



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]  
Mailing Date: March 6, 2017

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 September 15, 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,

*Anne Graziano*  
Anne Graziano  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary



Violation Report: 21590 - 09/15/2016 - Dumas, Gerald

PCH Name: MORRIS PACE PERSONAL CARE

**1. REGULATION 55 Pa.Code §2600**

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

**2a. DESCRIPTION OF VIOLATION**

Resident # 1's initial medical evaluation (D.M.E.), completed [redacted] 6 was completed more than 60 days prior to the resident # 1's admission to the home on [redacted] 16.

**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.*

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 *2/24/17*

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

The above plan of correction is approved as of 3-3-17  
(Date)

Plan of correction implementation status as of 3-3-17  
(Date)

The above plan of correction was approved by

*[Signature]*  
(Initials)

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

**Morris-Pace**

Incident 9/15/16 [REDACTED]

p2 Ag 3

2600.141(a)(1)

1. PCH must have a current Med Eval to ensure that we meet the needs of the resident.
2. Resident was seen by [REDACTED] Dr. on 4/19/16 for [REDACTED] annual exam, Dr completed the Med Eval on 6/14/16 and I was under the understanding thru the training I received that the 'completion date' was the date to use and not "the Exam date". DHS Rep corrected me on my understanding of this regulation.
3. Exam date on Med Eval was more than 60 days prior to admission.
4. Resident has passed away, however, I would contact the Dr. and request a new/updated Med Eval.
5. I will, prior to admission, be clear on which date I need for compliance and will be checking. If the exam date is not within the 60 prior or 30 day after, I will not accept this applicant for admission until I have the needed documents.
6. Admin will be responsible for compliance.

Q. 3-3-17

227(d)

1. The RASP needs to have all the current information on the resident to ensure their welfare, safety, and health.
2. We find out after the fact by our Police Dept, that prior to being admitted into Morris-Pace [REDACTED] has been going into the ER at Reading Hospital very frequently. Once admitted to M-P, [REDACTED] called 911 on [REDACTED] cell phone almost every other day. M-P doesn't have the authority to ask [REDACTED] "not" to call if [REDACTED] feels that [REDACTED] life was in danger. I was not aware of an alternative to [REDACTED] calling 911 and I did not document this behavior in [REDACTED] RASP.
3. There wasn't any documentation of [REDACTED] constant calls to 911 in the RASP, however, there was documentation in our daily log and we should have transferred it.
4. The resident has passed, however, if this kind of behavior ever happens again we will document the frequencies on a consistent basis and place it in the RASP.
5. M-P records person will check our daily log and transfer any pertinent information to the RASP, this way there will be compliance.
6. M-P's records person will be responsible to ensure compliance, he will contact Admin if/when info is documented in RASP.

Op. 3-3-17

Violation Report: 21590 - 09/15/2016 - Dumas, Gerald  
 PCH Name: MORRIS PACE PERSONAL CARE

**1. REGULATION 55 Pa.Code §2600**

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

**2a. DESCRIPTION OF VIOLATION**

As of 9/10/16, Resident # 1's Resident Assessment Support Plan, R.A.S.P. dated 7/31/16, was not updated to include any possible causes or solutions to prevent his/hers multiple trips to the emergency room due to chronic pain.

**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.

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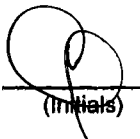
Signature of Legal Entity Representative  
 (Required on EVERY Page) *Nathaniel J Pace*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Nathaniel J Pace</i>	Date <i>2/24/17</i>
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