



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  
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FAX: (570) 963-3018

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: January 28, 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 August 11, 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, appearing to read "Anne Grayson".

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, Reading, Pennsylvania, 19611		<b>CURRENT LICENSE NUMBER</b> <del>215905</del> 215900	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> August 11, 2010		<b>REGIONAL REPRESENTATIVE</b> Leslie Patton and 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 D. Pan</i>	<b>DATE</b> 11/21/10	<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
183a-1 Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration.	Resident # 1's prescribed medication Bactrum DS was re-packaged from its original container and placed into the resident's "Maxi-Pharmadose" containers located in the home's medication cart.	8/13/10	at <del>staff</del> meeting, staff was instructed to follow ALL Policy & procedure. This includes abiding by 2600, <u>NO</u> <u>RE-PACKAGED</u> medications!! Med staff shall follow the Regulation 183A-1 to avoid this ever happening again. Administration shall make periodic checks.	<p align="center">Steps have been taken to correct violation, full compliance is not verifiably</p> <p>Date: 2-7-11 Initials (DPW): <i>DPW</i></p>

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SCRANTON FIELD OFFICE  
Adult Residential Licensing

**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, Reading, Pennsylvania, 19611		<b>CURRENT LICENSE NUMBER</b> <del>215903</del> 215900	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> August 11, 2010		<b>REGIONAL REPRESENTATIVE</b> Leslie Patton and 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> 	<b>DATE</b> 11/2/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> 	<b>DATE</b> 1-27-11

1 <b>REGULATION</b> 55 Pa.Code § 2600.	2 <b>VIOLATION</b>	3 <b>DATE BY WHICH CORRECTION WILL BE COMPLETED</b>	4 <b>PLAN OF CORRECTION</b> (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 <b>DATE COMPLIANCE VERIFIED BY DPW</b>
<p>187a A medication record shall be kept to include the following for each resident for whom medications are administered:</p> <p>(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</p>	<ul style="list-style-type: none"> <li>• Resident # 1's prescribed medication Bactrum DS one tab PO BID was not listed on the August 2010 Medication Administration Record; this medication was listed on the resident's discharge medication list from The Reading Hospital and Medical Center dated 8/10/10.</li> <li>• The August 2010 Medication Administration Record for resident # 1 did not list a diagnosis or purpose for the following medications: Risperdal 1mg PO every 12 hours, Actos 45mg PO daily, or Bactrum DS one tablet by mouth BID</li> </ul>	<p>8/13/10</p>	<p>Staff is instructed to post all new meds on current MAR upon arrival. This includes discharge orders!! Administrator spoke to Pharmacy. Diagnosis are on current MAR (see attached). Administrator has requested that the Pharmacy check on a monthly bases</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date: 1/27/11 Initials (DPW): DCB</p>

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

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Morris Pace Assisted Living, 416 Reading Avenue, Reading, Pennsylvania, 19611		<b>CURRENT LICENSE NUMBER</b> 215903 <b>215900</b>	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> August 11, 2010		<b>REGIONAL REPRESENTATIVE</b> Leslie Patton and 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 Sp...</i>	<b>DATE</b> 11/21/10	<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
<p>the medication, including pro re nata (PRN).</p> <p>(13) Date and time of medication administration.</p> <p>(14) Name and initials of the staff person administering the medication.</p>	<p>• Review of the medications on hand indicated that the following 8 am doses of medications were administered on 8/11/10 but that the MAR was improperly maintained, as they were not initialed by the staff person who administered them:</p> <p>Tramadol 50mg, Calcium 600mg, Lamotrigine tab 25mg, Buspirone 15mg, Gabapentin 800mg, Coreg CR 20mg, Levothyroxin tab 112mcg, TriNessa Tab, Exffexor XR 150mg, Bupropion ER Tabs 150mg SR, and Docusate Sodium 100mg.</p> <p>In addition, the noon doses on 8/11/10 were not initialed as administered for Buspiron 15mg and Gabapentin 800mg</p>	<p>8/13/10</p>	<p>At Staff meeting, (see attached) med staff was reminded that administering meds without documenting shall end your employment here, <u>NO EXCUSES!</u> Administration shall check periodically on med staff, looking for MAR book while passing meds, and signing!!</p>	<p>See previous page 2 of 4 for verification Del 1-27-11</p>

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<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

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(Continued from the previous page)	<ul style="list-style-type: none"> <li>The August 2010 MAR for resident # 1 incorrectly documented the physician's orders from the list of discharge medications dated 8/10/10 from The Reading Hospital and Medical Center:  <u>Glucophage 1000mg PO BID</u> was written on the MAR as "Glucapuaages 100mg take one tablet by mouth"..."5pm"  <u>Risperdal 1 mg PO q 12 hours</u> was written on the MAR as "Risperdal 1mg take one tablet by mouth at bedtime"..."8pm"</li> </ul>	8/13/10	<p>at Staff meeting, (see attached)</p> <p>Med staff was reminded that administrative meds without documentation shall end your employment here, <u>No excuses!</u></p> <p>Administration shall check periodically on med staff, checking for MAR book while passing meds, and signing!</p>	<p>See page 2 of 4 for verification DCU 1-27-11</p>

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