

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

September 22, 2025

[REDACTED]
READING AID II OPCO LLC
[REDACTED]

ATTN: MARC HEIL
[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 06/17/2025, 07/18/2025, 07/29/2025, 07/30/2025 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]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: MAIDENCREEK PLACE License #: 22658 License Expiration: 05/15/2026
 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

Type: C-2 LP Date: 10/01/2004 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 58 Waking Staff: 44

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Interim Exit Conference Date: 07/29/2025

Inspection Dates and Department Representative

06/17/2025 - On-Site: [REDACTED]
 07/18/2025 - Off-Site: [REDACTED]
 07/29/2025 - Off-Site: [REDACTED]
 07/30/2025 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 75 Residents Served: 42

Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:

Hospice
 Current Residents: 7

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 42
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 16 Have Physical Disability: 0

Inspections / Reviews

06/17/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/12/2025

Inspections / Reviews *(continued)*

09/16/2025 POC Submission

Submitted By: [REDACTED] Date Submitted: 09/18/2025

Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 09/19/2025

09/22/2025 Document Submission

Submitted By: [REDACTED] Date Submitted: 09/18/2025

Reviewer: [REDACTED] Follow Up Type: Not Required

16c Written Incident Report

1. 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 11:41 a.m. and [redacted] at 12:24 a.m., The home's fire alarm company dispatched the Fire department to go to the home. The home did not report these incidents to the department.

Plan of Correction

Accept [redacted] - 09/16/2025)

? **Immediate Resolution:** Both incidents have been investigated, and they were both false alarm situations that staff failed to report to the department.

? **Training Plan:** On 9/16/2025 the Maiden creek Leadership team will be trained on this regulation by the Area Operations Director.

? **Monitoring & Audit Plan:** All reportable incidents will be reviewed during Quality Management meetings to ensure that any false alarms where Emergency Services have been dispatched have been reported to the department. First Quality Management meeting will be held on 9/17/25

? **Sustainability Plan:** Quality Management meetings will be held monthly for the next 6 months starting 9/17/25. Quality Management meeting minutes will be maintained in a folder by the Personal Care Administrator.

Licensee's Proposed Overall Completion Date: 09/17/2025

Implemented [redacted] 09/22/2025)

132a Monthly Fire Drill

2. Requirements

2600.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

An unannounced fire drill was not held during the months of May 2025, June 2025 and July 2025.

Plan of Correction

Accept [redacted] - 09/16/2025)

• **Immediate Resolution:** In the past, all fire drills had been conducted by an in-house employee. That employee had been no longer employed at the community, so as a result, fire drills had not been properly conducted. Two fire drills were held in July by a regional maintenance director and an outside contracted fire safety expert; see attached log

? **Training Plan:** Members of Maiden creek Leadership have been trained on this regulation by the Area Operations Director on 9/17/2025

? **Monitoring & Audit Plan:** All fire drill logs will be reviewed during Quality Management meetings to ensure that they are being conducted as per this regulation. First Quality Management meeting will be held on 9/17/25, see attached minutes

? **Sustainability Plan:**

132a - Monthly Fire Drill (continued)

To ensure this does not re-occur, Maiden creek Place has contracted with an outside provider to conduct fire drills on a monthly basis. Also, Quality Management meetings will be held monthly for the next 6 months. Quality Management meeting minutes will be maintained in a folder by the Personal Care Administrator.

Licensee's Proposed Overall Completion Date: 09/17/2025

Implemented [redacted] - 09/22/2025)

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

On [redacted] Administrator A reported the fire drills conducted on [redacted] at 4:30 p.m. and on [redacted] at 6:15 a.m. were for educational training purposes. The fire drill records were incorrectly documented as though full fire drills were completed by the home.

The fire drill conducted on [redacted] at 2:13 p.m. notes the fire alarm was activated during the drill. On [redacted] the home's fire alarm monitoring company reported that the fire alarm was disabled by the home. The fire drill record was incorrectly documented.

Plan of Correction

Accepted [redacted] - 09/16/2025)

? **Immediate Resolution:** Fire drill log has been corrected, see attached

? **Training Plan:** Members of Maiden creek Leadership have been trained on this regulation by the Area Operations Director on 9/17/2025

? **Monitoring & Audit Plan:** All fire drill logs will be reviewed during Quality Management meetings to ensure that they are being conducted as per this regulation. First Quality Management meeting will be held on 9/17/25, see attached minutes

? **Sustainability Plan:** To ensure this does not re-occur, Maiden creek Place has contracted with an outside provider to conduct fire drills on a monthly basis. Also, Quality Management meetings will be held monthly for the next 6 months. Quality Management meeting minutes will be maintained in a folder by the Personal Care Administrator.

Licensee's Proposed Overall Completion Date: 09/17/2025

Implemented [redacted] - 09/22/2025)

132i - Testing Fire Alarm

4. Requirements

132i - Testing Fire Alarm (continued)

2600.

132.i. A fire alarm or smoke detector shall be set off during each fire drill.

Description of Violation

The fire drill record noted the fire alarm was activated during the fire drill on [redacted] at 2:13 p.m. On [redacted] the home's fire alarm monitoring company reported the fire alarms were disabled by the home.

Plan of Correction

Accept [redacted] - 09/16/2025)

? **Training Plan:** Members of Maiden creek Leadership will be trained on this regulation by the Area Operations Director on 9/17/2025

? **Monitoring & Audit Plan:** All fire drill logs will be reviewed during Quality Management meetings to ensure that they are being conducted as per this regulation. First Quality Management meeting will be held on 9/17/25, see attached minutes

? **Sustainability Plan:** To ensure this does not re-occur, Maiden creek Place has contracted with an outside provider to conduct fire drills on a monthly basis. Also, Quality Management meetings will be held monthly for the next 6 months. Quality Management meeting minutes will be maintained in a folder by the Personal Care Administrator.

Licensee's Proposed Overall Completion Date: 09/17/2025

Implemented [redacted] - 09/22/2025)

141b1 - Annual Medical Evaluation

5. Requirements

2600.

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

Description of Violation

Resident [redacted] most recent medical evaluation was completed on [redacted] The resident's previous medical evaluation was completed on [redacted]

Plan of Correction

Accept [redacted] - 09/16/2025)

? **Training Plan:** The resident wellness director and resident care coordinator who are tasked with RASP completion, will be trained on this regulation by the Area Operations Director on 9/18/25, see attached training

? **Monitoring & Audit Plan:** Resident file audits will be conducted by the Administrator or designee starting on 9/16/25 to ensure compliance of this regulation. Audits will be conducted on a monthly basis for 6 months and all audits will be reviewed during quality management meetings. See attached audit form

? **Sustainability Plan:** To ensure long term compliance, all logs and audits will be reviewed during Quality Management meetings. Quality management meetings will be conducted monthly for six months starting on 9/17/25. QM minutes will be maintained in a folder by the Personal Care Administrator

Licensee's Proposed Overall Completion Date: 09/18/2025

141b1 Annual Medical Evaluation (*continued*)

Implemented (█) - 09/22/2025)

162c Menus Posted

6. 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

The home's menu for the week ending █ was posted. The menu was not posted 1 week in advance.

Plan of Correction

Accept (█) - 09/16/2025)

? **Immediate Resolution:** Two-week menu cycle was posted at time of the inspection

? **Training Plan:** The Director of Dining Services will be retrained on this requirement on 9/17/25 by the Area Operations Director

? **Monitoring & Audit Plan:** Starting 9/17/25 the director of dining services or designee will complete a menu posting log, which will be done weekly and indefinitely. The menu posting will be verified by the personal care home administrator or designee.

? **Sustainability Plan:** To ensure long term compliance, all logs and audits will be reviewed during Quality Management meetings. Quality management meetings will be conducted monthly for six months starting on 9/17/25. QM minutes will be maintained in a folder by the Personal Care Administrator

Licensee's Proposed Overall Completion Date: 09/17/2025

Implemented (█) - 09/22/2025)

185a Implement Storage Procedures

7. 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 █ has an order for blood glucose checks 4 times daily at 8:00a.m, 12:00 p.m., 5:00 p.m., 9:00 p.m. The resident had a blood glucose reading of █ observed in the resident's glucometer on █ at 12:00 p.m. that was recorded on the resident's medication administration record as █. The resident had a blood glucose reading of █ observed in the resident's glucometer on █ at 5:00 p.m. which was recorded on the resident's medication administration record as █. The resident had a blood glucose reading of █ observed in the resident's glucometer on █ at 12:00 p.m. which was recorded on the resident's medication administration record as █.

Plan of Correction

Accept (█) - 09/16/2025)

§ **Training Plan:** Med tech staff will be trained on this regulation on 9/12/2025 by the Resident wellness director, see attached training

§ **Monitoring & Audit Plan**

185a Implement Storage Procedures (continued)

: To monitor compliance a glucometer log will be completed by the Resident wellness director starting on 9/10/2025 and to be done on a weekly basis for 6 months. This is to ensure that staff are properly documenting glucometer readings into the resident MARs. Logs will be maintained in the Wellness Directors office and reviewed during quality management meetings

§ **Sustainability Plan:** To ensure long term compliance, all logs and audits will be reviewed during Quality Management meetings. Quality management meetings will be conducted monthly for six months starting on 9/17/25. QM minutes will be maintained in a folder by the Personal Care Administrator

Licensee's Proposed Overall Completion Date: 09/17/2025

Implemented [redacted] - 09/22/2025)

187a - Medication Record

8. Requirements

2600.

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

8. Frequency of administration.

Description of Violation

Resident [redacted] is prescribed blood glucose test before every meal daily. However, resident's medication administration record does not indicate instruction of testing blood glucose before every meal daily.

Plan of Correction

Accept [redacted] - 09/16/2025)

§ **Immediate Resolution:** This was corrected in the residents MAR, see attached

§ **Training Plan:** Med tech staff will be trained on this regulation on 9/12/2025 by the Resident wellness director, see attached training

§ **Monitoring & Audit Plan:** To monitor compliance a weekly glucometer log will be completed by the Resident wellness director starting on 9/10/2025 to ensure that staff are properly documenting glucometer readings into the resident MARs. Logs will be maintained in the Wellness Directors office and reviewed during quality management meetings

§ **Sustainability Plan:** To ensure long term compliance, all logs and audits will be reviewed during Quality Management meetings. Quality management meetings will be conducted monthly for six months starting on 9/17/25. QM minutes will be maintained in a folder by the Personal Care Administrator

Licensee's Proposed Overall Completion Date: 09/17/2025

Implemented [redacted] - 09/22/2025)

9. Requirements

2600.

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

13. Date and time of medication administration.

Description of Violation

Resident [redacted] is prescribed blood glucose tests before every meal daily. Tests for blood glucose were performed in the resident's glucometer on [redacted] at 5:28 p.m. with reading observed as [redacted], on [redacted] at 8:15 a.m. with reading observed as [redacted] and on [redacted] at 12:16 p.m. reading observed with as [redacted]; however, the readings were not included on resident [redacted] medication administration record.

187a Medication Record (continued)

Plan of Correction

Accept [redacted] - 09/16/2025)

? **Immediate Resolution:** This was corrected in the MAR to ensure that blood sugars are entered as per physicians orders, see attached

? **Training Plan:** Med tech staff will be trained on this regulation on 9/12/2025 by the Resident wellness director, see attached training

? **Monitoring & Audit Plan:** To monitor compliance a weekly glucometer log will be completed by the Resident wellness director starting on 9/10/2025 to ensure that staff are properly documenting glucometer readings into the resident MARs. Logs will be maintained in the Wellness Directors office and reviewed during quality management meetings

? **Sustainability Plan:** To ensure long term compliance, all logs and audits will be reviewed during Quality Management meetings. Quality management meetings will be conducted monthly for six months starting on 9/17/25. QM minutes will be maintained in a folder by the Personal Care Administrator

Licensee's Proposed Overall Completion Date: 09/17/2025

Implemented [redacted] - 09/22/2025)

187d - Follow Prescriber's Orders

10. Requirements

2600.

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

Description of Violation

Resident [redacted] is prescribed [redacted] on a sliding scale and would receive [redacted] of [redacted] for a blood glucose of [redacted] to [redacted]. A blood glucose reading of [redacted] was observed in the resident's glucometer. However, resident [redacted] was administered [redacted] of the medication on [redacted] at 12:00 p.m. instead of the prescribed dosage.

Resident [redacted] is prescribed [redacted] on a sliding scale four times daily at 8:00 a.m., 12:00p.m., 5:00 p.m. and 9:00 p.m. There were no blood glucose readings in the resident's glucometer on [redacted] at 9:00 p.m. and on [redacted] at 5:00 p.m. and the resident was not administered the medication on these dates.

Resident [redacted] is prescribed [redacted] three times daily with a sliding scale insulin parameter of [redacted] when blood glucose readings are between [redacted]. However, resident [redacted] was administered [redacted] with a glucometer reading of [redacted] on [redacted] at 8:00 a.m.

Plan of Correction

Accept [redacted] - 09/16/2025)

§ **Training Plan:** Med tech staff will be trained on this regulation on 9/12/2025 by the Resident wellness director, see attached training

§ **Monitoring & Audit Plan:**

187d - Follow Prescriber's Orders (continued)

To monitor compliance a weekly glucometer log will be completed by the Resident wellness director starting on 9/10/2025 to ensure that staff are properly documenting glucometer readings into the resident MARs. Logs will be maintained in the Wellness Directors office and reviewed during quality management meetings

§ **Sustainability Plan:** To ensure long term compliance, all logs and audits will be reviewed during Quality Management meetings. Quality management meetings will be conducted monthly for six months starting on 9/17/25. QM minutes will be maintained in a folder by the Personal Care Administrator

Licensee's Proposed Overall Completion Date: 09/17/2025

Implemented (█ - 09/22/2025)

225c - Additional Assessment

11. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

Description of Violation

Resident █ assessment, dated █, does not include all of the resident's medical conditions. The resident's Medical Evaluation dated █ notes the resident has numerous medical conditions; however, the resident's assessment only notes a diagnosis of █

Plan of Correction

Accept █ - 09/16/2025)

? **Immediate Resolution:** Residents RASP has been updated to reflect █ diagnosis, please see attached

? **Training Plan:** The resident wellness director and resident care coordinator who are tasked with RASP completion, will be trained on this regulation by the Area Operations Director on 9/18/25, see attached training

? **Monitoring & Audit Plan:** Resident file audits will be conducted by the Administrator or designee starting on 9/16/25 to ensure compliance of this regulation. Audits will be conducted on a monthly basis for 6 months and all audits will be reviewed during quality management meetings. See attached audit form

? **Sustainability Plan:** To ensure long term compliance, all logs and audits will be reviewed during Quality Management meetings. Quality management meetings will be conducted monthly for six months starting on 9/17/25. QM minutes will be maintained in a folder by the Personal Care Administrator

Licensee's Proposed Overall Completion Date: 09/18/2025

Implemented (█ - 09/22/2025)

227a - Support Plan 30 Days

12. Requirements

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident █ was admitted on █ however, the resident's initial support plan was not completed until █

227a - Support Plan 30 Days (continued)

Plan of Correction

Accept [redacted] - 09/16/2025)

? **Training Plan:** The resident wellness director and resident care coordinator who are tasked with RASP completion, will be trained on this regulation by the Area Operations Director on 9/18/25, see attached training

? **Monitoring & Audit Plan:** Resident file audits will be conducted by the Administrator or designee starting on 9/16/25 to ensure compliance of this regulation. Audits will be conducted on a monthly basis for 6 months and all audits will be reviewed during quality management meetings. See attached audit form

? **Sustainability Plan:** To ensure long term compliance, all logs and audits will be reviewed during Quality Management meetings. Quality management meetings will be conducted monthly for six months starting on 9/17/25. QM minutes will be maintained in a folder by the Personal Care Administrator

Licensee's Proposed Overall Completion Date: 09/18/2025

Implemented ([redacted] - 09/22/2025)