

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to MORRIS-PACE ASSISTED LIVING, INC.

LEGAL ENTITY

To operate MORRIS-PACE ASSISTED LIVING

NAME OF FACILITY OR AGENCY

Located at 416 READING AVENUE, WEST READING, PA 19611

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 63
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa. Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from July 16, 2010 until July 16, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **215900**

Robert E. Robinson

ISSUING OFFICER

Kevin T. Casey

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

JUL 21 2010

PHONE: (717) 783-3670
FAX: (717) 783-5662

Mr. Nathaniel D. Pace, Administrator
Morris-Pace Assisted Living, Inc.
Morris-Pace Assisted Living
416 Reading Avenue
West Reading, Pennsylvania 19611

Dear Mr. Pace:

As a result of the Department of Public Welfare's licensing inspection on May 5, 2010, May 7, 2010 and May 13, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey
Deputy Secretary

Enclosures
License
Violation Report

**VIOLATION REPORT
PERSONAL CARE HOMES -- 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME Morris Pace Assisted Living, 416 Reading Avenue, West Reading, Pennsylvania 19611		CURRENT LICENSE NUMBER 215900	
INSPECTION DATE(S) (Include all dates of the inspection) May 5, 2010 and May 7, 2010		REGIONAL REPRESENTATIVE Ann O'Haire & Gerald Dumas	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>[Signature]</i>	DATE 6/13/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature: Jason Harvey]</i>	DATE 6-18-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
16b The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.	The home did not have a policy and procedure for reportable incidents.	5/11/10	M-P had policy, one item was missing. Revised 5-11-10. Incident Report Policy was completed by Administrator. (SEE ATTACHED) Administrator shall make sure that R.I.P. is part of employment training within M-P Policy & procedure manual	6-18-10 <i>[Signature]</i>

RECEIVED

JUN 17 2010

Original

SCRANTON FIELD OFFICE
Adult Residential Licensing

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME Morris Pace Assisted Living, 416 Reading Avenue, West Reading, Pennsylvania 19611		CURRENT LICENSE NUMBER 215900	
INSPECTION DATE(S) (Include all dates of the inspection) May 5, 2010 and May 7, 2010		REGIONAL REPRESENTATIVE Ann O'Haire & Gerald Dumas	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>[Signature]</i>	DATE 6/13/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 6-11-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5	DATE COMPLIANCE VERIFIED BY DPW
20b1 The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.	Resident #1's monthly financial record did not include all required information. The home was using the Department's model quarterly financial summary form to document the receipt of monthly income/benefits but did document monthly charges for room and board and the disbursement of the resident's personal needs allowance.	5/15/10	M-P added dates that money was exchanged, month, day, + YEAR Administrator shall make sure that this is done EVERYTIME residents receive money.		Steps have been taken to correct violation; full compliance is not verifiable 6-11-10 Date Initials (DPW)

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME Morris Pace Assisted Living, 416 Reading Avenue, West Reading, Pennsylvania 19611		CURRENT LICENSE NUMBER 215900	
INSPECTION DATE(S) (Include all dates of the inspection) May 5, 2010 and May 7, 2010		REGIONAL REPRESENTATIVE Ann O'Haire & Gerald Dumas	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Mackandya Pa</i>	DATE 6/13/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Hawey</i>	DATE 6-18-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
20b3 The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.	The home is not utilizing an individualized itemized form to document cash disbursements to each resident. The home is utilizing one form generated on weekly basis to document cash disbursements to all residents during that week. Residents sign the form acknowledging receipt of PNA monies but there is no date listed for each transaction.	5/15/10	<i>M-P added Full Dates that money was exchanged, month, day, & YEAR. Admin. shall make sure that this is done EVERYTIME RESIDENTS receive money.</i>	6-18-10 <i>JH</i>

