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

September 2, 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 06/10/2026 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**: *03/10/2027*

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**: *46* **Waking Staff**: *35*

Inspection Information

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

Reason: *Incident* **Exit Conference Date**: *06/10/2026*

Inspection Dates and Department Representative

06/10/2026 - On-Site [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *75* **Residents Served**: *46*

Secured Dementia Care Unit

In Home: *No* **Area**: **Capacity**: **Residents Served**:

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *46*

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

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

Inspections / Reviews

06/10/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/16/2026*

07/28/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *08/31/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/04/2026*

Inspections / Reviews *(continued)*

08/06/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *08/31/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *08/31/2026*

09/02/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *08/31/2026*

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], the home conducted a medication cart audit, which revealed discrepancy on medication counts and other medications were found in the sharp's container. The home did not report this incident to the department until [redacted]

Plan of Correction ***Directed ([redacted] - 08/06/2026)***

Training Plan: Director of Nursing (DON) will receive training on Regulation 16c by Executive Director by 7.30.2026
Monitoring/ Audit Plan: The Resident Care Coordinator (RCC) will be primarily responsible for conducting medication administration record (MAR) audits for all residents residing at Maidencreek Place who have medications stored in the medication cart. Audits will be conducted twice per month (every other Tuesday) beginning August 3rd, 2026, and will continue for a period of six months, ending in February 2027.
The Director of Nursing (DON) will monitor compliance with this process by:
• Reviewing all completed MAR audits conducted by the RCC.
• Performing random spot checks of resident MARs during the initial audit period to verify accuracy and consistency of the audit findings.
Sustainability Plan: Executive Director will monitor ongoing compliance of audits and MAR spot checks. Monthly quality meetings will be held to discuss finding and address any concerns if needed.

Proposed Overall Completion Date: 08/31/2026

(Directed)
All staff will be retrained in reporting of reportable incidents and conditions including who is responsible to report on weekends and holidays. The Administrator/designee will have daily meetings with staff to identify possible reportable incidents and conditions to ensure timely reporting. Documentation of meetings and results will be tracked and kept for the Department to review upon request.

Directed Completion Date: *08/31/2026*

Implemented [redacted] - 09/02/2026)

141b1 - Annual Medical Evaluation

2. 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]; however, the medical professional information section does not confirm if the resident's needs can be met safely at the personal care home.

Plan of Correction ***Directed [redacted] 08/06/2026)***

Training Plan: The Director of Nursing (DON) will receive education and training on Regulation 141(b)(1) to ensure

141b1 Annual Medical Evaluation (continued)

a thorough understanding of the regulatory requirements related to Documentation of Medical Evaluations (DME) by Executive Director by 7.30.2026
Monitoring/ Audit Plan: The initial Documentation of Medical Evaluation (DME) audit will be completed by August 7, 2026. Thereafter, the Director of Nursing (DON) will conduct monthly documentation of medical evaluations (DME) audits no later than the 28th of each month to ensure all required medical evaluation documentation is present, complete, and compliant with regulatory standards.
In addition, the DON will complete monthly compliance audits by the first Friday of each month and maintain all supporting documentation related to audit findings, corrective actions, and follow up activities.
Sustainability Plan: The Executive Director will be responsible for monitoring ongoing compliance by:
• Reviewing completed DME audits and supporting documentation.
• Conducting monthly quality assurance meetings to discuss audit findings, identify trends, address compliance concerns, and ensure corrective actions are implemented when necessary. For the next 6 months, concluding in Feb 2027.

Proposed Overall Completion Date: 08/31/2026

(Directed)
In addition to the above noted plan: Resident #1's medical evaluation will be fixed to include the required content. Any medical evaluations found to be incomplete or not completed timely will be fixed/completed upon identification.

Directed Completion Date: *08/31/2026*

Implemented [redacted] - 09/02/2026)

188d - System to Document Medication Errors

3. Requirements

2600.
188.d. There shall be a system in place to identify and document medication errors and the home's pattern of error.

Description of Violation

The home submitted a reportable to the Department indicating medication error patterns were identified and medication counts for residents have been corrected to match the medication administration counts as of [redacted].

Review of the home's investigation revealed the cause of the medication error discrepancy was not determined, and the investigation did not identify what caused the medication error that was discovered on [redacted] and continues to be a pattern during the on site inspection.

During the inspection conducted a review of medications for resident [redacted] revealed discrepancies in medication accountability. Resident [redacted] is prescribed [redacted], one tab orally three times daily. Review of three blister cards separated by administration times (6 a.m., 2 p.m., and 7 p.m.) revealed the remaining tablets counts for 6:00 a.m. and 7:00 p.m. administration slots had equal amount of tablets. The 2:00 p.m. administration slot contained three additional tablets compared to 6:00 a.m. and 7:00 p.m. administration slots. The medication records did not accurately reflect the administration of medication for resident [redacted] During staff interview it was indicated the 7:00 p.m. medication blister card count should contain one additional tablet than 6:00 a.m. medication blister count.

188d - System to Document Medication Errors (continued)

During the inspection conducted a review of medications for resident [redacted] revealed discrepancies with resident [redacted]s medications. Resident [redacted] is prescribed [redacted], one tablet orally every 12 hours. The morning time and nighttime doses were supplied in separated blister cards. The review of medications revealed the nighttime [redacted] blister card contained 16 tablets; the expected count was 17 tablets.

Plan of Correction ***Directed [redacted] - 08/06/2026)***

Training Plan: Medication Technicians will be trained on Regulation 188d and the associated medication administration requirements by Director of Nursing and Executive Director by 7.30.2026
Monitoring/ Audit Plan: The Resident Care Coordinator (RCC) will be primarily responsible for conducting medication administration record (MAR) audits for all residents residing at Maidencreek Place who have medications stored in the medication cart. Audits will be conducted twice per month (every other Tuesday) beginning August 3rd, 2026, and will continue for a period of six months, ending in February 2027.
The Director of Nursing (DON) will monitor compliance with this process by:
• Reviewing all completed MAR audits conducted by the RCC.
• Performing random spot checks of resident MARs during the initial audit period to verify accuracy and consistency of the audit findings.
Sustainability Plan: Executive Director will monitor ongoing compliance of audits and MAR spot checks. Monthly quality meetings will be held to discuss finding and address any concerns if needed

Proposed Overall Completion Date: 08/31/2026

(Directed)
In addition to the above noted plan: If medication errors are identified the Administrator/designee will conduct their own internal investigation and identify the root cause of the medication error and remediate the cause immediately. The investigation will be documented and maintained for the Department to review upon request.

Directed Completion Date: *08/31/2026*

Implemented [redacted] - 09/02/2026)