

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 January 26, 2012 until January 26, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 215900

Robert E. Robinson

ISSUING OFFICER

R. C. King

DIRECTOR

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 - 01/11



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

ADULT RESIDENTIAL LICENSING

JAN 26 2012

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 December 6, 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.

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

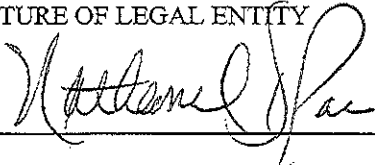
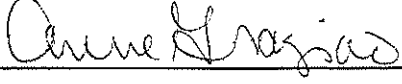
Sincerely,

A handwritten signature in black ink, appearing to read 'R. Melusky'.

Ronald Melusky
Director

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, PA 19611		CURRENT LICENSE NUMBER 215900	
INSPECTION DATES (Include all dates of the inspection) 12/06/2011		REGIONAL REPRESENTATIVE James Jesse Hummel, Jason Harvey	
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 1/4/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 1-18-12

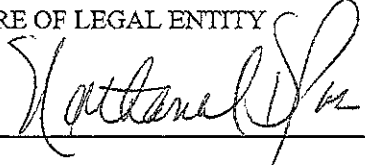

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
52 Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults). Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102) and 6 Pa. Code Chapter 15	Direct Care Staff person A was hired on 5/11/11. Prior to staff person A's hire date the staff had not lived in the State of Pennsylvania for two years, therefore requiring an FBI criminal background check prior to providing unsupervised direct care services. The home has not completed a FBI background check to this date. Staff person A has been providing unsupervised direct care services to residents of the home since 5/11/11.	1/3/12	<p style="text-align: center;">All staff are required to be direct care staff, however, Staff Person "A" is a cook and does not do any direct care, only if the need is there.</p> <p>M-P does not require PA ID for employment. M-P has registered Staff "A" for FBI criminal background check, he will have the finger printing done by 1/22/12 and M-P will wait for the results. Admin shall check dates on ID to ensure that 2 years are next by</p>	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> Steps have been taken to correct violation; FBI compliance is not verified. Date: 1-9-12 Initials: (M/P) </div>

RECEIVED

JAN 05 2012

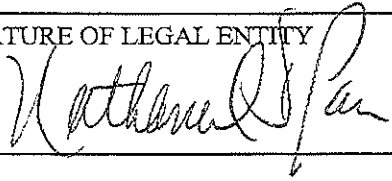
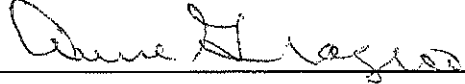
SCRANTON FIELD OFFICE
Adult Residential Licensing

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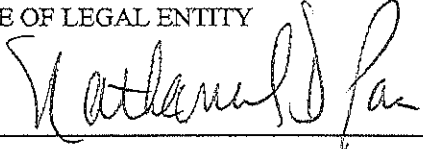

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(relating to protective services for older adults) and other applicable regulations.	are within the date of hire. If not, M X shall request an FBI CBC. Admin shall oversee, office manager shall check to ensure compliance. Said staff shall not do any direct care until background check is recd. Finger printing was completed 1/3/12	1/3/12	Based on the regulatory compliance guide, all employees who have not obtained criminal background check information within the required 30 or 90 day time frame will be suspended or terminated. AQ	<div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 0 auto;"> Steps have been taken to correct violation; full compliance is not verifiable Date: 1/3/12 Initials (DPW): </div>

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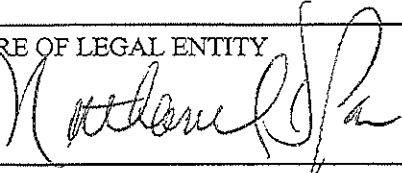
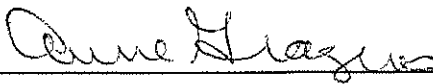
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66b The staff training plan shall include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan shall include the following: (1) The name, position and duties of each direct care staff person. (2) The required training courses for each staff person. (3) The dates, times and locations of the scheduled training for each staff person for the upcoming	The home's training plan for 2012 does not include the name, position and duties of each direct care staff person expected to receive the annual training. The training plan also does not include the dates, times and locations of the scheduled trainings.	12/30/11	All staff have the same job duties. (see attach) We, as staff, are responsible to do whatever needs to be done. Admin has adjusted our Training Plan so that it shows training from this year and next. (2012) M-F has training at the facility, given by Office of Agency, OPA & Residents Rights. First Aid & CPR as well. Admin shall be creating medical Policy during the month of Nov. this next	<div style="border: 1px solid black; padding: 5px; width: fit-content;"> Steps have been taken to correct violation (66b) compliance is not required Date: _____ Initials: (66b) </div>

