

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

April 24, 2025

[REDACTED], ADMINISTRATOR
THE VILLAGES OF MAPLE HEIGHTS, LLC
[REDACTED]
[REDACTED]

RE: THE VILLAGES OF MAPLE HEIGHTS
429 MANOR DRIVE
EBENSBURG, PA, 15931
LICENSE/COC#: 33865

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/19/2025, 03/20/2025 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]
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *THE VILLAGES OF MAPLE HEIGHTS* License #: 33865 License Expiration: 07/01/2025
 Address: 429 MANOR DRIVE, EBENSBURG, PA 15931
 County: CAMBRIA Region: CENTRAL

Administrator

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

Legal Entity

Name: *THE VILLAGES OF MAPLE HEIGHTS, LLC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *11/20/2013* Issued By: *DEPARTMENT OF LABOR & INDUSTRY*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *102* Waking Staff: *77*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *03/20/2025*

Inspection Dates and Department Representative

03/19/2025 - On-Site: [REDACTED]
 03/20/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 76 Residents Served: 65

Special Care Unit
 In Home: *Yes* Area: *SECURE UNIT* Capacity: 40 Residents Served: 32

Hospice
 Current Residents: 9

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 64
 Diagnosed with Mental Illness: 12 Diagnosed with Intellectual Disability: 3
 Have Mobility Need: 37 Have Physical Disability: 5

Inspections / Reviews

03/19/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/11/2025*

Inspections / Reviews *(continued)*

04/11/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/18/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 04/18/2025

04/24/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/18/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

25b Contract signatures and renewal

1. Requirements

2800.

25b . The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident’s designated person if any, if the resident agrees. The contract must run month-to-month with automatic renewal unless terminated by the resident with 14 days notice or by the residence with 30 days notice in accordance with § 2800.228 (relating to transfer and discharge).

Description of Violation

The resident/residence contract dated [REDACTED] for Resident #1 did not include the resident's signature.

The resident/residence contract dated [REDACTED] for Resident #3 did not include the resident's signature.

Plan of Correction

Accept ([REDACTED] - 04/11/2025)

An audit of current resident contracts will be completed to ensure that all signatures are in place will be completed by Administrator and designee beginning 4/10/25. Audit will be completed by 4/30/25.

The facility will utilize an Admission checklist to ensure that contracts are audited for signatures. This checklist will be utilized on new admissions.

Contracts completed will be reviewed by administrator or resident care coordinator to ensure completeness of signatures. Audit will be completed monthly for 3 months on all new contracts beginning 5/1/2025 and will be completed on July 25, 2025.

Staff will be given education on 2800.25.b "Contract signatures and renewal" by administrator or designee.

Education will begin 4/7/25 and completed 4/30/25.

Licensee's Proposed Overall Completion Date: 07/25/2025

Implemented ([REDACTED] - 04/24/2025)

41e Signed statement

2. Requirements

2800.

41.e. A statement signed by the resident and, if applicable, the resident’s designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident’s record.

Description of Violation

Resident #1's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

Resident #3's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

Plan of Correction

Accept ([REDACTED] - 04/11/2025)

An audit of current resident contracts will be completed to ensure that all signatures are in place and that all residents receive a copy of the resident rights and complaint procedures that will be completed by Administrator or designee beginning 4/10/25 and completed by April 30, 2025.

The facility will utilize an Admission checklist to ensure that residents receive and sign their contract which includes the resident rights.

Contracts completed will be reviewed by administrator or resident care coordinator to ensure completeness of signatures and that residents receive a copy of the resident rights and complaint procedures beginning 5/1/25.

41e Signed statement (continued)

Audit will be completed monthly for 3 months on all new contracts and will be completed on July 25, 2025. Staff will be given education on 2800.41.e, "Signed statement" regarding resident contracts, resident rights and the complaint procedure by administrator or designee beginning 4/10/25 will be completed 4/30/25.

Licensee's Proposed Overall Completion Date: 07/25/2025

Implemented () - 04/24/2025

81b Resident equip – good repair

3. Requirements

2800.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

Resident #5 and Resident #6 are prescribed the use of a bedside enabler device and have uncovered bed rails installed on their beds. The openings on these bed rails exceed the maximum allowable opening of 4.75 inches. There are three openings on the horizontal length of the bar which are 16 inches wide and the height of these openings exceeds 5 inches.

Plan of Correction

Accept () - 04/11/2025

All enabler bars were immediately covered LPN Supervisor on 3/20/25.