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME Morris Pace Assisted Living, 416 Reading Avenue, West Reading, Pennsylvania 19611		CURRENT LICENSE NUMBER 215900	
INSPECTION DATE(S) (Include all dates of the inspection) May 5, 2010 and May 7, 2010		REGIONAL REPRESENTATIVE Ann O'Haire & Gerald Dumas	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Mark...</i>	DATE 6/13/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Harvey</i>	DATE 6-18-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
20b8 The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.	Resident #2's quarterly statements for the following dates did not properly reflect the required information for a quarterly financial statement. The home used dates 12/09, 1/10, 3/10/, 4/10 and 5/10 to reflect dates on the quarterly report for monthly room and board charges and funds disbursed to the resident. The form was not signed each time funds were given and no ending balance was reflected on this quarterly form.	5/15/10	<i>Quarterly reports are completed fully; Admin will ensure compliance. all columns shall be completed fully with month, day, & year as well from now on.</i>	Steps have been taken to correct violation; full compliance is not verifiable 6-18-10 Date: <u>6-18-10</u> Initials (DPW): <u>AV</u>

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME Morris Pace Assisted Living, 416 Reading Avenue, West Reading, Pennsylvania 19611		CURRENT LICENSE NUMBER 215900	
INSPECTION DATE(S) (Include all dates of the inspection) May 5, 2010 and May 7, 2010		REGIONAL REPRESENTATIVE Ann O'Haire & Gerald Dumas	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Naileah S Pan</i>	DATE 6/13/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Hawey</i>	DATE 6-18-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
22a1 The following admission document shall be completed for each resident - Preadmission screening completed prior to admission on a form specified by the Department. 224a A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.	Resident #2 prescreening form, dated 11/10/09, did not contain complete information. The form did not address the resident's mobility needs, sensory needs, medications, special care needs and behavioral needs. These areas were left blank on the form. Repeated Violation - 5/20/09	5/17/10	<i>M-P will make better time going over admission forms. Business/office manager and Administrator shall check to ensure that all columns pages are complete to ensure compliance.</i>	Steps have been taken to correct violation; full compliance is not verifiable 6-18-10 <i>DPW</i> Date Initials (DPW)

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME Morris Pace Assisted Living, 416 Reading Avenue, West Reading, Pennsylvania 19611		CURRENT LICENSE NUMBER 215900	
INSPECTION DATE(S) (Include all dates of the inspection) May 5, 2010 and May 7, 2010		REGIONAL REPRESENTATIVE Ann O'Haire & Gerald Dumas	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Nathaniel D. Pace</i>	DATE 6/13/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Harvey</i>	DATE 6-18-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
<p>22a2 The following admission document shall be completed for each resident - Medical evaluation completed 60 days prior to or 30 days after admission on a form specified by the Department.</p> <p>141a-1 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.</p>	<p>Resident #4's medical evaluation form was not dated. This resident was admitted to the home on 2/1/10.</p>	<p>5/17/10</p>	<p>M-P will check all admission forms prior to admissions. better M-P will have 2 set of eyes checking the needed forms. office manager & Admin. Resident #4's medical evaluation will be updated by the physician to include a date. DH 6-18-10</p>	<p>6-18-10 <i>[Signature]</i></p>

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME Morris Pace Assisted Living, 416 Reading Avenue, West Reading, Pennsylvania 19611		CURRENT LICENSE NUMBER 215900	
INSPECTION DATE(S) (Include all dates of the inspection) May 5, 2010 and May 7, 2010		REGIONAL REPRESENTATIVE Ann O'Haire & Gerald Dumas	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>[Signature]</i>	DATE 6/13/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature: Jason Harvey]</i>	DATE 6-18-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
82c Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.	Rubbing alcohol was stored in the kitchen cabinet located on the second floor. The label on the bottle stated "poisonous material contact poison control" Section H kitchen cabinet contained (1) 28 oz. of Calcium Lime Rust (C.L.R) Bottle stated "call physician immediately if swallowed." <i>withdram MPP 7/16</i>	5/20/10	M-P had staff meetings about poisonous materials being left where residents reside. (See Attached) M-P Staff will be checking cabinets, drawers, & shelves periodically to assure compliance. Administrators will be checking as well	Steps have been taken to correct violation; full compliance is not verifiable <u>6-18-10</u> Date <i>[Signature]</i> Initials (DPW)

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME Morris Pace Assisted Living, 416 Reading Avenue, West Reading, Pennsylvania 19611		CURRENT LICENSE NUMBER 215900	
INSPECTION DATE(S) (Include all dates of the inspection) May 5, 2010 and May 7, 2010		REGIONAL REPRESENTATIVE Ann O'Haire & Gerald Dumas	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Valerian D. [Signature]</i>	DATE 6/13/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Harvey [Signature]</i>	DATE 6-18-10


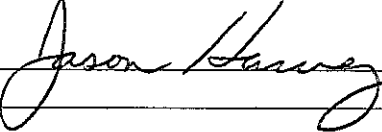
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
85a Sanitary conditions shall be maintained.	<ul style="list-style-type: none"> Toilet seat located in a bathroom on the 2nd floor of Section E had a heavily stained (brown color) toilet seat. First floor level, Section B rear left bedroom the bed furthest from the door near the wall had a strong odor of urine. 	5/20/10	<ul style="list-style-type: none"> Toilet seat was replaced on 5/20/10. Cleaning Staff is instructed to notify office of all/any broken, stained, cracked items residents use. Live-in staff will make periodic check to assure compliance. Resident was urinating on floor. [Redacted] called and was hospitalized. MOP cleaned the carpet several times to extract urine. Carpet is cleaned and odor free. Administrator will ensure compliance. 	6-18-10 JH


**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME Morris Pace Assisted Living, 416 Reading Avenue, West Reading, Pennsylvania 19611		CURRENT LICENSE NUMBER 215900	
INSPECTION DATE(S) (Include all dates of the inspection) May 5, 2010 and May 7, 2010		REGIONAL REPRESENTATIVE Ann O'Haire & Gerald Dumas	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>[Signature]</i>	DATE 6/13/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 6-18-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
88a Floors, walls, ceilings, windows, doors and other surfaces shall be clean, in good repair and free of hazards.	<ul style="list-style-type: none"> Section C had several wall tiles missing along the right side of the tub. Bathroom in Section F 3 was missing its tiled soap dish in the tub area and several floor tiles were missing. Bathroom E 3 had several tiles missing on the area surrounding the top of the tub. 	6/13/10	<p>In "C", floor tiles were replaced with grout around toilet and in in front of sink, Soap dish was re-attached to wall near "F-3", and Tile was replaced back on wall near tub in ear E-3 bath. Staff is required to inform office of any/all items needing repair, this way, M-P can repair/replace sooner. Admin. shall enforce.</p>	6-18-10 <i>[Signature]</i>

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME Morris Pace Assisted Living, 416 Reading Avenue, West Reading, Pennsylvania 19611		CURRENT LICENSE NUMBER 215900	
INSPECTION DATE(S) (Include all dates of the inspection) May 5, 2010 and May 7, 2010		REGIONAL REPRESENTATIVE Ann O'Haire & Gerald Dumas	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 	DATE 6/13/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 6-18-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
91 Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control center, municipal emergency management agency and personal care home complaint hotline shall be posted on or by each telephone with an outside line.	The 2 resident phones located in the first level lounge/sun room did not have the required emergency number located on or near the resident phones.	5/10/10	M-P staff will make periodic checks in residents rooms and public phones areas. Weekly checks will be made by administration staff to ensure compliance.	6-18-10 