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year.		12/30/11	<p>Revised version shall be checked by office manager. Admin shall schedule the times of each training during each month with staff. see attached Staffing Scheduling for Job titles.</p>	<p>Steps have been taken to correct violation; full compliance is not verified. Date: 1-18-12 Initials: (JWH)</p>

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85b There may be no evidence of infestation of insects or rodents in the home.	On 11/28/2011 the home found bed bugs in resident #1's and resident #2's bedrooms. The home's administrator documented the date that the bed bugs were discovered while doing periodic checks of the home and that the administrator treated the rooms with a spray. The home does not have evidence that there is a current process in place to treat the home in the event of an infestation of bed bugs.	12/10/11	<p><i>Bed bugs are a major problem in PA, residents move in and bring them. M-P has a policy in place to treat this issue. Dated 9-20-11 (attached). Also, M-P has Ehrlich Pest Control come out for any/all problem areas that M-P has not been able to handle. M-P has documentation of this. (See Attached Service)</i></p> <p><i>Admin shall be in charge of exterminating, and also calling in child of outbreaks. Office manager makes call takes all reports of activity from residents,</i></p> <p style="text-align: center;"><i>over</i></p>	<p style="text-align: center;">Steps have been taken to correct violation, full compliance is not verifiable</p> <p style="text-align: center;">Date: 1-18-12 Initials: JPH</p>

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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101j7 Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on/off at bedside.	The bed located in resident room B - 5 does not have an operable source of bedside lighting.	<p><i>Previous Pg 5 12/10/11</i></p> <p><i>Pg 6 12/16/11</i></p>	<p><i>relays that info to Admin for treatment. Residents are asked to report any/all activity to staff. M-P treats ALL Bed Rooms monthly!! Staff, while making/changing linen, are also checking for activity.</i></p> <p><i>Resident broke lamp and was asked to tell us. Each resident must have lighting next to their bed. New lamp was placed in room. PCAs are asked to report all broken items. In residents rms, office manager will make periodic checks for compliance.</i></p>	<p><i>Steps have been taken to correct violation; full compliance to be verified by 1-18-12 Initials (Date)</i></p> <p><i>1-18-12</i></p>

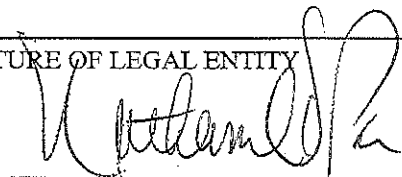

JVER

101-J-7 cont

During room checks staff ~~is~~ ^{are} required to check all objects in residents room, including lamps. Also, M-P asks all residents to inform us of any/all items that does not work into the office so that we can repair/replace item. Admin oversees.

AGJ
1-18-12

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

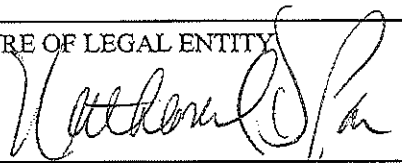

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102i A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.	Department Representatives observed two unlabeled bars of soap located on the sink inside the bathroom of resident bedroom H - 1A. This bedroom is shared by two residents. Repeated Violations: 06/01/2011	12/16/11	<p>BAR Soap may contain germs and can be passed on to others. Residents are aware that bar soap <u>can NOT</u> be kept in public rest rooms, however, they are still leaving them. M-P does examine public rest rooms every couple of hours and disposes of them if found. M-P has liquid body soap for residents to use instead of bar soap. While stocking the rest rooms, staff fills liquid soap, paper towels & toilet paper for compliance. Day staff checks on Night Staff and vice versa. Office manager also will make periodic checks.</p>	<p>Steps have been taken to correct violation; full compliance is not verified.</p> <p>Date: 1/18/12 Initials: (D.P.M.)</p>

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132b A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.	The home does not have any documentation that a fire safety inspection or drill was conducted by a fire safety expert within the last year. The fire safety drill documentation is acceptable. The home must still have a fire safety inspection completed as soon as possible.	12/12/11	Fire Dept came out to M-P and did an unannounced drill 1/2/12. M-P did not receive a letter from Fire Capt. During inspection Note P called Fire capt and asked for letter, Fire capt gave after inspector's left facility. Admin is responsible to have letter. Office manager shall check/prepare Admin of letter after such drill. Admin shall request letter after Fire Dept has done drill, the next day if possible.	Steps have been taken to correct violation; full compliance is not verifiable JSH (Initials (DPM))