Enabler bars will be audited daily during facility rounds.

Administrator or designee will complete a weekly audit beginning 4/10/25 for 4 weeks and then monthly for 3 months and will be completed by 7/25/25 to ensure that all enabler bars are covered.

Staff will be given education regarding 2800.81.b "Resident equipment-good repair", by administrator or designee beginning 4/10/25 and will be completed 4/30/25.

Licensee's Proposed Overall Completion Date: 07/25/2025

Implemented () - 04/24/2025

103g Storing food

4. Requirements

2800.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

On 3/20/25 at 10:27 AM there was an open carton of milk in the door of the refrigerator of the kitchenette/resident lounge of the second floor which did not have a date indicating when it was opened.

On 3/20/25 at 10:27 AM there was an open bottle of juice in the door of the refrigerator of the kitchenette/resident lounge of the second floor which did not have a date indicating when it had been opened.

On 3/20/25 at 10:40 AM there were three small condiment cups with lids containing an off white food substance on top of the medication cart. None of these containers were labeled with the contents of the cups, when the item was opened, nor when it would expire or be best used by.

103g Storing food (continued)

On 3/20/25 at 10:26 AM there was an open loaf of bread in the upper cupboard to the left of the refrigerator in the kitchenette/resident lounge of the second floor which was not in a sealed container and not labeled with a date of opening.

On 3/20/25 at 10:26 AM there was an open container of yogurt in the refrigerator of the kitchenette/resident lounge of the second floor which was not in a sealed container and not labeled with a date of opening.

Plan of Correction

Accept () - 04/11/2025

Staff will be given education on regulation 2800.103.g "Food shall be stored in closed or sealed containers" by administrator or designee beginning 4/10/2025 and completed 4/30/2025.

The facility will add and audit refrigerators and kitchenettes daily during facility rounds.

Administrator or designee will audit the refrigerators and cabinets in the kitchenette daily beginning 4/10/25 for 2 weeks, then weekly for 2 weeks and monthly for 2 months. Audit will end 7/25/25.

Licensee's Proposed Overall Completion Date: 07/25/2025

Implemented () - 04/24/2025

144c1 Smoking area guidelines

5. Requirements

2800.

144.c. A residence that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the residence, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

The residence's designated smoking area is outside and does not have a fire extinguisher.

Plan of Correction

Accept () - 04/11/2025

Maintenance department was notified on 4/4/25 that a fire extinguisher was needed in resident smoking area. Fire extinguisher placed by smoking receptacle 4/4/25.

All staff will be educated on regulation 2800.144.c.1 "smoking area guidelines". Education will be given by administrator or designee beginning on 4/10/25 and completed 4/30/25.

Administrator or designee will complete a weekly audit beginning 4/10/25 for 4 weeks and then monthly for 3 months and will be completed by 7/25/25 to ensure that fire extinguisher is in place.

Licensee's Proposed Overall Completion Date: 07/25/2025

Implemented () - 04/24/2025

187d Follow prescriber’s orders

6. Requirements

2800.

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

Description of Violation

On 2/25/25 a medication technician noted that Resident #7 was given the wrong dose of Lorazepam on 2/24/25 at bedtime. Resident #7 is ordered 1mg BID in the morning and afternoon, and 1/5 mg every day at bedtime. Staff Member A administered the wrong dose on 2/24/25.

On 2/25/25 a medication technician noted that Resident #8 was given the wrong does of Alprazolam on 2/24/25 at bedtime. Resident #8 is ordered 0.25 mg by mouth in the morning and 0.5 mg every day at bedtime. Resident #8 was given wrong does by Staff member A.

On 1/4/25 Staff Person B administered the PM dose of 60 units of Basaglar to Resident #4 instead of the 20 units which are prescribed for the morning.

On 12/13/24 Staff Person C reported that a medication error had occurred when Resident #9 received the following medications: Gabapentin 600 mg, midodrine 5mg, phenytoin 100mg, and primidone 50mg. These medications were not prescribed to this Resident.

On 11/20/21 a medication technician reported at 9:43 PM that two of the Resident #10's pills were found in the medication cart and were not administered per physician order. The pills were Sertraline 20MG and Vitamin B12 1000 MCG.

Plan of Correction

Accept ([redacted]) - 04/11/2025)

Medication technicians involved in the medication error have been educated and received competency observations. Facility medication technicians will be educated on 2800.187.d "Following prescriber’s orders" by administrator or designee. Education will begin on 4/10/25 and completed 4/30/25.

