

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

October 1, 2024

[REDACTED]  
READING AID II OPCO LLC  
[REDACTED]  
[REDACTED]

RE: MAIDENCREEK PLACE  
105 DRIES ROAD  
READING, PA, 19605  
LICENSE/COC#: 22658

[REDACTED],  
  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/31/2024 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: 05/15/2025  
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**

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 45 Waking Staff: 34

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
Reason: Incident Exit Conference Date: 07/31/2024

**Inspection Dates and Department Representative**

07/31/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: 75 Residents Served: 35

**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: 35  
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
Have Mobility Need: 10 Have Physical Disability: 0

**Inspections / Reviews**

**07/31/2024 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/31/2024

**09/04/2024 - POC Submission**

Submitted By: [REDACTED] Date Submitted: 09/26/2024  
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/11/2024

Inspections / Reviews *(continued)*

09/12/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/26/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 09/27/2024

10/01/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/26/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

5a1 - DHS Access

1. Requirements

2600.

5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:

- 1. Agents of the Department.

Description of Violation

On [REDACTED], at approximately [REDACTED] Licensing Representative entered the facility to initiate an investigation on an incident that occurred [REDACTED]. During the entrance conference, the witness statements to the incident were requested. At the time of the Exit Conference at [REDACTED], the witness statements were not received. The administrator was not on site and the person acting in the Administrator's capacity could not find the requested documents. The documents have not been received to date 8-2-24 930am via email.

Plan of Correction

Directed [REDACTED] - 09/12/2024)

8/9/24 – Administrator provided statements to [REDACTED] via email immediately following a phone conversation to obtain the appropriate email address for them to be sent. (Exhibit 1)

By 9/15/24 – Administrator and the person acting in the Administrator's capacity on 7/31/24 to be re-educated by Regional Director of Wellness Services on Regulation 2600.5.a1 (Exhibit 2)  
Executive Director or Designee will monitor for ongoing compliance

Proposed Overall Completion Date: 09/15/2024

(Directed)

**The Administrator will ensure that agents of the Department have immediate access to the home, records, and residents upon request. The home will designate a staff person to act as administrator designee at all times the administrator is not present in the home. The designee will have access to all current resident records. The staff schedule will indicate who is acting as administrator designee on all shifts.**

Directed Completion Date: 09/16/2024

Implemented [REDACTED] - 10/01/2024)

16c - Written Incident Report

2. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [REDACTED] at approximately [REDACTED], Staff A and Staff B engaged in a verbal and physical altercation in Resident [REDACTED] room. The verbal altercation escalated to a physical altercation in Resident [REDACTED] room. This incident was reported to the Department on [REDACTED] at [REDACTED] exceeding the 24 hour reporting requirement.

16c - Written Incident Report (continued)

Plan of Correction

Directed [redacted] - 09/12/2024)

By 9/15/24 – Administrator to be re-educated by Regional Director of Wellness Services (RDWS) on Regulation 2600.16.c (Exhibit 3)

Beginning 9/9/24 – Executive Director will audit timeliness of submission of Reportables x 4weeks. (Exhibit 4)  
Executive Director or Designee will monitor for ongoing compliance

Proposed Overall Completion Date: 09/15/2024

(Directed)

**All staff will be trained in reportable incidents and conditions. All staff will be trained on the homes internal reporting policy, this training will also include who is responsible for reporting to the Department on weekends. Documentation of this training will be kept for review upon the Departments request.**

Directed Completion Date: 09/26/2024

Implemented [redacted] - 10/01/2024)

42c - Treatment of Residents

3. Requirements

2600.  
42.c. A resident shall be treated with dignity and respect.

Description of Violation

On [redacted] at approximately [redacted], Staff A and Staff B engaged in a verbal altercation in Resident [redacted] room. This incident then continued in Resident [redacted] room, where it became physical between staff. Resident [redacted] and [redacted] were not treated with dignity and respect by the staff members.

Plan of Correction

Directed [redacted] 09/12/2024)

7/23/24 – Staff A and Staff B were suspended and instructed to leave the community property pending investigation  
7/24/24 - Staff A and Staff B were terminated effective immediately for their engaging in verbal and physical altercation within Community including Resident Rooms. (Exhibit 5 and 6)

By 9/15/24 – Current staff to be re-educated by Administrator or Designee on Regulation 2600.42.c (Exhibit 7)

On 10/23/24 – Current staff will be re-educated on Resident Rights, including the Right to Be Treated with Dignity and Respect, by local Ombudsman. (Exhibit 8)

Executive Director or Designee will monitor for ongoing compliance

(Directed)

**All staff will be trained in resident rights. Documentation of this training will be kept for review upon the Departments request.**

42c - Treatment of Residents (continued)

Proposed Overall Completion Date: 10/23/2024

Directed Completion Date: 09/26/2024

Implemented [REDACTED] - 10/01/2024)