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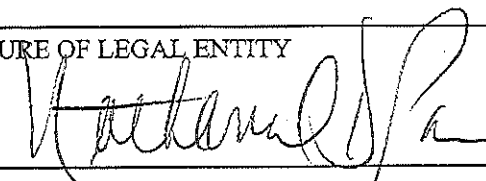
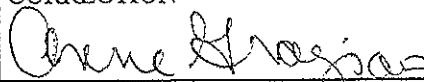
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141a The medical evaluation shall include the following: (1) A general physical examination by a physician, physician's assistant or nurse practitioner. (2) Medical diagnosis including physical or mental disabilities of the resident, if any. (3) Medical information pertinent to diagnosis and treatment in case of an emergency. (4) Special health or dietary needs of the resident. (5) Allergies. (6) Immunization	<p>The medical evaluations for resident #3 dated 11/4/11, resident #4 dated 9/25/11, resident #5 dated 9/25/11 and resident #6 dated 10/14/11 do not include the resident's medication regimen. The medical evaluations state "see attached" under medications. The attached sheets are not signed or dated by the physician on the day the medical evaluations were completed.</p> <p>Repeated Violations: 06/01/2011</p> <p><i>The home will continue to have attachments to medical evaluations signed and dated by the physician on the same date the med eval is completed.</i></p> <p><i>og 1-19-12</i></p>	12/12/11	<p><i>Spoke to Bob B on 12/16/11. No where in this new Reg does it state that physician must have the same date or med list that is attached and med eval. M-P asked Dr to sign & date med list with the same date as med eval if not written on med eval. Dr [redacted] checked New Regs and questioned why. Nate informed Dr that med's must be the same as when med eval is completed. Dr [redacted] must, if necessary, comply with DPH. Office manager will check med eval once completed. Admin shall check all charts periodically</i></p>	<p>Steps have been taken to correct violation. Full compliance is expected.</p> <p>Date: _____ 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) 12/06/2011		REGIONAL REPRESENTATIVE James Jesse Hummel, Jason Harvey	
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>W. H. Hummel</i>	DATE 1/4/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Deane L. ...</i>	DATE 1-19-12

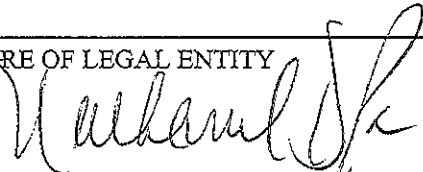
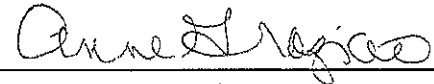
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
history. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications. (8) Body positioning and movement stimulation for residents, if appropriate. (9) Health status. (10) Mobility assessment, updated annually or at the Department's request.		12/16/11	M-P is waiting for Bob B to get back to us on this violation. We are fighting this violation. See Previous Page	Steps have been taken to correct violation; full compliance is not yet reached. Date: 1-19-12 Initials (DPW)

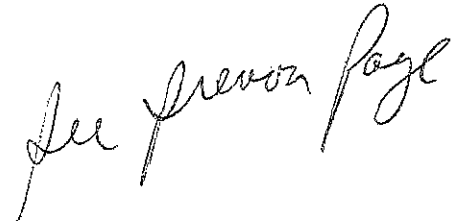
VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY 	DATE 1/4/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 1-18-12

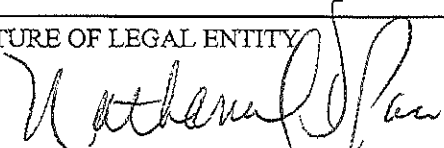
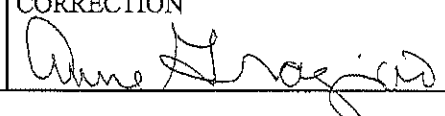
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
183f1 Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person,	<p>Resident #7 is prescribed Levemir Insulin and Humalog Insulin. On 12/6/11 Department Representatives observed a bottle of Levemir insulin prescribed to resident #7 that was opened on 10/31/11 and a bottle of Humalog Insulin prescribed to resident #7 that was opened on 9/8/11. The insulin storage instructions state discard unused insulin 28 days after opening bottle. The insulin bottles are being stored in the refrigerator with the residents current medications.</p> <p>Resident #8 is prescribed Lantus Insulin. On 12/6/11 Department Representatives observed an open bottle of insulin prescribed to resident #8. The Lantus insulin bottle was not labeled with the date it was opened. The insulin storage instructions state discard unused insulin 28 days after the bottle is opened. This insulin is being stored in the refrigerator with the residents current medications</p>	12/8/11	<p>M-P staff was in services on using dated labels for insulin. when bottle is opened label is placed, date initialed & dated. All med staff must make weekly checks to ensure compliance. Admin will also be checking. On door of refrigerator, "Insulin check list", every Sunday med staff shall date & sign that "old insulin discarded - ordered new", of "dates good on insulin". Admin will make periodic checks to insure staff are complying w/ homes policy. CS 1-18-12</p>	<p style="text-align: center;">Steps have been taken to correct violation; full compliance is not verified. Date: 1-18-12 Initials: (Signature)</p>


