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

June 23, 2026

[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 04/07/2026 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,
[redacted]
Human Services Licensing Supervisor

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

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *53* **Waking Staff**: *40*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Incident* **Exit Conference Date**: *04/07/2026*

Inspection Dates and Department Representative

04/07/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *75* **Residents Served**: *49*

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**: *49*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *4* **Have Physical Disability**: *0*

Inspections / Reviews

04/07/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *05/08/2026*

05/18/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *06/02/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *05/26/2026*

Inspections / Reviews *(continued)*

06/01/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *06/02/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *06/03/2026*

06/23/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *06/02/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

23a - Activities of Daily Living Assistance

1. Requirements

2600.
23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

Resident [redacted] Support Plan dated [redacted] indicates the resident requires some physical assistance for ambulation. The call bell log indicates on [redacted] at 4:58 a.m. the resident waited 29 minutes and 47 seconds for assistance. On [redacted] at 3:30 a.m. the resident waited 39 minutes 1 second for assistance. On [redacted] at 7:39 a.m. the resident waited 41 minutes 7 seconds for assistance. On [redacted] at 5:59 p.m. the resident waited 20 minutes and 53 seconds for assistance. On [redacted] the resident waited 30 minutes and 50 seconds for assistance. The facility did not provide the assistance the resident needs as stated in their support plan.

Resident [redacted] assessment and support plan dated [redacted] indicates the resident requires stand by assistance for toileting. The call bell log on [redacted] at 3:39 a.m. the resident waited 33 minutes and 34 seconds for assistance. On [redacted] at 3:49 a.m the resident waited 23 minutes 6 seconds, at 5:45 a.m. the resident waited 25 minutes 15 seconds, at 5:49 a.m. the resident waited another 20 minutes 44 seconds, at 7:44 a.m. the resident waited 37 minutes 28 seconds. On [redacted] at 9:59 p.m. the resident waited 24 minutes 1 second. The facility did not provide the assistance the resident needs as stated in their support plan.

Plan of Correction ***Accept[redacted] - 05/18/2026)***

Immediate Action: The agency has terminated the employee
Training Plan: Staff will be educated of this regulation by 5.29.2026 by the Executive Director
Monitoring/Audit Plan: Nursing leadership will conduct weekly audits to review response times during overnight shifts.
Sustainability Plan: Maidencreek leadership team currently hold quality management meetings on a monthly basis for the next 6 months. Audits will be reviewed at those quality management meetings. Next meeting is scheduled for 5.11.2026

Licensee's Proposed Overall Completion Date: *05/29/2026*

Implemented [redacted] - 06/23/2026)

60a - Staff/Support Plan

2. Requirements

2600.
60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

On [redacted], and [redacted] the home has 3 staff scheduled from 11:00 p.m. to 7:00 a.m. The home has 49 residents, 2 require a hoyer lift to transfer, 2 require 1 staff to assist in evacuation. The home has 8 minutes to evacuate to the outside of the building because there is not an internal fire safe area. On [redacted] at 3:22 a.m. the home held a fire drill with 5 staff persons and 52 residents, and it took 7 minutes and 32 seconds to evacuate. On

60a Staff/Support Plan (continued)

[redacted] *at 1:34 a.m. the home held a fire drill with 4 staff persons and 50 residents, and it took 6 minutes and 44 seconds to evacuate. The home did not have enough staff to meet the residents needs in the event of an emergency from 11:00 p.m to 7:00 a.m on the above noted dates.*

Plan of Correction ***Accept [redacted] - 06/01/2026)***

Immediate Action: Maidencreek Place will implement one additional staff member for the 11:00 p.m. 7:00 a.m. shift to support facility operations during emergency situations and ensure resident supervision needs are consistently met while the official documentation authorizing the use of internal fire safe areas is being finalized.
Training Plan: All Maidencreek Place staff will receive training on Regulation 60(a), which states: "Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan."
Audit and Monitoring: Staffing schedules will be reviewed on a biweekly basis to verify that staffing levels remain sufficient to meet resident needs and maintain ongoing regulatory compliance.

Licensee's Proposed Overall Completion Date: *05/26/2026*

Implemented [redacted] - 06/23/2026)

226b - Mobility Requirements

3. Requirements

2600.
226.b. If a resident is determined to have mobility needs as part of the initial or annual assessment, specific requirements relating to the care, health and safety of the resident shall be met immediately.

Description of Violation

Resident [redacted] medical evaluation dated [redacted] indicates the resident is a 1 person assist for transfers. This does not show in the resident's assessment dated [redacted] which indicates the resident is independent in transfers on page 2, requires hands on assistance by staff for ambulation on page 3, and is indicated as a moderate immobile, and some physical assistance to evacuate during an emergency on page 5. The document does not have a clear assessment of the resident's mobility needs.

Plan of Correction ***Accept [redacted] - 05/18/2026)***

Immediate Action: DME has been updated to reflect appropriate assistance needs.
Training Plan: Staff will be educated of this regulation by 5.29.2026 by the Executive Director
Monitoring/Audit Plan: Monthly chart audits by the Resident Wellness director will occur.
Sustainability plan: Maidencreek leadership team currently hold quality management meetings on a monthly basis for the next 6 months. Audits will be reviewed at those quality management meetings. Next meeting is scheduled for 5.11.2026

Licensee's Proposed Overall Completion Date: *05/29/2026*

Implemented [redacted] 06/23/2026)