



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]
Mailing Date: March 22, 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 February 14, 2017 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,

Michele Moskalczyk
Michele Moskalczyk
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 21590 - 02/14/2017 - Yellenic, Cindy
 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

The home did not secure a copy of the death certificate to accompany the discharge record for Resident #1, deceased on [redacted] 17.

Resident #4 fell twice on 1/23/17, at 10:50am and 11:00pm, and each time was transported to the emergency room by local EMS. The second fall at 11:00pm, the resident was admitted to the hospital. The home did not send a reportable incident in until 2/10/17.

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.

See Attached →

9 The administrator will review the incidents required to be reported by 2600.16a with all staff. All future incidents will be reported as required.

o The administrator shall monitor and be responsible for ongoing compliance. *[Signature]* 3/21/17

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Nathaniel Pace	Date 3/14/17
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 3/21/17
(Date)

Plan of correction implementation status as of 3/21/17
(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
Violation Report 2/14/17**

Pg 2 of 6
cont.

2600.16© (Resident 1)

1. The State requires that the PCH have a copy of a death certificate in with the discharge record.
2. Morris-Pace does not have a copy of death certificate.
3. The family has not given us a copy, we've spoken to [REDACTED] mother twice.
4. If the family won't give us the copy, I was told by the coroner that I CAN NOT receive a copy of the Death Cert and that the State can receive a copy if they call and ask for it.
5. [REDACTED]
6. Administrator [REDACTED] is responsible for helping to prevent future violations on this kind of violation. 3/21/17

(Resident 4)

1. Incident reporting must occur so that DHS is abreast of any/all hospital visits of residents in PCH's.
2. Staff did not complete an incident of the initial fall, nor did Staff fax over the second incident report that was completed.
3. The first incident happened during a Med pass, the first Staff forgot after she sent [REDACTED] out to hospital and continued to complete her Med pass, and got busy getting Meds done on time.
4. Two things can/will happen, If staff is too busy to complete the incident report, ask another staff to complete for you and have them read the report to initial staff for approval prior to faxing to DHS, OR, stop what you are doing and complete the incident report immediately then fax to DHS.
5. Morris-Pace had a meeting about the completion of incident reports, making sure that they are done timely, they are "clear" on what really happened, where, how, and who was involved. What steps did you take to get them seen by a medical professionals, what family member/designee was contacted, and most importantly, Date of incident, Time, & location. 3/21/17
6. Administrator is responsible for compliance. m

→ The Administrator shall continue to make all efforts to obtain death certificates as required by this regulation. The administrator shall be responsible for ongoing compliance. (w/ 3/21/17)

Violation Report: 21590 - 02/14/2017 - Yellenic, Cindy
 PCH Name: MORRIS PACE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION
 Resident #1's, date of admission [redacted] 16, pre-admission form did not indicate that the home could meet the needs of 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.

2600.224(a)

1. The PCH must be able to meet all the needs of any/all perspective residents.
2. The box was not checked that states "the home can meet the needs of this resident".
3. I, the Administrator, over looked this upon admission.
4. I can check the box, knowing that we can meet their needs, date and time it is completed. **(advise if this is correct please)**
5. I, upon completing our contract, need to have a better look at the documents for their completion. This will help to prevent future violations.
6. The Administrator is responsible for compliance.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
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The above plan of correction is approved as of <u>3/20/17</u> (Date)	Plan of correction implementation status as of <u>3/20/17</u> (Date)
The above plan of correction was approved by <u>[Signature]</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 - 02/14/2017 - Yellenic, Cindy
PCH Name: MORRIS PACE PERSONAL CARE

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 #1's initial Resident Assessment and Support Plan (RASP) did not address the resident's special diet, Heart Healthy and NCS as ordered by the physician. The RASP also stated the resident required assistance to evacuate at night however, the home does not consider the resident to have any mobility needs. The resident's DME, dated 8-6-16, stated the resident is independently mobile.

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.

2600.225(a)

1. All pertinent information must be accurate on RASP & Med Eval.
2. Current RASP conflicts with residents DME.
3. When the RASP was created, records staff missed certain details that needed to be accurately recorded.
4. I contacted our records staff and brought them this violation report so that we can all be aware of inaccurate reporting, correct and recheck our reporting, and be more responsible.
5. Accurately report what's on the residents DME while creating the RASP, have our Administrative staff recheck for compliance.
6. Records Staff are responsible for compliance, with the assistance of Administrative staff.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Nathaniel S Pace</i>	Date <i>3/14/17</i>
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Violation Report: 21590 - 02/14/2017 - Yellenic, Cindy
PCH Name: MORRIS PACE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

Resident #4's, date of admission [redacted] 15, annual RASP did not indicate the resident is on a NCS diet as ordered by the physician.

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.

2600.225©

- 1. Current RASP must have accurate information recorded on it.
- 2. Resident #4 did not have NCS recorded on current RASP as part of dietary needs.
- 3. Records staff stated on RASP that "No Dietary Needs" was checked.
- 4. Correct the current RASP and indicate that they are a Diabetic and inform the records staff of this issue.
- 5. Records staff & Administrative staff must do a better job of transferring information from DME to RASP by checking and rechecking prior to completion.
- 6. Administrator is responsible for compliance.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) NATHANIEL SPACE	Date 3/14/17
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Violation Report: 21590 - 02/14/2017 - Yellenic, Cindy
 PCH Name: MORRIS PACE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.251(c) - The home shall use standardized forms to record information in the resident's record.

2a. DESCRIPTION OF VIOLATION
 The home is not using the current Reportable Incident form as mandated by the Department as of October 1, 2016.

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.

2600.251©

1. Current forms must be used when contacting/reporting to DHS.
2. Old Reportable Incident form was used in reporting to DHS. I was not aware, nor do I remember receiving an email stating that we must use the newest Incident reportable form.
3. When reporting of an incident, staff used 3 different incident reporting forms.
4. ALL OLD FORMS have been destroyed and new forms are in place, ready for use.
5. Use current Reportable Incident forms as required.
6. Admin is responsible for compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Nathaniel Pace	Date 3/14/17
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