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME Morris Pace Assisted Living, 416 Reading Avenue, West Reading, Pennsylvania 19611		CURRENT LICENSE NUMBER 215900	
INSPECTION DATE(S) (Include all dates of the inspection) May 5, 2010 and May 7, 2010		REGIONAL REPRESENTATIVE Ann O'Haire & Gerald Dumas	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Matthew J. [Signature]</i>	DATE 10/13/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Harvey [Signature]</i>	DATE 6-18-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
92 Windows, including windows in doors, shall be in good repair and securely screened when doors or windows are open.	<ul style="list-style-type: none"> • Three windows located on the second level facing the courtyard were open and did not have screens. This was observed upon arrival at the facility. • Room K2 left side of window did not have a barrier for the air conditioner to stop insects from entering the room. 	5/11/10	<p><i>all screens are in place. All air conditioners are sealed in windows to meet regulations. M-P staff will make periodic checks to ensure compliance.</i></p>	6-18-10 JH

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME		CURRENT LICENSE NUMBER	
Morris Pace Assisted Living, 416 Reading Avenue, West Reading, Pennsylvania 19611		215900	
INSPECTION DATE(S) (Include all dates of the inspection)		REGIONAL REPRESENTATIVE	
May 5, 2010 and May 7, 2010		Ann O'Haire & Gerald Dumas	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE		DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION
<i>Nathaniel D. Pa...</i>		6/13/10	<i>Jason Hawey</i>
			DATE
			6-18-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
100a The exterior of the building and the building grounds or yard shall be in good repair and free of hazards.	A red wooden and concrete bench located in the courtyard nearest to the building had loose boards and jagged edges causing a risk to the residents.	6/13/10	Removed loose board, inspected other boards and they are intact. Staff shall make necessary checks to out-door furniture periodically to ensure compliance	6-18-10 J.P.

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME Morris Pace Assisted Living, 416 Reading Avenue, West Reading, Pennsylvania 19611		CURRENT LICENSE NUMBER 215900	
INSPECTION DATE(S) (Include all dates of the inspection) May 5, 2010 and May 7, 2010		REGIONAL REPRESENTATIVE Ann O'Haire & Gerald Dumas	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Matthew R. Pa...</i>	DATE 6/13/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Ham...</i>	DATE 6-18-10

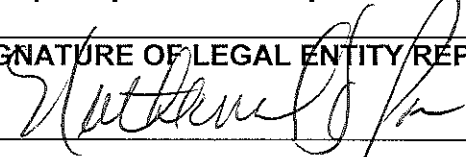
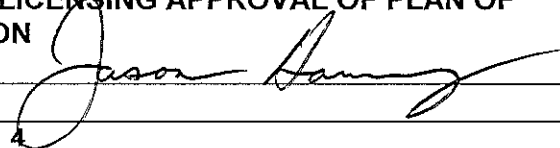
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
105g-2 Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.	The dryer located on the first floor was pulled away from the wall and running without the ductwork attached to the dryer. The home did not have documentation that the internal and external ductwork is cleaned according to the manufacturer's instructions.	5/17/10 6/11/10	Duct was cleaned and repaired. Staff will make checks weekly to ensure compliance. Documentation is hanging near all dryers for staff to document when cleaned. Admin will make periodic checks.	6-18-10 JK

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME Morris Pace Assisted Living, 416 Reading Avenue, West Reading, Pennsylvania 19611		CURRENT LICENSE NUMBER 215900	
INSPECTION DATE(S) (Include all dates of the inspection) May 5, 2010 and May 7, 2010		REGIONAL REPRESENTATIVE Ann O'Haire & Gerald Dumas	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>William J. Pace</i>	DATE 6/13/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Harvey</i>	DATE 6-18-10


