



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

SEP 30 2015

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

RE: Morris-Pace Personal Care  
License #: 215900

Dear Mr. Pace:

As a result of the Department of Human Services' licensing inspection on August 11, 2015 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 must be maintained.

Your regular license for the period September 10, 2015 to September 10, 2016 was issued on May 27, 2015. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew Jones".

Matthew J. Jones  
Director *MH*

Enclosure  
License Inspection Summary



Violation Report: 21590 - 08/11/2015 - Yellenic, Cindy PCH Name: MORRIS PACE PERSONAL CARE	
1. REGULATION 55 Pa. Code §2600 2600.85(a) - Sanitary conditions shall be maintained.	
2a. DESCRIPTION OF VIOLATION The bed sheets located in room # K-2 had brown and red marks all over the fitted sheet.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
<p>85A. (K-2)</p> <ol style="list-style-type: none"> <li>1) Residents must have clean bedding at all times.</li> <li>2) Staff was unaware of the dirty/soiled linen on resident's bed.</li> <li>3) Resident scratched her ear and it bled onto her sheets and inspector found it.</li> <li>4) Linen was removed and clean linen was replaced onto the resident's bed.</li> <li>5) When staff are cleaning all rooms, be aware of the linen and remove if soiled/dirty.</li> <li>6) Senior staff, while making daily room checks, will be responsible and reporting to Admin.</li> </ol> <p>The administrator shall monitor for ongoing compliance.</p> <p style="text-align: center;">M 9/1/15</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page)	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	
Date	
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>	
The above plan of correction is approved as of <u>9/1/15</u> (Date)	Plan of correction implementation status as of <u>9/1/15</u> (Date)
The above plan of correction was approved by <u>M</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

Violation Report: 21590 - 08/11/2015 - Yellenic, Cindy  
 PCH Name: MORRIS PACE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600  
 2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

The garbage can located in the bathroom of room # C-1 which is occupied by 2 residents did not have a lid on it.

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.

85D (C-1)

- 1) Keeping trash cans covered helps to eliminate bugs/smells.
- 2) Lid for trashcan was missing in resident's bathroom.
- 3) Resident threw out the lid to trash can.
- 4) Lids were replaced by staff, also, staff asked resident to leave all lids to trashcans on top and do not remove, only to place trash into it. Reminder done during Staff training session on 8/27/15.
- 5) While weekly cleaning of rooms, staff will make every effort to cover all trashcans in public areas.
- 6) Senior staff, during weekly rooms checks, will eye ball all trashcans for compliance and report to Admin.

The administrator shall monitor and assure ongoing compliance.

*[Signature]*  
 9/11/15

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>[Signature]</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Nathaniel Pace	8/27/15

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Violation Report: 21590 - 08/11/2015 - Yellenic, Cindy  
 PCH Name: MORRIS PACE PERSONAL CARE

1. REGULATION 55 Pa.Code §2800

2800.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2a. DESCRIPTION OF VIOLATION

There was no window screen in room # K-2; the window was open at the time of the inspection.  
 There was not window screen in room # C-1; the window was open at the time of the inspection.

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.*

92 (C-1, K-2)

- 1) There should NOT be any open windows without screens due to insects/bug entering the building.
- 2) Air conditioner, while in window, did not have the other part of window covered, due to the rain wetting the cardboard and coming loose.
- 3) Cardboard that was taped to cover exposed window came a loose.
- 4) Staff covered exposed window with cardboard and re-taped with duct tape.
- 5) Ask all residents to help us by letting us know when cardboard coverings fall away and Staff, while doing our weekly checks, will be checking & repairing for compliance.
- 6) Senior Staff will be responsible for making sure that windows are covered and reporting any issues to Admin.

The administrator shall monitor and assure ongoing compliance.

M 9/11/15

Repeat Violation: Yes      Date(s) of Previous Violation(s): 09/30/2014

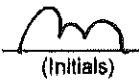
Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Nathaniel Pace      Date 8/27/15

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Violation Report: 21590 - 08/11/2015 - Yellenic, Cindy  
 PCH Name: MORRIS PACE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600  
 2600.103(d) - Food shall be stored off the floor.

2a. DESCRIPTION OF VIOLATION  
 5 containers were located on the floor in the home's kitchen pantry. The containers contained powdered milk, rice, beans, flour and pasta.

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.

- 103-D (Food storage room)
- 1) Elevation of storage containers prevents rodents/insects from infesting our food supply.
  - 2) Storage container was sitting on the floor.
  - 3) There was nothing under the storage cans to prevent infestation.
  - 4) Empty containers were placed under each storage container that had food in them.
  - 5) Keep all food storage containers off of the floor without something under them.
  - 6) Dietary Dir. will be responsible for compliance.

The administrator shall monitor for ongoing compliance.

