



Mailing Date: September 4, 2013
Sent via email: [REDACTED]

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

Dear Mr. Pace:

As a result of the Department of Public Welfare's (Department) licensing inspection on May 24, 2013 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Human Services Licensing so that compliance can be verified.

Sincerely,

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

Anne Graziano
Regional Licensing Administrator

Enclosure

Violation Report: 21590 - 05/24/2013 - Novak, Ryan

PCH Name: MORRIS PACE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 5/17/13 the Reading Hospital called the home to report an alleged sexual assault to Resident #1. The home did not submit an incident report to the Department of the alleged sexual assault.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

- 1) The regulation protects the health, safety, & welfare of all residents.
- 2) I violated the regulation by not creating an incident report.
- 3) The cause was due to a alleged sexual assault that I did not report to S/PW.
- 4) Any/all reported cases of assault must and will be reported to the Area on Aging (AO13) & S/PW within 24 hrs.
- 5) I will report all alleged cases of assault when they happen so that there are ^{NO} questions unanswered. I will continue to investigate to confirm or rule out any alleged abuses.
- 6) The Admin. will be responsible for preventing any future violations.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Nathaniel Pace*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Nathaniel Pace* Date *8/19/13*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>8-22-13</u> (Date)	Plan of correction implementation status as of <u>8-22-13</u> (Date)
The above plan of correction was approved by <u>JP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented