

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

October 10, 2024

[REDACTED]
MAPLE SHADE MEADOWS LP
[REDACTED]

RE: MAPLE SHADE MEADOWS SENIOR
LIVING
50 EAST LOCUST STREET
NESQUEHONING, PA, 18240
LICENSE/COC#: 20400

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/20/2024 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: *MAPLE SHADE MEADOWS SENIOR LIVING* License #: *20400* License Expiration: *11/20/2024*
 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]
 Phone: [REDACTED] 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: *118* Waking Staff: *89*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *08/20/2024*

Inspection Dates and Department Representative

08/20/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *85* Residents Served: *70*

Secured Dementia Care Unit
 In Home: *Yes* Area: *unit* Capacity: *25* Residents Served: *17*

Hospice
 Current Residents: *0*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *70*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *48* Have Physical Disability: *0*

Inspections / Reviews

08/20/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/09/2024*

09/10/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *10/07/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/17/2024*

Inspections / Reviews (*continued*)

09/11/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/07/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 09/18/2024

10/10/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/07/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

225a - Assessment 15 Days

1. 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

Resident [REDACTED] was admitted to the home on [REDACTED]. Their initial assessment was not finalized until [REDACTED] and was not completed in the required 15 days.

Plan of Correction

Accept [REDACTED] - 09/11/2024)

Staff member who completes RASPS was re-educated on the importance of following 2600.225 (a) and completing initial assessment form within 15 days of admission. Director of Nursing and Administrator will monitor for ongoing compliance going forward.

Update: Director of Nursing is responsible for immediately fixing the issue. (8/21/24)

-On 8/20/24 Care Coordinator who is responsible for completing RASPS was educated on the importance of completing initial assessment within 15 days of admission.

-To ensure the violation does not occur again, DON and Administrator will complete random chart audits biweekly on an immediate and ongoing basis.

-DON and Administrator to monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 09/10/2024

Implemented [REDACTED] - 10/08/2024)