*[Signature]*  
 9/1/15

Repeat Violation: No      Date(s) of Previous Violation(s):

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Printed Name and Title of Legal Entity Representative  
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Violation Report: 21590 - 08/11/2015 - Yellenic, Cindy  
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**1. REGULATION 55 Pa.Code §2600**

2600.105(g)(2) - Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

**2a. DESCRIPTION OF VIOLATION**

Based on an interview with the Staff Person A, the home's Administrator, the external dryer ducts have never been cleaned out by a staff person or by a professional. This poses a possible fire hazard.

**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.*

105-G-2

- 1) Clean dryer ducts prevent fires.
- 2) Ducts were never cleaned.
- 3) Inspector asked if we have anything showing that he ducts were cleaned, I responded, NO!!
- 4) I searched Google to find a duct cleaning service. Wizard Dryer Duct cleaning service. They are coming out to clean our vent/chimney 8/20/15. See attached sheet of service, completed 8/20/15.
- 5) Have our ducts cleaned bi-annually as requested by service person.
- 6) Admin will be responsible for getting service to have ducts cleaned.

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) <i>Nathaniel Pace</i>	Date <i>8/27/15</i>
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Violation Report: 21590 - 08/11/2015 - Yellenic, Cindy  
 PCH Name: MORRIS PACE PERSONAL CARE

1. REGULATION 55 Pa. Code §2600  
 2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

2a. DESCRIPTION OF VIOLATION  
 The home did not submit their emergency preparedness plan to the local emergency management agency in 2014.

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.

107-D

- 1) Emergency Preparedness letter must be presented to the Emergency Management Agency for compliance, letting the agency know what our plans are, and for them to inform us of any issues with our plan.
- 2) Letter was written 8/19/15 and mailed.
- 3) Admin was unaware of the need of this annual letter.
- 4) Admin has created a letter for the Emergency Management Agency of Berks for compliance.
- 5) Annual letter will be sent to EMA of Berks, also, a copy will be in the Admin's folder for compliance.
- 6) Admin will be responsible for preventing 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 S Pace*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Nathaniel S Pace</i>	<i>8/27/15</i>

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Violation Report: 21590 - 08/11/2015 - Yellenic, Cindy  
 PCH Name: MORRIS PACE PERSONAL CARE

**1. REGULATION 55 Pa.Code §2600**  
 2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

**2a. DESCRIPTION OF VIOLATION**  
 The emergency exit located in room # J-1 was blocked by a waste basket and a laundry basket.  
 The emergency exit located in room # C-1 was blocked by multiple purses and a laundry basket.  
 The items in front of the doors prevent immediate egress in the event of an emergency.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
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121-A (C-1 & J-1)

- 1) Fire Exits Must NEVER be blocked!!!
- 2) Dirty clothes hamper were placed in front of the Fire Exit.
- 3) Resident puts the hamper in front of the exit door to keep it out of their way.
- 4) All items have been, and will continue to be removed from in front of Fire Exit doors, ALSO, coached residents about not placing ANYTHING in front of their fire exit doors, informing them that it could cause injury/falls if emergency occurs and they need to evacuate using that exit.
- 5) I, Administrator have been removing all items (chairs, hampers, clothes, etc.) from Fire Exit doors when I go into any room that I see it. Staff, when cleaning their rooms weekly, also removed these items for compliance. This is also part of our training on 8/27/15.
- 6) Senior staff will be responsible for compliance and reporting to Admin.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Nathaniel Pace</i>	<i>8/27/15</i>

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Violation Report: 21590 - 08/11/2015 - Yellenic, Cindy  
 PCH Name: MORRIS PACE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600  
 2600.133(a)(1) - If the home serves nine or more residents, signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

2a. DESCRIPTION OF VIOLATION  
 The door that exits to the employee smoking area from the kitchen did not have an exit sign on or near the door.

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.

133-A-1

- 1) Exit signs MUST appear on all doors that exit the building.
- 2) New door installed without sign.
- 3) After install, M-P did not place Exit sign on rear door.
- 4) Exit sign was place on both of the doors that exit the dining room.
- 5) Kitchen staff, when exiting building, will make sure that the sign is on the door before exiting.
- 6) Dietary Dir will be responsible for compliance.

The administrator shall monitor and assure ongoing compliance -

*[Signature]*  
 9/11/15

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 *8/27/15*

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 (Date)

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 (Initials)

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Violation Report: 21590 - 08/11/2015 - Yellenic, Cindy  
 PCH Name: MORRIS PACE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600  
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION  
 Resident # 1's most recent DME was completed on 7/26/15; the previous one was completed on 8/8/14.

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.

