

Department of Human Services  
Bureau of Human Service Licensing

May 26, 2021

[REDACTED], CEO/PRESIDENT  
READING AID II OPCO LLC  
330 N WABASH AVENUE, SUITE 3700  
CHICAGO, IL 60611

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 03/30/2021, 03/31/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Ann O'Haire

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

**Facility Information**

**Name:** MAIDENCREEK PLACE **License #:** 22658 **License Expiration Date:** 05/15/2021  
**Address:** 105 DRIES ROAD, READING, PA 19605  
**County:** BERKS **Region:** NORTHEAST

**Administrator**

**Name:** [REDACTED] **Phone:** 6109267600 **Email:** [REDACTED]

**Legal Entity**

**Name:** READING AID II OPCO LLC  
**Address:** 330 N WABASH AVENUE, SUITE 3700, CHICAGO, IL, 60611  
**Phone:** 6109267600 **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** C-2 LP **Date:** 10/01/2004 **Issued By:** PA L&I  
**Type:** Other **Date:** 09/15/2004 **Issued By:** Standard Builders Builders Code

**Staffing Hours**

**Resident Support Staff:** 0 **Total Daily Staff:** 44 **Waking Staff:** 33

**Inspection**

**Type:** Full **Notice:** Unannounced **BHA Docket #:**  
**Reason:** Renewal, Complaint **Exit Conference Date:** 03/31/2021

**Inspection Dates and Department Representative**

03/30/2021 - On-Site: [REDACTED]  
03/31/2021 On Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 75 **Residents Served:** 44

**Secured Dementia Care Unit**

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

**Hospice**

**Current Residents:** 1

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0 **Are 60 Years of Age or Older:** 44  
**Diagnosed with Mental Illness:** 0 **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 0 **Have Physical Disability:** 0

## Inspections / Reviews

03/30/2021 - Full

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *05/17/2021*

5/13/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *05/18/2021*

5/26/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

103f - Refrigerator/Freezer Temps

1. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

*The home's refrigerator located in the activity/dinning room area did not have a thermometer in the refrigerator and the freezer compartments of the appliance.*

Plan of Correction

Accept

- On 3/30/2021 the Dining Services Manager (DSM) placed a thermometer in the activity/dining room area refrigerator and freezer compartments of the appliance.
- The DSM and dining personnel were educated on 3/30/2021, by the Executive Director (ED) on the requirements stated within 2600.103.f. (Attachment A1 – In-service sign in sheet)
- On 3/30/2021 the DSM conducted an audit of the home's refrigerators and freezers, validating the presence of a thermometer. (Attachment A2- Completed audit tool)
- The ED and/or designee will audit the homes refrigerators and freezers weekly x 4 weeks, then biweekly x 4 weeks, and then monthly x 1 to validate the presence of a thermometer. (Attachment A3 – Audit tool)
- Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be on-going
- Completion date: 3/30/2021

Completion Date: 03/30/2021

Update - 05/13/2021

Please send/Attach proof (pic) of compliance. 5-13-2021 - MM

Document Submission

Implemented

*In service complete and attached. Audit tool attached*

162c - Menus Posted

1. 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 did not have the next weeks menus posted in a public and conspicuous space in the community. The home had the present week's menu posted for the week of 3/28/21 thru 04/03/21.*

162c - Menus Posted (*continued*)**Plan of Correction****Accept**

- On 3/30/2021 the DSM posted the next week's menu in a public and conspicuous space within the community.
- The DSM and dining staff were educated on 3/30/2021 by the ED on the requirements stated within 2600.162.c Attachment B1- In-service sign-in sheet)
- The ED and/or designee will audit the menu postings weekly x 4 weeks, then biweekly x 4 weeks, and then monthly 1 to validate the prescience of the following weeks menu. (Attachment B2– Audit tool)
- Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be on-going
- Completion date: 3/30/2021

**Completion Date:** 03/30/2021

**Update - 05/13/2021**

Please send/Attach proof (pic) of compliance. 5-13-21-MM

**Document Submission****Implemented**

*n service completed and attached. Audit tool attached.*

## 227e - Self Administer Medication

**1. Requirements**

2600.

227.e. The resident's support plan must document the ability of the resident to self-administer medications or the need for medication reminders or medication administration.

**Description of Violation**

*Resident #1's RASP dated 10/16/20 states that Resident #1 is not able to shelf medicate any of [REDACTED] medications.*

*Resident #1's RASP then states [REDACTED] can self medicate the following medications: Pepto-Bismol; Imodium ; Atrovent Nebulizer and Systane Balance 0.6%.*

*Resident # 2's RASP dated 10/14/20 states that Resident #2 is not able to self medicate any of [REDACTED] medications but [REDACTED] RASP states [REDACTED] may keep the following medications bedside: Cortisone cream ;airborne; icy hot ;Vickes; Aleve and Lipocream.*

## 227e - Self Administer Medication (continued)

**Plan of Correction****Accept**

On 3/30/2021, Resident #1's Resident Assessment and Support Plan (RASP) was revised by the Care Services Manager (CSM) to correctly reflect the resident's inability to self-administer her medications. (Attachment C1 – Revised RASP)

On 3/30/2021, Resident #2's RASP was revised by the CSM to correctly reflect the resident's inability to self-administer [REDACTED] medications. Subsequently, on 3/30/2021, Resident #2's Cortisone cream, airborne, Icy Hot, Vicks, Aleve, and Lipocream were then retrieved by the CSM from Resident #2's bedside and appropriately stored within the homes secured medication cart. (Attachment C2- Revised RASP)

The CSM and Care Services Staff were educated on 3/30/2021 by the ED on the requirements stated within 2600.227.e. (Attachment C3 – In-service sign in sheet)

The ED and/or designee will audit current resident RASPs by 5/15/2021 to identify medication self-administration discrepancies. Discrepancies identified at the time of audit will be addressed by the CSM accordingly. (Attachment C4 – Audit Tool)

The ED and/or designee will audit resident five RASPs weekly x 4 weeks, then biweekly x 4 weeks, and then monthly x 1 to validate that medication self-administration ability or inability is documented correctly. (Attachment C5- Audit Tool)

Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be on-going

Completion date: 5/17/2021

**Completion Date:** 03/30/2021

**Document Submission****Implemented**

n service complete and attached. Audit tool attached.