

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

March 10, 2025

[REDACTED], PRESIDENT  
MAPLE VALLEY PERSONAL CARE HOME INC  
2212 ANTHONY RUN ROAD  
INDIANA, PA, 15701

RE: MAPLE VALLEY PERSONAL CARE  
HOME  
2212 ANTHONY RUN ROAD  
INDIANA, PA, 15701  
LICENSE/COC#: 42769

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/11/2024 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 VALLEY PERSONAL CARE HOME License #: 42769 License Expiration: 03/08/2025  
Address: 2212 ANTHONY RUN ROAD, INDIANA, PA 15701  
County: INDIANA Region: WESTERN

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

Name: MAPLE VALLEY PERSONAL CARE HOME INC  
Address: 2212 ANTHONY RUN ROAD, INDIANA, PA, 15701  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: C-2 LP Date: 05/01/2008 Issued By: Dept 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 Exit Conference Date: 12/11/2024

**Inspection Dates and Department Representative**

12/11/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: 40 Residents Served: 33

**Secured Dementia Care Unit**

In Home: No Area: Capacity: Residents Served:

**Hospice**

Current Residents: 2

**Number of Residents Who:**

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 13  
Diagnosed with Mental Illness: 9 Diagnosed with Intellectual Disability: 0  
Have Mobility Need: 8 Have Physical Disability: 0

**Inspections / Reviews**

**12/11/2024 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/13/2025

**02/04/2025 - POC Submission**

Submitted By: [REDACTED] Date Submitted: 03/07/2025  
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/11/2025

Inspections / Reviews (*continued*)

02/21/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/07/2025

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 02/25/2025

03/10/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/07/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

51 - Criminal Background Check

1. 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 person A was hired [redacted]; however a Pennsylvania State Police Criminal Background Check was not completed until 12/11/24.

Repeat Violation: 12/12/23

Plan of Correction

Accept ( [redacted] - 02/04/2025)

The assistant to the administrator immediately obtained a copy of the staff person A on 12/11/24.

The assistant to the administrator checked all the employee's files on 12/12/24 to ensure all the employees have a criminal background check.

The assistant to the administrator and director of operations will check every 3 months to ensure that all staff have criminal background checks starting 1/22/25.

Licensee's Proposed Overall Completion Date: 01/20/2025

Implemented ( [redacted] - 03/10/2025)

65i - Training Record

2. Requirements

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

The home's record of direct care staff training does not include the length of training or training source for trainings completed during the 1/1/23 - 1/31/23 training year.

Plan of Correction

Accept ( [redacted] - 02/21/2025)

Administrator immediately on 12/11/24 obtained a template on DHS website for home records that includes, length of training, source and copies of certificates.

Administrator had a meeting with the assistant administer on 12/12/24 showing the new template we will be using for the trainings. Assistant to the administrator will audit all the direct care staff training records for 01/01/2024-12/31/2024, to determine that all the appropriate criteria are listed on the training log which is date, source, content, length of each course, and certificates listed if received.

Administrator will ensure that the proper training outline is used for all the training's starting 1/22/25 and will check monthly and do an audit of the staff training records which will ensure the staff person trained, date, source, content, length of each course and if needed certificate received.

65i - Training Record (continued)

Proposed Overall Completion Date: 01/20/2025

Licensee's Proposed Overall Completion Date: 02/12/2025

Implemented ( ) - 03/10/2025)

84 - Heat Sources

3. Requirements

2600.

84. Heat Sources - Heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters and radiators exceeding 120° F that are accessible to the resident must be equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source.

Description of Violation

At 3:30 p.m. the temperature of the metal surrounding the glass on the sitting room fire place was 243 degrees Fahrenheit. There were no protective guards in place to prevent residents from coming in contact with the metal.

Plan of Correction

Accept ( ) - 02/21/2025)

Administrator will have a protective cover over the fireplace within 45 days starting on 1/20/25.

Administrator/owner will check the fireplaces/heat sources every 3 months starting on 2/13/2025 to ensure that the protective guards for the heat sources.

Administrator/owner will check the heat sources every 3 months starting on 2/13/2025, and monitor to sure that all the heat sources have proper guards in place if the temperature exceeds 120 degrees.

Licensee's Proposed Overall Completion Date: 02/12/2025

Implemented ( ) - 03/10/2025)

132b - Safety Inspection/Fire Drill

4. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The homes most recent fire safety inspection conducted by a fire safety expert was completed on 10/4/24; however, the previous fire safety inspection was competed on 7/12/23.

Plan of Correction

Accept ( ) - 02/21/2025)

Administrator immediately talked with the management team on 12/11/24 to ensure that the fire safety expert conducts the fire drill annually.

Administrator on 12/12/24 talked with the management team about making sure that the fire safety expert is documented annually at the appropriate times.

Administrator will ensure every 3 months starting 2/13/2025 that they have the fire drill conducted by the fire

**132b - Safety Inspection/Fire Drill (continued)**

safety expert and document it annually.

Licensee's Proposed Overall Completion Date: 02/12/2025

Implemented (█) - 03/10/2025)

**171b5 - First Aid Kit****5. Requirements**

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

**Description of Violation**

The first aid kit in the home's bus used to transport residents does not include a thermometer.

**Plan of Correction**

Accept (█) - 02/04/2025)

Director of nursing immediately on 12/11/24 obtained a thermometer we had extra at Maple Valley PCH.

Director of nursing on 12/12/24 made a checklist to ensure that all requirements are in the first aid kit.

Director of nursing will check monthly on 1/22/25 that the first aid kit has all the proper content that is required.

Licensee's Proposed Overall Completion Date: 01/20/2025

Implemented (█) - 03/10/2025)