



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
FAX: (570) 963-3018

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: November 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 August 24, 2011 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.

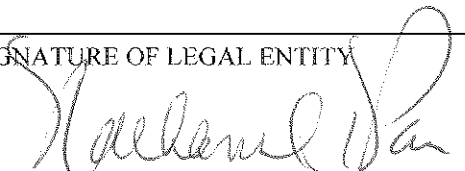
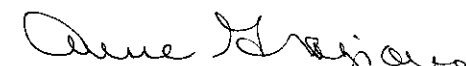
Sincerely,

Anne Graziano

Regional Licensing Administrator

Enclosure
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, PA 19611		CURRENT LICENSE NUMBER 215900	
INSPECTION DATES (Include all dates of the inspection) 08/24/2011		REGIONAL REPRESENTATIVE Florence Babiarz, 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 	DATE 10/12/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 11-7-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
85b There may be no evidence of infestation of insects or rodents in the home.	Resident # 2 is being treated for bed bug bites. Physician prescribed a topical steroid cream for the bites. Resident interviews and documentation for resident # 2, evidenced that the home is infested with bed bugs. MORRIS PACE has been exterminating our facility. 9/20/11, a new policy was introduced for treatment of Bed-bugs, stating how this process will be conducted staff shall clean, then treat each room, on a monthly basis. Admin shall oversee this process. Steam Machine was purchased to assist with spraying & dusting. Ehrlich has agreed to come out and treat any HOT SPOTS. (SEE ATTACHED)	9/20/11	→	Steps have been taken to correct violation. Full compliance to be verifiable Date: 11-7-11 Initials: (SPM)

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


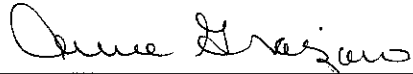
* §
Page 2 of 6 296

NAME AND ADDRESS OF PERSONAL CARE HOME MORRIS PACE ASSISTED LIVING, 416 READING AVENUE WEST READING, PA 19611		CURRENT LICENSE NUMBER 215900	
INSPECTION DATES (Include all dates of the inspection) 08/24/2011		REGIONAL REPRESENTATIVE Florence Babiarz, 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 <i>Michael Pan</i>	DATE <i>10/2/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anne Grosjean</i>	DATE <i>11-7-11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
85e Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.	<p>The lid's on 3 of the home's large trash cans located next to the home's front door was left open exposing trash.</p> <p><i>M-P purchased (4) Trash can lids. Lids were attached to trash cans to prevent them from blowing away/getting lost. Night staff are required to inform office manager if lids are missing when they dump the trash at night, write in NOTE BOOK of all incidences. Admin shall make checks when entering the building</i></p>	<i>10/10/11</i>	→	<i>RJ</i> <i>11-7-11</i>

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

Page ~~8~~ of ~~8~~ 3 of 6

NAME AND ADDRESS OF PERSONAL CARE HOME MORRIS PACE ASSISTED LIVING, 416 READING AVENUE WEST READING, PA 19611		CURRENT LICENSE NUMBER 215900	
INSPECTION DATES (Include all dates of the inspection) 08/24/2011		REGIONAL REPRESENTATIVE Florence Babiarz, 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 	DATE 10/12/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 11-7-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
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.	Resident # 3's rubber mattress in D-2 was soiled and pitted. Repeated Violations: 06/01/2011 Resident # 3 brought [REDACTED] own bed into facility. Resident rights allow this. A brand new Box spring & mattress were put in [REDACTED] room and [REDACTED] thrown out, 8/24/11. Day shift are required to inform admin of all needed replacement items in bedrooms. While changing linen, Day shift views all beds. Admin is responsible to purchase these items. New items in storage.	8/24/11 →		Rg 11-7-11



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

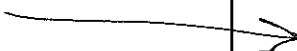
NAME AND ADDRESS OF PERSONAL CARE HOME MORRIS PACE ASSISTED LIVING, 416 READING AVENUE WEST READING, PA 19611		CURRENT LICENSE NUMBER 215900	
INSPECTION DATES (Include all dates of the inspection) 08/24/2011		REGIONAL REPRESENTATIVE Florence Babiarz, Gerald Dumas	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Nathaniel Pa</i>	DATE <i>10/14/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Aune Drayton</i>	DATE <i>11-7-11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
101j3 Each resident shall have the following in the bedroom: Pillows, bed linens and blankets that are clean and in good repair.	Resident # 3's pillow in D-2 was flattened, soiled and yellowed. <i>Brand new pillows are in Admin's apt, ready to use!! Day shift are required to inform Admin of all items needed for replacement in bedrooms, document in notebook so that Admin can replace. Office manager shall make periodic checks to ensure compliance. Day shift replaces linen weekly, they brew all beds.</i>	<i>8/25/11</i>	<i>→</i>	<i>AG 11-7-11</i>

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

* 08
Page 5 of 5
5jt

NAME AND ADDRESS OF PERSONAL CARE HOME MORRIS PACE ASSISTED LIVING, 416 READING AVENUE WEST READING, PA 19611		CURRENT LICENSE NUMBER 215900	
INSPECTION DATES (Include all dates of the inspection) 08/24/2011		REGIONAL REPRESENTATIVE Florence Babiarz, 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 	DATE 10/21/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 11-7-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
144c1 If smoking is permitted, the designated smoking room or area outside the home shall have fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, fire resistant furniture and fire extinguishers.	The home's designated smoking area had 2 metal kitchen chairs with leatherette seat coverings in the smoking area. These chairs are not fire resistant and are a fire hazard. <i>Both leatherette chairs were replaced with metal chairs. Staff is instructed NOT to place any other chairs outside unless Admin OK's. All staff including Admin will make sure that this is in compliance everyday, while entering building to start work. If chairs need replacement, Admin shall purchase needed items.</i>	10/10/11		<p style="writing-mode: vertical-rl; transform: rotate(180deg);"> Steps have been taken to correct violation. Full compliance to not verifiable Date: 11-7-11 Initials: (DPM) </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, PA 19611		CURRENT LICENSE NUMBER 215900	
INSPECTION DATES (Include all dates of the inspection) 08/24/2011		REGIONAL REPRESENTATIVE Florence Babiarz, 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 <i>Nathaniel Pace</i>	DATE <i>10/12/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Doree Graziano</i>	DATE <i>11-7-11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
225c The resident shall have additional assessments as follows: (1) Annually. (2) If the condition of the resident significantly changes prior to the annual assessment. (3) At the request of the Department upon cause to believe that an update is required.	The last annual assessment in the record of resident #1 was completed 6.11.2010. An annual assessment had not been completed for 2011. <i>Assessment was completed but not given in office. Records keeper faxed completed assessment to Admin. Records keeper [redacted] was instructed by Admin, to give all document completed into the office manager on Friday next, this shall insure compliance. Admin shall make checks, when bookkeeper is finished with Records office manager shall check to</i>	<i>10/10/11</i>	<i>→</i>	<i>AS</i> <i>11-7-11</i>

ensure completeness of documents.