rooms.

Licensee's Proposed Overall Completion Date: 05/31/2024

Implemented () - 06/24/2024

183b - Meds and Syringes Locked

9. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On 4/23/24 at 3:30pm Miconazole 2% powder was unlocked, unattended and accessible in resident # 2's bathroom.

Plan of Correction

Accept ([redacted]) - 05/21/2024)

On 4/23/24 – Resident 2 was informed that the Miconazole 2% powder needed to be removed from the room and stored within the Med Cart, but would still be available for use as ordered.

On 4/24/24 – Resident Wellness Director coordinated the review of each Resident room and removal of any other medicated items from rooms and to be stored in Med Cart (Exhibit 14).

Resident Wellness Director or Designee will monitor for ongoing compliance with all occupied and newly occupied Resident rooms.

Licensee's Proposed Overall Completion Date: 05/31/2024

Implemented ([redacted]) - 06/24/2024)

225a - Assessment 15 Days

10. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

The Initial RASP for Resident # 3, admitted on [redacted], is dated as being finalized on [redacted]. The assessment was not completed within 15 days of the resident's admission.

Plan of Correction

Accept ([redacted]) - 05/31/2024)

Beginning 5/12/24, ED will review all newly admitted Resident RASPs to confirm finalization within 15 days of date of admission (Exhibit 15)

By 6/7/24, Resident Wellness Director will create a RASP Tracker Tool to monitor and ensure timely completion of all RASPs going forward. (Exhibit F)

Executive Director or Designee will monitor to ensure ongoing compliance

Licensee's Proposed Overall Completion Date: 06/07/2024

Implemented ([redacted]) - 06/24/2024)

227d - Support Plan Medical/Dental

11. 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.

227d - Support Plan Medical/Dental (continued)

Description of Violation

Resident #4's RASP dated [REDACTED] and Resident # 5's RASP dated [REDACTED] do not indicate the specific need for the bed enablers they are currently using. The RASPs also do not state the intended use of the device; any risks associated with the device; the resident's ability to use the device safely for the intended purpose; identification of the specific device to be used and if a cover is required to meet FDA guidelines.

Repeat Violation 5/2/23 et al, 6/9/23 et al.

Plan of Correction

Accept [REDACTED] - 05/21/2024)

On 5/17/2024, Resident Wellness Director documented the intended use and related compliance information of the bed enablers in use by Residents #4 and #5 (Exhibits 16 and 17)

On 5/17/2024, Resident Wellness Director documented the intended use and related compliance information for all Residents utilizing bed enablers.

Resident Wellness Director or Designee will monitor for ongoing compliance for all bed enablers put into place in the future.

Licensee's Proposed Overall Completion Date: 05/31/2024

Implemented [REDACTED] - 06/24/2024)