Administrator or designee will observe med pass and complete audit daily for 2 weeks, weekly for 2 weeks and monthly for 2 months. Audit will begin 4/10/25 and completed 7/25/25

Licensee's Proposed Overall Completion Date: 07/25/2025

Implemented ([redacted]) - 04/24/2025)

190c Record of training

7. Requirements

2800.

190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

190c Record of training (continued)

Description of Violation

Staff Member C originally qualified for medication administration on [REDACTED]. An annual practicum was completed for the 2024-2025 year. However, the 2/2025 medication record review and the 2/2025 medication administration observation do not have the name of the observer or the student or trainer's signature under the summary of the staff performance.

Staff Member D originally qualified for medication administration on [REDACTED]. An annual practicum was completed for the 2024 year with medication record reviews and medication administration observations completed in 6/2024 and 12/2024. However, under the summary of the staff performance, there is no date indicated for when the Staff Member requalified.

Plan of Correction

Accept ([REDACTED] - 04/11/2025)

Practicum Observer that completed the 2/2025 review and observation for staff member C completed [REDACTED] signature under the summary of the staff performance 4/4/25.

Date filled in by Practicum Observer 4/4/25 who completed the 2024 observation for staff member D filled in the date that it was completed.

Audit will be completed by 4/11/25 by administrator or designee of all Medication administration records.

Administrator or designee with audit all administration records beginning 5/1/25 monthly X3 months and will be completed by 7/25/25

All staff will be educated on regulation 2800.190.c "Record of training". Education will be given by administrator or designee beginning on 4/10/25 and completed 4/30/25.

Licensee's Proposed Overall Completion Date: 07/25/2025

Implemented ([REDACTED] - 04/24/2025)

224a2 30 days prior to admission

8. Requirements

2800.

224.a.2. An individual shall have a written initial assessment that is documented on the Department's assessment form within 30 days prior to admission unless one of the conditions contained in paragraph (3) apply.

Description of Violation

Resident #1 was admitted on [REDACTED]. An initial assessment was not completed for this resident.

Plan of Correction

Accept ([REDACTED] - 04/11/2025)

An audit will begin 4/10/25 and completed by administrator or designee by 4/30/25 to ensure an initial assessment is completed for all residents.

Audits will be completed by administrator or designee for 3 months beginning 5/1/25 on all new admission and will be completed on July 25, 2025.

All staff will be given education on 2800.224.a.2, "initial assessment" by administrator or designee beginning 4/10/25 will be completed 4/30/25.

Licensee's Proposed Overall Completion Date: 07/25/2025

224a2 30 days prior to admission (continued)

Implemented () - 04/24/2025)

224c1 Initial SP-30 days prior/adm

9. Requirements

2800.

224.c.1. An individual requiring services shall have a written preliminary support plan developed within 30 days prior to admission to the residence unless one of the conditions contained in paragraph (2) applies.

Description of Violation

Resident #1 was admitted on (). An initial support plan was not completed for this resident.

Plan of Correction

Accept () - 04/11/2025)

An audit will begin on 4/10/25 and completed by administrator or designee by 4/30/25 to ensure that current residents have an initial support plan.

Audits will begin 5/1/25 by administrator or designee for 3 months on all new admissions and will be completed by 7/25/2025.

All staff will be given education on 2800.224.c.1, "initial support plan" by administrator or designee beginning 4/10/25 will be completed 4/30/25.

Licensee's Proposed Overall Completion Date: 07/25/2025

Implemented () - 04/24/2025)

227g Support plan - signatures

10. Requirements

2800.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #2 participated in the development of () support plan on (). However, the resident did not sign and date the support plan.

Resident #4 participated in the development of () support plan on (). However, the resident did not sign and date the support plan.

Plan of Correction

Accept () - 04/11/2025)

Support plan for resident #2 was updated on 4/20/24 by Resident Care Coordinator.

Support plan for resident #4 was reviewed and addendum signed on 4/11/25 regarding support plan completed on 11/30/2022.

An Audit will begin on 4/10/25 and completed by administrator or designee by 4/30/25 to ensure that all support plans are signed and dated for current residents.

Audits will be completed by administrator or designee for 4 resident charts for 3 months beginning on 4/14/25 and ending 7/25/25.

Education will be given to staff on 2800.227.g "support plans" by administrator or designee beginning 4/10/25 and completed 4/30/25

Licensee's Proposed Overall Completion Date: 07/25/2025

227g Support plan - signatures (*continued*)

Implemented ([REDACTED] - 04/24/2025)