

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

November 13, 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 09/16/2025 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: 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: DLI

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 54 Waking Staff: 41

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Fine Exit Conference Date: 09/16/2025

Inspection Dates and Department Representative

09/16/2025 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 75 Residents Served: 39

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: 39
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 15 Have Physical Disability: 0

Inspections / Reviews

09/16/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/19/2025

10/31/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 11/03/2025
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 11/04/2025

Inspections / Reviews *(continued)*

11/13/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/03/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

132d - Evacuation

1. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

During the fire drill conducted on [REDACTED] at 7:36 p.m. the evacuation time was documented as 8 minutes and 6 seconds. According to the fire safety expert letter dated [REDACTED] the facility has 8 minutes and 0 seconds to evacuate based on the physical construction of the building.

Repeat Violation: [REDACTED]

Plan of Correction

Accept [REDACTED] - 10/31/2025)

- **Immediate Resolution:** The fire drill log and times were reviewed by the leadership team during the monthly QA meeting to discuss a plan of correction on 8/17/25.
- **Training Plan:** 10/14/2025- Maintenance director re-trained by Executive Director on regulation 132d.
- **Monitoring & Audit Plan:** 10/14/2025- Maintenance Director and/or designee will review fire drills monthly x3 months to ensure that evacuation time is 8 minutes 0 seconds or less.
- **Sustainability Plan:** Fire drill logs will be review at monthly Quality Management Meetings, QM meeting minutes will be maintained by the Executive Director. Last meeting held 10/15/25, see attached minutes

Licensee's Proposed Overall Completion Date: 10/17/2025

Implemented ([REDACTED] - 11/13/2025)

185a - Implement Storage Procedures

2. 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 [REDACTED] glucometer is not calibrated to the current date and time. Glucometer displayed the date [REDACTED] and time 11:32 p.m. The current date is [REDACTED] and the current time is 11:35 a.m.

Resident [REDACTED] has an order for blood glucose readings 4 times daily. On [REDACTED] at 7:58 p.m. the glucometer noted a reading of [REDACTED], however the Medication Administration Record (MAR) noted a reading of [REDACTED]. On [REDACTED] and [REDACTED] at 12:00 p.m. the blood glucose check was not completed; however, the MAR noted a reading of [REDACTED]. On [REDACTED] at 9:00 p.m. the blood glucose check was not completed; however, the MAR noted a reading of [REDACTED]. On [REDACTED] at 9:00 a.m. the glucometer noted a reading of [REDACTED]; however, the MAR noted a reading of [REDACTED].

Resident # [REDACTED] has an order for blood glucose readings 3 times daily with sliding scale. On [REDACTED] at 8:23 p.m., resident [REDACTED] glucometer reading noted [REDACTED] and the medication administration record (MAR) noted [REDACTED]. On [REDACTED] at 5:30 a.m. glucometer reading noted [REDACTED] and the MAR noted [REDACTED]. On [REDACTED] at 12:00 p.m. no reading was noted in the glucometer, the MAR noted a reading of [REDACTED]. On [REDACTED] at 4:30 p.m. no reading was noted in the glucometer, the MAR noted a reading of [REDACTED]. On [REDACTED] at 5:52 a.m., glucometer reading noted [REDACTED] and no entry was noted on the

185a Implement Storage Procedures (continued)

MAR. On [redacted] at 12:00 p.m., glucometer reading noted [redacted] and MAR noted [redacted]

Plan of Correction

Accept [redacted] - 10/31/2025)

- **Immediate Resolution:** Date and time on glucometer were corrected on the day of inspection.
- **Training Plan:** 10/1/2025 Regional Operations Specialist retrained Medication Technicians on ensuing glucometers are calibrated as well as correct bloods sugar transcription. See attached training sign off sheet
- **Monitoring & Audit Plan:** 10/2/2025 Nursing director or designee will complete glucometer audits to ensure glucometers are calibrated and blood sugars are transcribed correctly weekly x4 weeks and monthly x 2 months thereafter.
- **Sustainability Plan:** Audits reviewed during monthly Quality Management Meetings, minutes will be maintained by the Executive Director. Last meeting held 10/15/25, see attached minutes

Licensee's Proposed Overall Completion Date: 10/17/2025

Implemented [redacted] 11/13/2025)

187a - Medication Record

3. Requirements

2600.

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

6. Dose.

Description of Violation

Resident [redacted] is prescribed [redacted], check glucose 3 times daily with sliding scale of insulin at 6 a.m., 11:30 a.m., and 4:30 p.m. However, resident [redacted] medication administration record does not indicate insulin units administered by scheduled times from [redacted].

Repeat Violation [redacted]

Plan of Correction

Accept [redacted] - 10/31/2025)

- **Immediate Resolution:** This prescription transcription was corrected on the day of inspection. Going forward Resident [redacted] sliding scale insulin has the staff also documenting the amount of units given for the prescribed times.
- **Training Plan:** 10/1/2025 Medication technicians retrained by Operations Specialist that amount of sliding scale insulin must be documented in MAR.
- **Monitoring & Audit Plan:** 10/1/2025 Audit completed of current residents on sliding scale to ensure there is an area for documentation to indicate units administered. To ensure ongoing compliance Director of health & wellness or designee will complete monthly audits of resident MARS X3 months to ensure there is documentation of insulin units documented on MAR.
- **Sustainability Plan:** Audits reviewed during monthly QA meeting, minutes will be maintained by the Executive Director. Last meeting held 10/15/25, see attached minutes

Licensee's Proposed Overall Completion Date: 10/17/2025

187a - Medication Record (continued)

Implemented [redacted] - 11/13/2025)

187d - Follow Prescriber's Orders

4. Requirements

2600.

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

Description of Violation

Resident [redacted] has an order for blood glucose readings 4 times daily with a sliding scale of insulin. On [redacted] at 9:00 a.m. the resident's blood glucose reading was not completed.

Resident [redacted] has an order for blood glucose readings 3 times daily with a sliding scale of insulin. On [redacted] at 11:30 a.m. and 4:30 p.m. the resident's blood glucose testing was not completed. On [redacted] at 4:30 p.m. the resident's blood glucose testing was not completed.

Repeat Violation [redacted]

Plan of Correction

Accept [redacted] - 10/31/2025)

- **Immediate Resolution:** Resident [redacted] & resident [redacted] physician notified of not completed blood glucose testing.
- **Training Plan:** 10/1/2025- Regional Operations Specialist retrained Medication Technicians on ensuring blood glucose readings are completed.
- **Monitoring & Audit Plan:** 10/2/2025- Nursing director or designee will complete glucometer audits to ensure blood glucose readings are completed weekly x4 weeks and monthly x 2 months thereafter.
- **Sustainability Plan:** Audits will be reviewed monthly at Quality Management Meetings, minutes will be maintained by the Executive Director. Last meeting held 10/15/25, see attached minutes

Licensee's Proposed Overall Completion Date: 10/16/2025

Implemented [redacted] - 11/13/2025)