



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
100 LACKAWANNA AVENUE  
ROOM 330, SCRANTON STATE OFFICE BUILDING  
SCRANTON, PENNSYLVANIA 18503-1923

ADULT RESIDENTIAL LICENSING

PHONE: (570) 963-3209  
1-800-833-5095  
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**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: February 8, 2011**

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 July 12, 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.

Sincerely,

A handwritten signature in cursive script that reads "Anne Graziano".

Regional Licensing Administrator

Enclosure  
Violation Report

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

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Morris Pace Assisted Living, 416 Reading Avenue, West Reading, Pennsylvania 19611		<b>CURRENT LICENSE NUMBER</b> 215900	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> July 12, 2010		<b>REGIONAL REPRESENTATIVE</b> Anne Graziano, Betty Bloch	
<b>PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)</b>			
<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b> <i>[Signature]</i>	<b>DATE</b> 11/4/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>[Signature]</i>	<b>DATE</b> 1-27-11

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
17 Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.	On the day of inspection, the administrator's two school age children were making copies of resident records and distributing resident mail.  <b>RECEIVED</b>  NOV 08 2010	7/13/10  1-27-11 4 on-going	Only staff shall make copies and distribute mail to residents. My children have been informed not to touch anything in the office. They are not left alone in there either. Administrator and I changed will monitor and ensure daily that all resident information is kept confidential and no unauthorized persons have any contact with resident record information except for persons identified in this regulation. DEU 1-27-11	DEU 1-27-11

SCRANTON FIELD OFFICE  
Adult Residential Licensing

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<b>PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)</b>			
<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b> <i>Mallam J. [Signature]</i>	<b>DATE</b> 11/4/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Doreen C. [Signature]</i>	<b>DATE</b> 1-27-11

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
254b Each home shall develop and implement policy and procedures addressing record accessibility, security, storage, authorized use and release and who is responsible for the records.	Continued from previous page.	7/13/10	Only staff shall make copies and distribute mail to residents. Non staff shall not be allowed in office unattended.	DAV 1-27-11 See previous page

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

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<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> July 12, 2010		<b>REGIONAL REPRESENTATIVE</b> Anne Graziano, Betty Bloch	
<b>PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)</b>			
<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b> <i>[Signature]</i>		<b>DATE</b> 11/4/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>[Signature]</i>
			<b>DATE</b> 1-27-11

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
85b There may be no evidence of infestation of insects or rodents in the home.	<p>Bedroom # G-5 had evidence of bedbug infestation along the edge of the wall-to-wall carpeting, adjacent to the wall, which was behind the resident's bed.</p> <p>The home has an insect extermination company employed to assist with exterminating the bedbugs in its facility. The report from the company dated 6/30/10 stated that bedbugs had been observed in bedroom #s G-4 and G-5 on 6/30/10.</p>	7/20/10	<p>ghrlich inspected and treated rooms G-2 thru G-5. (See latest reports attached)</p> <p>M-P will continue to monitor &amp; treat, as necessary, all rooms in facility. Admin. shall contact ghrlich if anything further has been detected.</p> <p>Other pages forwarded to Betty B.</p>	DCV 1-27-11

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<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b> <i>M. Albanese</i>		<b>DATE</b> 11/4/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Diane C. Valence</i>
			<b>DATE</b> 1-27-11

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.	The resident bathroom in Room J has a ceiling that collapsed leaving a hole approximately 1 foot wide by 2 feet long, exposing water pipes and beams.	8/10/10	Repair was made on 8/10/10, staff was instructed to inform Admin of <u>all</u> dangerous situations, so that M-P can react quickly to resolve it. Staff shall check walls, ceiling, door ways, etc periodically to ensure compliance.	DCV 1-27-11

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<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> July 12, 2010		<b>REGIONAL REPRESENTATIVE</b> Anne Graziano, Betty Bloch	
<b>PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)</b>			
<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b> <i>Nathaniel J. Pan</i>	<b>DATE</b> 7/4/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Doreen C. Valence</i>	<b>DATE</b> 1-27-11

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
101j1 Each resident shall have the following in the bedroom:  A bed with a solid foundation and fire retardant mattress that is in good repair, clean and supports the resident.	The mattress in bedroom # G-5 had several large tears in it.	RESIDENT # 8/10 →	Mattress and box spring were replaced 2 times, once with old resident, then brand new mattress + box spring for new resident in 9/10. Admin shall replace all worn bedding when necessary. Staff shall check both box spring & mattress when changing. Lines to ensure compliance.	Steps have been taken to correct violation; full compliance is not verifiable Date: 7-27-11 Initials (DPW): <i>DeV</i>

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<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b> <i>Nathaniel J. Pan</i>		<b>DATE</b> 11/9/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Duane C. Valenze</i>
			<b>DATE</b> 1-27-10

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
187a A medication record shall be kept to include the following for each resident for whom medications are administered:  (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN).	Resident # 1 has a MAR for July 2010 with medications listed, but no reasons or diagnoses for those medications.  Resident # 2 has an order for morphine sulfate, 3 mg ordered at 12 am and 4 am. From July 1 through July 11 consecutively the MAR was not initialed. The administrator confirmed that the resident did receive the medication.	7/13/10	Admin instructed Pharmacy to make sure <u>all</u> diagnoses are posted on MAR. Periodic checks are made to catch this. Staff shall notify Admin if they become aware of this again.  Staff meeting held to discuss several things including medication in Aug "2010". Staff was instructed to follow M-P Policy of signing out medication when administered.  Any staff that does not follow this policy shall be written up with the intent to dismiss.	Steps have been taken to correct violation; full compliance is not verifiable Date: 1-27-10 Initials (DPW): <i>DV</i>

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<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b> <i>[Signature]</i>	<b>DATE</b> 11/14/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>[Signature]</i>	<b>DATE</b> 1-27-11

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(13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.	(Continued from the previous page)		Admin instructed Pharmacy to make sure <u>all</u> diagnoses are posted on MAR. Periodic checks are made to catch this. Staff shall notify Admin if they become aware of this again.  Staff meeting held in 8/10 to discuss several things, including medication. Staff was instructed to follow M-P's Policy of signing out medication when administered. Any staff that does not follow this Policy shall be written up with the intent to dismiss.	See previous page for additional plan of correction

**RECEIVED**

NOV 08 2010

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