141-B-1

- 1) Medical Evaluations must be up to date for the health & welfare of all residents.
- 2) Medical Eval was out of date.
- 3) Admin missed this chart when doing our records check.
- 4) Admin contacted [redacted] who saw [redacted] on 7/26/15, and he completed Med Eval and faxed to Morris-Pace during inspection.
- 5) Continue to complete records checks to prevent future violations; also a second pair of eyes [redacted] does his own record check for compliance.
- 6) Admin is responsible for preventing 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) <i>Nathaniel Pace</i>	Date <i>8/27/15</i>
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Violation Report: 21590 - 08/11/2015 - Yellenic, Cindy  
 PCH Name: MORRIS PACE PERSONAL CARE

**1. REGULATION 55 Pa.Code §2600**  
 2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

**2a. DESCRIPTION OF VIOLATION**  
 The employee smoking area did not have a place to extinguish cigarette butts. The Department Licensing Representative observed Staff Person B put an extinguished cigarette butt in the homes garbage in the kitchen.  
 13 extinguished cigarette butts were located in the grass of the wall near the employee's designated smoking area.

**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.

144-C-1

- 1) Smoking items must be extinguished properly.
- 2) There was not an ashtray for smoking staff.
- 3) Facility could not find the smoking receptacle in the rear of the building.
- 4) Smoking receptacle purchased and placed in the rear of building for staff to extinguished their cigarettes.
- 5) Kitchen staff will make sure they ONLY USE the ashtray to extinguish their cigarettes, they are the only people using it, residents are not allowed.
- 6) Dietary Dir. will ensure compliance by checking daily.

The administrator shall monitor and assure ongoing compliance

*M* 9/11/15

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Nathanial S. Pace*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Nathanial S. Pace*      Date *8/27/15*

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Violation Report: 21590 - 08/11/2015 - Yellenic, Cindy  
 PCH Name: MORRIS PACE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600  
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

Resident #2's prescription for Ibuprofen 600mg has been discontinued and is no longer on the Medication Administration Record. The medication was still in the medication cart and available to be dispensed to the resident.

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.

183-D (C-1)

- 1) Medications must be posted on MAR.
- 2) Medication was not posted.
- 3) When resident moved into facility, she gave us a bottle of Ibuprofen, staff placed med in drawer, however, did not contact pharmacy to inform to place med on MAR.
- 4) Med was placed on MAR & phoned into pharmacy for compliance.
- 5) Continue to post all meds that any resident brings into the facility and contact pharmacy to ensure it's on the next months MAR.
- 6) Med Staff is responsible for making sure that all meds are posted and called into the pharmacy for placement on MAR.

The administrator shall monitor and assure ongoing compliance.

*M. J. Miller*  
 9/1/15

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Nathaniel S. Pace*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *NATHANIEL S. PACE*      Date *8/27/15*

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Violation Report: 21590 - 08/11/2015 - Yellenic, Cindy  
 PCH Name: MORRIS PACE PERSONAL CARE

**1. REGULATION 55 Pa.Code §2600**

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

**2a. DESCRIPTION OF VIOLATION**

On 8-11-15 at 10:00am, Staff Person C had initialed the MAR that Resident #3 had already taken their 11:00am medication, Resident #4 had already taken their 1:00pm medication, Resident #5 had already taken their 11:00am medication, and Resident #6 had already taken their 11:00am medications. Residents #3, #4, #5, and #6 were given their medications to take with them prior to leaving the facility earlier on 8-11-15. Staff Person C signed the MAR that the medications had been consumed by the residents, even though they had not been taken yet.

**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.*

**187-B**

- 1) Medication can NEVER be signed out without administration.
- 2) Staff gave med planner to resident because he was going out for lunch, then she signed out the meds on the MAR early.
- 3) Med staff signed out med without administering it.
- 4) Med staff was informed to do the following when a resident goes out; give med planner to resident, at the time the med is supposed to be administered, circle the meds due at the prescribed time, go to the back of MAR sheet and write "OOF" w/meds, contact Dr. and wait for resident to return with planner to see if meds were taken properly, if so document the med was administered. If not, contact Dr. and see what instructions we need to follow. NEVER sign out meds unless you give them at the RIGHT TIMES!!
- 5) Admin checks MAR periodically for compliance.
- 6) Admin is responsible for this violation NOT to happen again.

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) <i>Nathaniel J. Pace</i>	Date <i>8/27/15</i>
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Violation Report: 21590 - 08/11/2015 - Yellenic, Cindy  
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**1. REGULATION 55 Pa.Code §2600**

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

**2a. DESCRIPTION OF VIOLATION**

Resident #7 was admitted to the home on 4/17/15, the Assessment (RASP) was not completed until 5/3/15.

**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.*

225-A

- 1) All RASP's must be completed and up to date for health and welfare...
- 2) RASP was completed late.
- 3) Record staff completed the RASP one day late.
- 4) Spoke to the record staff who comes every week and requested that he give me a time sheet of when all RASP's are due so that I can remind him is he misses any dates. A second pair of eyes always helps.
- 5) Admin does record checks periodically to ensure compliance.
- 6) Admin & Records staff are responsible for the RASP's being completed and on time.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Nathaniel Pace</i>	<i>8/27/15</i>

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

The above plan of correction is approved as of 9/11/15  
 (Date)

Plan of correction implementation status as of 9/11/15  
 (Date)

The above plan of correction was approved by M  
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented