



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

OCT 07 2016

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' annual licensing inspection on July 22, 2016 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.

Sincerely,

A handwritten signature in cursive script, appearing to read "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



Violation Report: 21590 - 07/22/2016 - Foulkes, Kimberli  
 PCH Name: MORRIS PACE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600  
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

Room # J1 appeared to have brown colored fecal matter smeared on the wall near the right of the commode and smeared brown substance on the floor near the tub.  
 Room # H1A shared bathroom had a dirty commode that appeared to have a heavy layered of brown fecal matter stuck to the interior surface of the commode. The commode appears to not have been cleaned recently.

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.*

85-A

1. Cleanliness promotes good health
2. Staff did not clean rooms H-4 or J-1 from the room cleaning list.
3. Live-in Staff called off for 2 days due to Migraine and wasn't able to complete duties.
4. Live-in staff cleaned those rooms & bathes on 7/22/16.
5. Other staff should have and will clean those rooms & bathe in the absence of any/all staff. Usually rooms are done by Thursday, staff has been informed to check rooming list for any/all rooms that are not highlighted and report to Admin.
6. Admin. is responsible for making sure that all rooms are clean.

Repeat Violation: Yes

Date(s) of Previous Violation(s): 08/11/2015

Signature of Legal Entity Representative  
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)

Date

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

The above plan of correction is approved as of 8/19/16  
 (Date)

Plan of correction implementation status as of 8/19/16  
 (Date)

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

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

Violation Report: 21590 - 07/22/2016 - Foulkes, Kimberli  
 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 shared bathroom in resident room #J1 had a trash container that did not have a lid and was overflowing with garbage.

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.

85-D

1. Trashcan (J-1 & H-1-A) was overflowing and the lid was on the floor.
2. Room was not cleaned that week.
3. Staff did not clean this room when other staff called off.
4. Staff cleaned that room the day of inspection, also, by Thursday the rooming list will be checked to ensure that **all rooms** have been cleaned as required.
5. Follow the new directions on Thursday's, check rooming list for any/all unclean rooms and complete them.
6. Admin is responsible for making sure that all rooms are clean.

Repeat Violation: Yes      Date(s) of Previous Violation(s): 08/11/2015

Signature of Legal Entity Representative  
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)      Date 8/16/16

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

Violation Report: 21590 - 07/22/2016 - Foulkes, Kimberli  
 PCH Name: MORRIS PACE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600  
 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

The home was utilizing a rag weaved throw rug directly in the front of a fire emergency exit that lead out to the front lawn. This rug was loose and not secured causing a trip hazard.  
 The home utilizing fluffy bath rugs which are located throughout the home's bathrooms that had the rubberized backing worn away and no longer secured the rugs to the floor creating a tripping 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.

88-A

1. Trips and falls can injure a resident seriously.
2. Rugs **without** non-skid backing.
3. During inspection inspector noticed the tweed rugs without rubber backing.
4. Rugs **without** rubber backing have been thrown out and new ones replace them, in hallway to courtyard and in bathrooms.
5. Staff needs to be better aware of rugs when washing and report any that have rubber coming off the back to Admin for replacement.
6. Live-in staffs are responsible to report worn rugs to the Admin for replacement.

*The administrator shall monitor and assure ongoing compliance.* *M*  
 8/19/16

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

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Nathaniel D Pace*      Date *8/16/16*

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Violation Report: 21590 - 07/22/2016 - Foulkes, Kimberli  
 PCH Name: MORRIS PACE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

The home's shared resident phone located in the front hall did not have the required emergency phone numbers posted near or on the phone for the required emergency services.

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.

- 91.
1. In the event of an emergency, residents must be able to call any/all-needed entities/agencies for assistance.
  2. List of emergency contacts is on the window above the phone and the inspector did not see it. (see photo)
  3. During inspection the list is not next to the phone, but above the phone where residents know where it is, and not anyone who doesn't live here.
  4. M-P is making sure that all residents know where the emergency contact list is located, especially our newest residents.
  5. Maintain the location of the emergency contact list so that it's not removed, like in previous inspections, from the tables that the phones sit on.
  6. All staff is responsible for making sure that this list is present and the residents know where it is.

The administrator shall monitor for ongoing compliance. M 8/19/16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*(Handwritten Signature)*

Printed Name and Title of Legal Entity Representative  
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NATHANIEL PACE

Date

8/16/16

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Violation Report: 21590 - 07/22/2016 - Foulkes, Kimberli  
 PCH Name: MORRIS PACE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The home's fire drill record recorded that fire drills were conducted in the home on the following dates but did not state if the drills were conducted in the AM or PM.  
 09-18-15 at 10:45; 10-15-15 at 11:30 and 06-30-16 at 7:55.

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.

132-C

1. Fire Drill logs must be documented/maintained properly.
2. When the time was logged on the Fire Drill log, the AM/PM was not presented on 3 of the days.
3. Admin didn't, and **must** take the time to carefully document the proper time on this documentation.
4. Admin will double check the Fire Drill log to ensure that the proper time is documented (AM/PM). Admin will also take his time during the Fire Drill to ensure that the am/pm aren't forgotten.
5. Admin will ask a second pair of eyes to look over the Fire Drill log to ensure proper documentation.
6. Admin is responsible to ensure/prevent future violations.

Repeat Violation: No

Date(s) of Previous Violation(s):

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*[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative  
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Nathaniel D. Pace

Date

8/16/16

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Violation Report: 21590 - 07/22/2016 - Foukes, Kimberli  
PCH Name: MORRIS PACE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600  
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION  
Resident # 1's DME dated 10-25-16 was incomplete and missing the following information: The physician's office did document the resident's temperature and did not complete section #6 that addresses the resident's immunization history.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
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141-A-2

1. It always important to have complete vital signs and Immunizations noted on Med Eval for the home to know if there might be an existing problem.
2. Admin didn't make sure that the vitals/Immunization were completed on the DME.
3. The Dr. didn't completely fill in all necessary items on DME.
4. M-P asked the Dr. to complete the missing items on the DME, waiting for his/her response.
5. Once the DME is received, Admin must make sure that all items are completed, it not, the DME has to be returned to Dr.'s office for completion.
- \*6. Admin is responsible for make sure that this is done.

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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Nathaniel D. Ace

Date 8/16/16

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Violation Report: 21590 - 07/22/2016 - Foulkes, Kimberli  
 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 #2's Annual DME was not completed timely. Resident # 2's initial DME was completed on [redacted] 15 and Resident # 2's Annual DME was completed [redacted] 16.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
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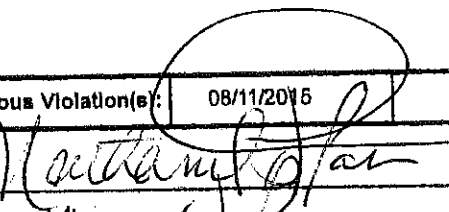
141-B-1

1. DME must be completed annually without lapses in dates. Give the home a better idea if we can still meet the needs of the resident.
2. Admin missed the expired date of residents DME when the chart check was done in February.
3. DME was not completed before the previous DME expired.
4. Current DME was completed, however, there was a little over a month after the previous DME expired.
5. Admin must have better eyes on the dates of all needed documents, when the chart review is completed, have another staff see if the Admin missed anything.
6. Admin is responsible for preventing future violations.

Repeat Violation: Yes

Date(s) of Previous Violation(s): 08/11/2015

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**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 rear exterior emergency exit located near the J-K wing had evidence of smoking in a non-designated smoking area. The home had approximately 30 cigarette butts and an empty cigarette pack observed on the ground.

**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. Designated smoking areas must be followed to ensure a safe area for the residents.
2. During annual inspection, Inspector found 20-30 butts in a emergency exit area.
3. Resident(s) have been smoking outside of our designated smoking areas, even though they have been instructed not to.
4. Staff was instructed to clean up that area, and M-P posted **NO SMOKING** signs on the doors on that side of the building to persuade them from smoking in that area. **Also**, Admin met with resident(s) who frequent that area for smoking, and all smoking residents, to inform each one of their responsibilities to **ONLY** smoke in our designated area or off the property.
5. M-P shall continue to remind all residents **NOT** to smoke on any side of the building, **ONLY in front near designated seating/bench's.**
6. ALL STAFF are responsible to check that area and to inform Admin of any/all issues.

*The administrator shall monitor and assure ongoing compliance - M 8/19/16*

Repeat Violation: Yes      Date(s) of Previous Violation(s): 08/11/2016

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 *8/16/16*

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