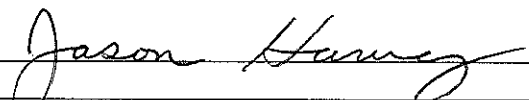
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
141a-2 The medical evaluation shall include the following: (1) A general physical examination by a physician, physician's assistant or nurse practitioner. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.	Resident #2 Medication sheet that was attached to the Resident's medical evaluation form dated 11/10/09. was not signed by a physician. Repeated Violation - 5/20/09	5/11/10	M-P shall check all MAR's that are attached to any med. eval for signatures. If meds are not written on med eval, M-P will have DR. sign MAR's or have meds written on med eval. Admin will ensure compliance	Steps have been taken to correct violation; full compliance is not verifiable 6-18-10 <i>JH</i> Date Initials (DPW)

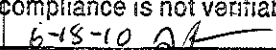
**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME Morris Pace Assisted Living, 416 Reading Avenue, West Reading, Pennsylvania 19611		CURRENT LICENSE NUMBER 215900	
INSPECTION DATE(S) (Include all dates of the inspection) May 5, 2010 and May 7, 2010		REGIONAL REPRESENTATIVE Ann O'Haire & Gerald Dumas	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 	DATE 6/13/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 6-18-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
161d A resident's special dietary needs, as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian, shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.	Resident #1 has a Renal Diet that is not properly addressed by the home. The support plan for resident #1 stated that resident knows that foods that have Potassium are not good for her. The resident's record does not indicate how the home will assist the resident with maintaining their dietary needs.	6-22-10	M-P corrected support plan (see attached) Administrator will make periodic checks of assessments & support plans for compliance. Administrator will ensure the Resident #1 dietary needs are met. JH 6-18-10	6-18-10 JH

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME		CURRENT LICENSE NUMBER	
Morris Pace Assisted Living, 416 Reading Avenue, West Reading, Pennsylvania 19611		215900	
INSPECTION DATE(S) (Include all dates of the inspection) May 5, 2010 and May 7, 2010		REGIONAL REPRESENTATIVE Ann O'Haire & Gerald Dumas	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 	DATE 6/13/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 6-18-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5	DATE COMPLIANCE VERIFIED BY DPW
181f The resident's record shall include a current list of prescription, CAM and OTC medications for each resident who is self-administering his medication.	Resident #5 self-administers Humalog mix 75/25 insulin Kwick pen. The order was initiated on 5/5/10 but was not documented on The Medication Administration Record as of 5/7/10.	5/7/10	Staff was informed that <u>ALL</u> MEDS must be documented on MAR's as soon as they are administered for full compliance. Administrator shall make sure by checking new meds.		Steps have been taken to correct violation; full compliance is not verifiable 6-18-10  Date Initials (DPW)

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME Morris Pace Assisted Living, 416 Reading Avenue, West Reading, Pennsylvania 19611		CURRENT LICENSE NUMBER 215900	
INSPECTION DATE(S) (Include all dates of the inspection) May 5, 2010 and May 7, 2010		REGIONAL REPRESENTATIVE Ann O'Haire & Gerald Dumas	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Nathan P. [Signature]</i>	DATE 6/13/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Harvey [Signature]</i>	DATE 6-18-10


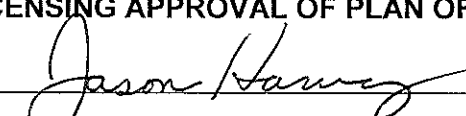
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
182c Medication administration includes the following activities, based on the needs of the resident: (5) Place the medication in a medication cup or other appropriate container, or in the resident's hand (for immediate administration). (6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in 182b4.	Staff Person #A was observed to have improperly remove medications from the original package. The staff person emptied the medication blister pack into their hand and then handed the medications to the resident. The staff person did not empty this packet into a medication cup and then hand this cup to the Resident.	5/7/10	<i>Staff was directed to follow M-P's policy, pour med into med cup, not in your hand. wear gloves if you put med in your hand to ensure cleanliness. Admin. will check med staff</i>	Steps have been taken to correct violation; full compliance is not verifiable Date <u>6/15/10</u> Initials (DPW) <u>[Signature]</u>

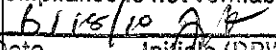
VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Morris Pace Assisted Living, 416 Reading Avenue, West Reading, Pennsylvania 19611		CURRENT LICENSE NUMBER 215900	
INSPECTION DATE(S) (Include all dates of the inspection) May 5, 2010 and May 7, 2010		REGIONAL REPRESENTATIVE Ann O'Haire & Gerald Dumas	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Michael J. Pan</i>	DATE 6/13/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Harvey</i>	DATE 6-18-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
183b Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.	Albuterol sulfate 2.5 mg and blood glucose test strips were stored in the cabinet of the Apartment "B" kitchenette.	5/7/10	Staff and residents were confronted counselled that ALL MEDS must be kept in med room or locked container. Staff shall make checks to ensure compliance. m-p's Policy/home rules demand this.	Steps have been taken to correct violation; full compliance is not verifiable 6/18/10 <i>[Signature]</i> Date Initials (DPW)

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME		CURRENT LICENSE NUMBER	
Morris Pace Assisted Living, 416 Reading Avenue, West Reading, Pennsylvania 19611		215900	
INSPECTION DATE(S) (Include all dates of the inspection) May 5, 2010 and May 7, 2010		REGIONAL REPRESENTATIVE Ann O'Haire & Gerald Dumas	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE
	4/13/10		6-15-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
183d Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.	A Vial of Humalog 100 Units/ML had an expiration date of 3/20/10 was found in the medication lock box located in the refrigerator. This was a discontinued medication for Resident #6.	5/7/10	M-P shall make all checks of meds when new residents move in. MED staff shall make periodic checks during the month to ensure compliance	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p align="right">6/15/10 </p> <p>Date Initials (DPW)</p>

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME		CURRENT LICENSE NUMBER	
Morris Pace Assisted Living, 416 Reading Avenue, West Reading, Pennsylvania 19611		215900	
INSPECTION DATE(S) (Include all dates of the inspection) May 5, 2010 and May 7, 2010		REGIONAL REPRESENTATIVE Ann O'Haire & Gerald Dumas	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Natasha Pan</i>	DATE 6/13/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Harvey</i>	DATE 6-18-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
223a The home shall have a current written description of services and activities that the home provides including the following: (1) The scope and general description of the services and activities that the home provides. (2) The criteria for admission and discharge. (3) Specific services that the home does not provide, but will arrange or coordinate.	The home's policy and procedures did not have specific criteria for a discharge from the home.	5/27/10	M-P Restamped transfer record to indicate when a resident moved. Admin will be checking to see that this is done upon exiting facility.	6-18-10 JH

RECEIVED

JUN 17 2010

SCRANTON FIELD OFFICE
Adult Residential Licensing

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Morris-Pace Assisted Living, 416 Reading Avenue, West Reading, Pennsylvania 19611		CURRENT LICENSE NUMBER 215902	
INSPECTION DATE(S) (Include all dates of the inspection) May 13, 2010		REGIONAL REPRESENTATIVE Bob Bisignani	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Nathaniel Pace</i>	DATE 5/17/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Harvey</i>	DATE 6-16-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
42b A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.	On 5/12/10, an incident occurred outside the home where resident #1 and #2 got into a physical altercation. Resident #1 pushed resident #2. When resident #2 pushed resident #1 back, resident #1 fell against a car and into the street. Resident #1 sustained a bruise to his face during the incident and subsequently filed a complaint with the police.	5/13/10	M-P home rules state, "No (per rule) Fighting of any kind". Both residents are aware. Resident #1 has given me a notice to move on 5/11/10. Due to fight, m-p has talked to All residents, reminding them of this rule. Admin will over see to maintain compliance.	Steps have been taken to correct violation; full compliance is not verifiable 6-16-10 <i>AA</i> Date Initials (DPW)

RECEIVED

MAY 19 2010

SCRANTON FIELD OFFICE
 Adult Residential Licensing