



Pennsylvania Department of Human Services

Sent via email to: [REDACTED]

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: SEPTEMBER 10, 2025

[REDACTED]
[REDACTED]
Reading AID II OPCO LLC
[REDACTED]

RE: Maidencreek Place
105 Dries Road
Reading, Pennsylvania 19605
License #226581

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on April 1, 2025, June 17, 2025, July 18, 2025, July 29, 2025 and July 30, 2025 of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance (license number 226580) dated May 15, 2025 to May 15, 2026 and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. The license dated May 15, 2025 to May 15, 2026 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. § 1026 (b)(1) ;(4) and 55 Pa. Code § 20.71(a)(2) ;(3) ;(5) ;(6) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from September 10, 2025 to March 10, 2026.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.


Pursuant to 62 P.S. 1085-1087 and 55 Pa. Code § 2600.261-268 or § 2800 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

55 Pa. Code Chapter 2600 or 2800 Section:	Class of Violation	Census at Inspection X	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
187d	II	42	\$5	\$210	5 calendar days from mailing date of this letter

A fine will be assessed daily beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:


 Pennsylvania Department of Human Services
 Bureau of Human Services Licensing
 Forum Place, 6th Floor
 PO Box 2675
 Harrisburg, Pennsylvania 17105-2675
 PH: 717-265-8942

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

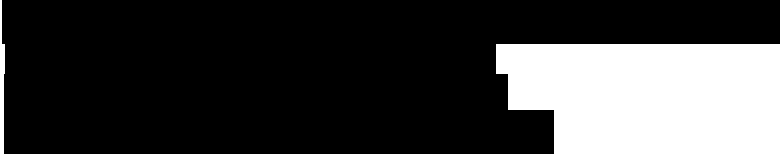
Sincerely,

Juliet Marsala

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc:



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

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]

Legal Entity

Name: READING AID II OPCO LLC
Address: 105 DRIES ROAD, ATTN: MARC HEIL, READING, PA, 19608
Phone: [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: 59 Waking Staff: 44

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal Exit Conference Date: 04/01/2025

Inspection Dates and Department Representative

04/01/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 75 Residents Served: 48

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 4

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 48
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 11 Have Physical Disability: 0

Inspections / Reviews

04/01/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/02/2025

Inspections / Reviews (*continued*)

05/16/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/02/2025

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 06/02/2025

08/26/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/02/2025

Reviewer: [REDACTED]

Follow-Up Type: *Enforcement*

65a - FS Orientation 1st Day

1. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

Description of Violation

Staff Person A's first day worked was [redacted] 24. Staff Member A did not complete an orientation on fire safety and emergency preparedness on or before the first day worked in the home.

Plan of Correction

Accept [redacted] - 05/13/2025)

- 1. 4/3/2025 – Executive Director (ED) re-educated Business Office Manager (BOM) on Regulation 2600.65a (Exhibit 1)
- 2. On 4/15/2025, Business Office Manager (BOM) audited current employee files to verify compliance with Regulation 2600.65a (Exhibit 2)
- 3. Starting 4/21/2025 – BOM will audit New Hires to verify compliance with Regulation 2600.65a (Exhibit 3)
- 4. BOM or Designee will monitor for continued compliance

Licensee's Proposed Overall Completion Date: 05/31/2025

Implemented [redacted] - 06/05/2025)

65b - Rights/Abuse 40 Hours

2. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- 1. Resident rights.
- 2. Emergency medical plan.
- 3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
- 4. Reporting of reportable incidents and conditions.

Description of Violation

Staff Member A began working on [redacted] /24. The staff member did not receive training on resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act, or reporting of reportable incidents and conditions.

Plan of Correction

Accept [redacted] 05/13/2025)

- 1. 4/3/2025 – Executive Director (ED) re-educated Business Office Manager (BOM) on Regulation 2600.65b (Exhibit 1)
- 2. On 4/15/2025, Business Office Manager (BOM) audited current employee files to verify compliance with Regulation 2600.65b (Exhibit 2)
- 3. Starting 4/21/2025 – BOM will audit New Hires to verify compliance with Regulation 2600.65a (Exhibit 3)
- 4. BOM or Designee will monitor for continued compliance

Licensee's Proposed Overall Completion Date: 05/31/2025

Implemented [redacted] - 06/05/2025)

132c - Fire Drill Records

3. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill conducted on 9/27/24 at 6:00 a.m. did not note how many residents evacuated during the drill.

Plan of Correction

Accept [REDACTED] 05/13/2025)

- 1. 4/4/2025 – Executive Director (ED) re-educated Maintenance Director (MD) on Regulation 2600.132e (Exhibit 4)
- 2. MD will monitor for continued compliance

Licensee's Proposed Overall Completion Date: 05/31/2025

Not Implemented [REDACTED] 08/19/2025)

132d - Evacuation

4. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The home's evacuation time determined by a Fire Safety Expert based on the physical construction of the home is 8 minutes and 0 seconds.

The fire drill conducted on 6/24/24 at 11:24 p.m. took 8 minutes and 51 seconds for evacuation. The fire drill conducted 9/17/24 at 1:17 a.m. took 9 minutes and 42 seconds for evacuation.

Plan of Correction

Accept [REDACTED] - 05/13/2025)

- 1. 4/4/2025 – Executive Director (ED) re-educated Maintenance Director (MD) on Regulation 2600.132d. (Exhibit 5)
- 2. 6/24/2025 – The 6/10/2025 Drill was reconducted with evacuation achieved in 7mins and 52secs (Exhibit 6)
- 3. 9/27/2025 – The 9/17/2025 Drill was reconducted with evacuation achieved in 7mins and 36sec (Exhibit 6)
- 4. 4/1/2025 – Fire Drill and Safety Inspection conducted by Fire Safety Expert (Crocker) with evacuation achieved in 5mins and 26secs. Community is still waiting on official letter of Fire Safety and Evacuation
- 5. MD or Designee will monitor for continued compliance

Licensee's Proposed Overall Completion Date: 05/31/2025

Not Implemented [REDACTED] - 06/20/2025)

132e - Fire Drill Sleeping Hours

5. Requirements

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

132e - Fire Drill Sleeping Hours (continued)

Description of Violation

The home conducted a sleeping hours fire drill on 9/17/2024 at 1:17 a.m. and not again until 3/27/2025 at 12:25a.m.

Repeat Violation: 4/23/24

Plan of Correction

Accept [redacted] - 05/13/2025)

- 1. 4/4/2025 – Executive Director (ED) re-educated Maintenance Director (MD) on Regulation 2600.132e (Exhibit 7)
- 2. 4/4/2025 – Executive Director (ED) re-educated Maintenance Director (MD) on best practice of conducting a sleeping hour Fire Drill Quarterly instead of Bi-Annually. (Exhibit 8)
- 3. MD or Designee will monitor for continued compliance

Licensee's Proposed Overall Completion Date: 05/31/2025

Not Implemented [redacted] - 06/20/2025)

141b1 - Annual Medical Evaluation

6. Requirements

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

The home did not complete an annual Medical Evaluation for Resident # 1 in 2024. Resident #'s most recent medical evaluation was completed on [redacted] 2025.

Plan of Correction

Accept [redacted] - 05/16/2025)

- 1. 4/4/2025 – Executive Director re-educated Resident Wellness Director (RWD) and Resident Care Coordinator (RCC) on Regulation 2600.141b1 (Exhibit 9)
- 2. 4/14/2025 - ED audited current Resident charts to verify Annual DME completion (Exhibit 10)
- 3. Starting 5/5/2025 – ED will audit New Admissions, Annuals and Significant Changes to verify compliance of Regulation 2600.141b1 (Exhibit 11)
- 4. [redacted] or Designee will monitor for continued compliance

Licensee's Proposed Overall Completion Date: 05/31/2025

Not Implemented [redacted] - 06/20/2025)

144c1 - Smoking Area Guidelines

7. Requirements

2600.
144.c. A home 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 home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

At 9:20 a.m. in excess of 15 cigarette butts were observed on the ground in the designated smoking area of the home.

144c1 - Smoking Area Guidelines (*continued*)**Plan of Correction**

Accept [REDACTED] - 05/16/2025)

1. By 5/5/2025 – Current Staff will be re-educated on Regulation 144c1 (Exhibit 12)
2. Starting 5/5/2025 - Maintenance Director will audit designated smoking area weekly x4 weeks to verify compliance with Regulation 2600.144c1 (Exhibit 13)
3. Maintenance Director will monitor for ongoing compliance

Licensee's Proposed Overall Completion Date: 05/31/2025

Implemented [REDACTED] - 06/20/2025)

162c - Menus Posted

8. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

At approximately 9:15 a.m. the menus were not posted in the home.

Plan of Correction

Accept [REDACTED] - 05/16/2025)

1. 4/1/2025 - Menus for the next week was posted day of Survey Visit and shown to Survey Team prior to them exiting the Community.
2. 4/3/2025 – Executive Director (ED) re-educated Dietary Services Director (DSD) on Regulation 2600.162c (Exhibit 14)
3. Starting 4/7/2025 – DSD audited Menu postings to verify compliance with Regulation 2600.162c weekly x4 weeks (Exhibit 15)
4. DSD or Designee will monitor for continued compliance

Licensee's Proposed Overall Completion Date: 05/31/2025

Not Implemented [REDACTED] - 06/20/2025)

185a - Implement Storage Procedures

9. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #5 has a PRN prescription for Dextromethorphan ER liquid. The prescription was not available in the medication cart at the time of inspection.

Plan of Correction

Accept [REDACTED] 05/16/2025)

1. 4/4/2025 – Executive Director re-educated Resident Wellness Director (RWD) and Resident Care Coordinator (RCC) on Regulation 2600.185a (Exhibit 16)
2. By 5/5/25, current Med Tech Staff to be re-educated on Regulation 2600.185a
3. 4/7/2025 – Resident #5's Physician's Office was contacted and this medication was discontinued (Exhibit 17)

185a - Implement Storage Procedures (continued)

- 4. 4/10/2025 – RCC audited current Resident medication supplies to verify compliance with Regulation 2600.185a (Exhibit 18)
- 5. Starting 4/14/2025 – RWD and/or RCC will audit Resident medication supplies of 3 Random Residents to verify compliance with Regulation 2600.185a weekly x4 weeks (Exhibit 19)
- 6. RWD and/or RCC will monitor for continued compliance

Licensee's Proposed Overall Completion Date: 05/31/2025

Not Implemented [redacted] - 06/20/2025)

187a - Medication Record

10. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident's #2 and #3 have orders for insulin to be administered on a sliding scale. Both resident's Medication Administration Records do not list the number of units of insulin administered to the residents.

Plan of Correction

Accept [redacted] - 05/16/2025)

- 1. 4/2/2028 – Resident Care Coordinator (RCC) contacted EMAR company (Eldermark) and successfully added # of units administered documentation box to current Residents with sliding scales, including Residents #2 and #3, EMAR.
- 2. Starting 4/14/2025 – RWD and/or RCC will audit Residents using sliding scales to verify compliance with Regulation 2600.187a weekly x4 weeks (Exhibit 20)
- 3. By 5/5/25, current Med Tech Staff to be re-educated on Regulation 2600.187a
- 4. RWD and/or RCC will monitor for continued compliance

Licensee's Proposed Overall Completion Date: 05/31/2025

Not Implemented [redacted] - 06/20/2025)

187d - Follow Prescriber's Orders

11. Requirements

2600.

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

Description of Violation

Resident #4 has an order for Losartan Potassium 25mcg tabs to be administered daily at 8:00 a.m. The prescriber's instructions indicate the medication is to be held for systolic blood pressure under 110. On 3-23-24, the resident had a Systolic blood pressure of 104. On 3-17-25 the resident had a systolic blood pressure of 104. On 3-13-25 the resident had a systolic blood pressure of 107. On 3-11-25 the resident had a systolic blood pressure of 106. On 3-8-25 the resident had systolic blood pressure of 90. The medication should have been held on these dates, however was administered to the resident.

Repeat violation: 5/1/24

187d - Follow Prescriber's Orders (continued)

Plan of Correction

Accept [REDACTED] - 05/16/2025)

1. 4/2/2025 – Executive Director and Resident Wellness Director re-educated Med Tech Staff on Regulation 2600.187d – emphasizing the importance of following prescribed parameters (Exhibit 21)
2. Starting 4/14/2025 – RWD and/or RCC will audit Residents blood pressure parameters to verify compliance with Regulation 2600.187a weekly x4 weeks (Exhibit 22)
3. RWD and/or RCC will monitor for continued compliance

Licensee's Proposed Overall Completion Date: 05/31/2025

Not Implemented [REDACTED] - 06/20/2025)

190b - Insulin Injections

12. Requirements

2600.

190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

Description of Violation

Resident #2 has an order for Trulicity injections once weekly on Fridays. During interviews with staff of the home and a review of the resident's Medication Administration Record, it was confirmed the injections are being administered by Med Tech's in the home. The home does not have a waiver for non-licensed staff to administer the medication.

Plan of Correction

Accept [REDACTED] - 05/16/2025)

1. 4/2/2025 – ED and Resident Wellness Director re-educated Med Tech Staff on GLP-1 Medications needing to be administered only by an LPN or RN until further notice. (Exhibit 23)
2. 4/7/2025 – ED applied for Waiver allowing Med Tech Staff to be Permitted to administer GLP-1 medications following Training. (Exhibit 24)
3. By 5/5/2025 – Med Tech Staff will be trained by RWD (LPN) to administer GLP-1 medications. (Exhibit 25)
4. RWD (LPN) will monitor for continued compliance

Licensee's Proposed Overall Completion Date: 05/31/2025

Implemented [REDACTED] - 06/20/2025)

227g -Support Plan Signatures

13. Requirements

2600.

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

Description of Violation

Resident #6's Resident Assessment Support Plan dated [REDACTED]/25 is not signed by the resident. It was not noted if the resident refused or was unable to sign.

Plan of Correction

Accept [REDACTED] - 05/16/2025)

1. 4/1/2025 – Resident #6 is unable to sign Support Plan and this status was updated the day of Survey Visit and shown to Survey Team prior to them exiting the Community. (Exhibit 26)

227g -Support Plan Signatures (continued)

- 2. 4/14/2025 – ED audited current resident charts to verify compliance with Regulation 2600.227g (Exhibit 27)*
- 3. Starting 5/5/2025 – ED will audit New Admission, Annual and Significant Change Support Plans to verify compliance of Regulation 2600.227g weekly x4 weeks. (Exhibit 28)*
- 4. RWD and/or RCC will monitor for continued compliance*

Licensee's Proposed Overall Completion Date: 05/31/2025

Implemented [REDACTED] - 06/20/2025)