

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

June 11, 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 05/01/2024 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]  
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]

**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: 46 Waking Staff: 35

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Interim Exit Conference Date: 05/01/2024

**Inspection Dates and Department Representative**

05/01/2024 - 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: 10 Have Physical Disability: 0

**Inspections / Reviews**

05/01/2024 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/27/2024

05/29/2024 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 06/07/2024  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 06/03/2024

Inspections / Reviews *(continued)*

06/04/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/07/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 06/09/2024

06/11/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/07/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

182b Prescription Medication

1. Requirements

2600.

182.b. Prescription medication that is not self administered by a resident shall be administered by one of the following:

Description of Violation

The schedule was reviewed, with an explanation of the symbols and letter on it by Staff member A. Staff person A explained the "MT" means that person was the designated Med Tech for the shift. On 4-14-24, 4-20-24, 4-21-24, and 4-27-24 during the 7a to 3p shift, staff person B is listed as the "MT" on the shift. There were no documents at the facility to show staff person B has completed the required Medication Administration Training or had any required observations.

Staff Member staff person C is listed as the "MT" on 4-16-24 and 4-20-24 11p to 7a shift. There are no documented observations for staff person C since 1-2022, making their training out of date.

Plan of Correction

Accept [redacted] - 05/29/2024)

On 5/1/2024 – Both Staff A and B were removed from the Med Tech schedule

On 5/6/2024 – Executive Director unsuccessfully attempted to obtain Med Tech course records from previous employers of Staff A and B. However, both previous employers acknowledged that Staff A and Staff B successfully completed the Med Tech Course and did work as Med Tech within their Communities.

On 5/17/2024 – Both Staff A and B were re-enrolled in the Med Tech Course

Resident Wellness Director will ensure ongoing compliance through monthly audits of currently employed Med Tech Staff credentials and quarterly observations. (Exhibit 1)

Licensee's Proposed Overall Completion Date: 06/30/2024

Implemented [redacted] - 06/11/2024)

187d Follow Prescriber's Orders

2. Requirements

2600.

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

Description of Violation

Resident #1's Medication Administration Record reviewed. Resident is prescribed Metoprolol 25 mg tab, take 1 tab orally every 12 hours (8a, 8p) hold for SB < 110 \*.

[Redacted text block]

Additionally, Resident does not have a recorded BP on [redacted] in the PM, so a determination can not be made if the resident was appropriately administered.

Plan of Correction

Accept [redacted] - 05/29/2024)

By 6/1/2024 – All current Med Techs will be re-educated on the 5 Checks of Medication Administration, including the importance of following the administration parameters within Dr Orders. (Exhibit 2)

Resident Wellness Director (RWD) will audit EMAR of 3 Residents with BP Parameters weekly for 4 weeks. (Exhibit 3)

187d Follow Prescriber's Orders (continued)

RWD will monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 06/30/2024

Implemented [REDACTED] - 06/11/2024)

227d - Support Plan Medical/Dental

3. 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

The support plan for resident #2 dated [REDACTED] includes that the resident wears bilateral hearing aid devices, and staff will help to put in and keep clean. Resident denies having hearing aid devices and hearing aid devices were not found in the resident's room. Staff interviewed was not aware of the resident having hearing aid devices.

Plan of Correction

Accept [REDACTED] - 06/04/2024)

[REDACTED] Resident Wellness Director (RWD) contacted family of Resident #2 to recommend a hearing test for Resident. Family declined this testing due to them taking [REDACTED] to the doctor before and the doctor "said a hearing aid won't help [REDACTED]"

[REDACTED] Executive Director (ED) contacted Precision Fire Company (Alarm System Vendor of Community) to explore options for Resident who is very Hard of Hearing. ED informed that Precision Fire Company does not provide adaptive alternatives.

[REDACTED] ED connected with Berks County Deaf and Hard of Hearing Services for advisement on recommended emergency alarm assistance device.

[REDACTED] ED ordered the recommended device 'Sonic Alert HomeAware II Signaling Hub and Bed Shaker'. ED received email confirmation of device being shipped (Exhibit A)

[REDACTED] ED educated Current Staff that Resident #2 is very hard of hearing and may not respond to the emergency alarm during an emergency or drill scenario and will need staff to actively enter her room to alert her that an evacuation is necessary and to provide an necessary assistance. (Exhibit 4)

[REDACTED] Device was delivered to Community.

[REDACTED] Maintenance Director installed and activated device in Resident #2's Room per manufacturer instructions.

By [REDACTED] ED or Designee will educate All Current Staff on purpose and use of the 'Sonic Alert HomeAware II Signaling Hub and Bed Shaker'.

By [REDACTED] Fire Drill will be conducted during normal sleeping hours to verify device is effective for Resident #2 and that staff effectively use the device.

Executive Director will monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 06/30/2024

Implemented [REDACTED] 06/11/2024)