

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

April 23, 2026

[REDACTED], ADMINISTRATOR
READING AID II OPCO LLC

RE: MAIDENCREEK PLACE
105 DRIES ROAD
READING, PA, 19605
LICENSE/COC#: 22658

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/11/2026 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,

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: MAIDENCREEK PLACE License #: 22658 License Expiration: 03/10/2026
 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: Dept L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 55 Waking Staff: 41

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal, Provisional Exit Conference Date: 03/11/2026

Inspection Dates and Department Representative

03/11/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 75 Residents Served: 50
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 8
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 50
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 5 Have Physical Disability: 0

Inspections / Reviews

03/11/2026 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/03/2026

04/09/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 04/21/2026
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 04/17/2026

Inspections / Reviews *(continued)*

04/23/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/21/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

28e - Death of a Resident

1. Requirements

2600.

28.e. In the event of a death of a resident under 60 years of age, the administrator shall refund the remainder of previously paid charges to the resident's estate within 30 days from the date the room is cleared of the resident's personal property. In the event of a death of a resident 60 years of age and older, the home shall provide a refund in accordance with the Elder Care Payment Restitution Act (35 P. S. § § 10226.101—10226.107). The home shall keep documentation of the refund in the resident's record.

Description of Violation

Resident #1 passed away on [redacted] Resident #1 's personal belongings were removed from [redacted] room on [redacted] however, the refund check was not issued until [redacted]

Plan of Correction

Accept ([redacted] - 04/09/2026)

- Immediate Resolution: Business office Manager was trained on violation.
- Training Plan: Business Office Manager (BOM) will be trained on regulation by 4.15.2026 by Executive Director.
- Monitoring & Audit Plan: Executive Director will follow up with the accounting department to ensure refund check was processed.
- Sustainability Plan: Maiden creek leadership team currently hold quality management meetings on a monthly basis for the next 6 months. All audits will be reviewed during those quality management meetings. Next meeting is scheduled for 4/15/2026.

Licensee's Proposed Overall Completion Date: 04/15/2026

Implemented ([redacted] - 04/23/2026)

82a - Poisonous Materials

2. Requirements

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

At 9:39 a.m., a clear plastic spray bottle located in the resident laundry room labeled as sanitizer did not contain an original manufacturer's label.

Plan of Correction

Accept ([redacted] - 04/09/2026)

- Immediate Resolution: Plastic spray bottle was removed from community upon completion of inspection on 3.11.2026.
- Training Plan: Staff will be trained on 4.15.2026 on regulation and need to maintain all chemicals in original labeled containers.
- Monitoring & Audit Plan: Maintenance director will conduct Monthly audits on chemicals to ensure they are in original labeled containers.
- Sustainability Plan: Maiden creek leadership team currently hold quality management meetings on a monthly basis for the next 6 months. All audits will be reviewed during those quality management meetings. Next meeting is scheduled for 4/15/2026.

Licensee's Proposed Overall Completion Date: 04/15/2026

Implemented ([redacted] - 04/23/2026)

103e - Left Overs

3. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

At 9:32. a.m., there was an undated bag of chips, a box of sugar, and a bottle of corn syrup in the kitchenette.

Plan of Correction

Accept ([redacted]) - 04/09/2026

- Immediate Action: Undated food items were removed from the community upon completion of the inspection on 3.11.2026.

- Training Plan: Kitchen/ Dining staff will be retrained on food safety procedures by 415.2026 by Dining Director & Executive Director.

- Monitoring & Audit Plan: Dining Director will conduct monthly audits to ensure food in kitchen is properly stored and labeled per 2600 regulations.

- Sustainability Plan: Maidencreek leadership team currently hold quality management meetings on a monthly basis for the next 6 months. All audits will be reviewed during those quality management meetings. Next meeting is scheduled for 4/15/2026.

Licensee's Proposed Overall Completion Date: 04/15/2026

Implemented ([redacted]) - 04/23/2026

103g - Storing Food

4. Requirements

2600.

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

Description of Violation

At 10:36 a.m., individual serving scoops of vanilla ice cream in the kitchen freezer were uncovered and freezer burnt.

Plan of Correction

Accept ([redacted]) - 04/09/2026

- Immediate Action: Ice cream servings were disposed of upon completion of inspection on 3.11.2026.

- Training Plan: Kitchen/ Dining staff will be retrained on food safety procedures by 415.2026 by Dining Director & Executive Director.

- Monitoring & Audit Plan: Dining Director will conduct monthly audits starting to ensure food in kitchen is properly stored and labeled per 2600 regulations.

- Sustainability Plan: Maidencreek leadership team currently hold quality management meetings on a monthly basis for the next 6 months. All audits will be reviewed during those quality management meetings. Next meeting is scheduled for 4/15/2026.

Licensee's Proposed Overall Completion Date: 04/15/2026

Implemented ([redacted]) - 04/23/2026

125a - Combustible Storage

5. Requirements

2600.

125a Combustible Storage (continued)

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

At 9:36 a.m., in the Resident Laundry Room, a dryer sheet was found behind the dryer within inches of the external dryer vent.

Plan of Correction

Accept () - 04/09/2026

Immediate Action: Dryer sheet inches from dryer vent was discarded.

Training Plan: Housekeeping staff will be retrained by Maintenance Director on preventative measures when it comes to fire safety on 4.15.26.

Monitoring & Audit Plan: starting on 4.7.26 monthly audits of laundry room will be completed by maintenance director or designee.

Sustainability Plan: Maiden creek leadership team currently hold quality management meetings on a monthly basis for the next 6 months. All audits will be reviewed during those quality management meetings. Next meeting is scheduled for 4/15/2026.

Licensee's Proposed Overall Completion Date: 04/15/2026

Implemented () - 04/23/2026

141a 1-10 Medical Evaluation Information

6. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #2's medical evaluation, dated [redacted], did not include the completed section of capability of meeting resident's needs.

Resident #3's medical evaluation, dated [redacted] did not include the completed section of capability of meeting resident's needs.

Plan of Correction

Accept () - 04/09/2026

Immediate Action: Medical evaluation was corrected by resident's primary care provider.

Training Plan: Resident Care Coordinator & Nursing Director will be trained by Executive Director by 4.15.2026.

Monitoring & Audit Plan: starting on 4.7.26 Monthly audits will be conducted for the next 6 months by Resident Wellness Director or designee

Sustainability Plan: Maiden creek leadership team currently hold quality management meetings on a monthly

141a 1-10 Medical Evaluation Information (continued)

basis for the next 6 months. All audits will be reviewed during those quality management meetings. Next meeting is scheduled for 4/15/2026.

Licensee's Proposed Overall Completion Date: 04/15/2026

Implemented ([REDACTED] - 04/23/2026)