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

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if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.		12/8/11		

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185a 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.	<p>Resident #9 is prescribed the PRN narcotic medication Acetaminophen/Codeine 300/60mg. As per the home's medication storage procedures the home counts the narcotic medications at each shift. On 12/6/11 Department Representatives observed the narcotic count sheet last initialed by staff person B indicating that 16 pills remained in the blister package. Department Representatives observed only 15 pills remaining in the blister package of medication.</p> <p>Resident #10 is prescribed the PRN medication Guaifenesia Syrup as needed for cough. The home does not have this medication on hand for the resident should the resident request it.</p>	12/30/11	<p>M-P investigated missing Tylenol 3 tablet. (see attached sheets) MED Staff are responsible to Initial and date all administered meds/NARC. This ensures correct med count. Med Staff forgot to sign out NARC. Spoke to resident [redacted] remembers receiving med on Monday 11-21-11. Med Staff was in service on following policy for administration and documentation. Admin. shall be checking MAR's and NARC sheets to ensure compliance. Office manager shall make periodic checks also. over</p>	1-18-12 

Pg 14

M-P shall make checks of PRN MAR's
for medications in ~~chart~~ ^{med} cart. If med is not
in MED CART, med staff will order, also,
when med is running out, med staff will
re-order, if refill exist, to ensure ^{compliance} ~~compliance~~.
If D/c'd, lines will be drawn through
med on MAR. Admin will check behind
med staff.

AK

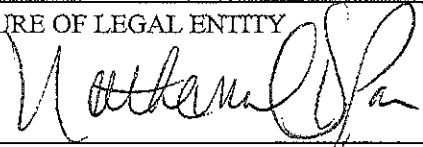

1-18-12

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>William Pace</i>	DATE 1/4/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anne H. Hayes</i>	DATE 1-18-12


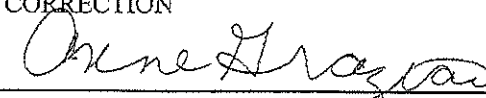
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187c If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.	Resident #10 is prescribed Fluticasone Spr 50mcg and Advair 100/50. From 12/1/11 through 12/6/11 resident #10 refused these prescription medications. The resident's medication administration record was left blank for these specified days and does not indicate that these medications were refused by the resident.	12/8/11	M-P is required to document all refused medications. When resident refuses, document R on MAR, Date + Initial, then ensure compliance. Also, if resident refuses, contact Dr for instruction on whether to S/c or leave on MAR that day. Allow Dr. to make final decision on what to do, we then will document conclusion. Inform Admin so that he is aware. Office manager will also contact Dr. and request S/c order if needed.	<i>AG</i> 1-18-12


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<p>225c</p> <p>The resident shall have additional assessments as follows:</p> <p>(1) Annually.</p> <p>(2) If the condition of the resident significantly changes prior to the annual assessment.</p> <p>(3) At the request of the Department upon cause to believe that an update is required.</p>	<p>The most recent assessment completed for resident #4 was completed on 10/1/10. The home has not completed an annual assessment for resident #4.</p> <p>The most recent assessment completed for resident #5 was completed on 10/5/10. The home has not completed an annual assessment for resident #5.</p>	<p>12/30/11</p>	<p><i>all Assessments & Support Plans must be completed Annually & timely. Printer was out of ink at time of assessment so they could not be printed. Spoke to Records manager, new printer shall be purchased and swapped with current printer by 1/15/12. This new printer has longer ink life. Office manager shall check with Records manager once assessment/Support Plans are completed. Admin shall make checks to charts as well.</i></p>	<p style="text-align: center;">Steps have been taken to correct violation; full compliance is not verified.</p> <p style="text-align: center;">Date: 1-18-12 Initials: JPH</p>

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227a A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.	Resident #11 was admitted to the home on 10/28/11. To date the home has not completed a support plan for resident #11 as required within 30 days of the date of admission to the home.	12/30/11	Records manager is required to have all assessments & support plan completed in a timely fashion. M-P.S. printer was out of ink during completion of support plan. Printer is being replaced (1-15-12), and this new printer has a longer ink life. Office manager shall check all assessments and support plans when completed. Admin shall check charts for compliance	1-18-12 

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Adult Residential Licensing