



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

OCT 11 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' annual licensing inspection on August 3, 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

  
Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary

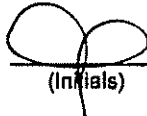


<p><b>Violation Report:</b> 21590 - 08/03/2017 - Dumas, Gerald  <b>PCH Name:</b> MORRIS PACE PERSONAL CARE</p>
<p><b>1. REGULATION 55 Pa.Code §2600</b>                  2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.</p>
<p><b>2a. DESCRIPTION OF VIOLATION</b>                  On 8-3-17, at 2:00pm, the following Licensing Inspection Summaries from 9-15-16, 12-13-16, and 1-13-17 were posted on the home's bulletin board in the front area of the home. The resident privacy coding was attached to each of the Licensing Inspection Summaries.</p>
<p><b>3. PLAN OF CORRECTION (POC)</b> (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.</p>

**MORRIS-PACE INSPECTION 8/3/17**

2600.17

1. Privacy/HIPPA is mandatory in Personal Care Homes.
2. I Posted violation report and it had the name(s) of a resident on the last page.
3. Resident's names cannot be visible for all to see.
4. I removed all of the list of names from all posted violation reports immediately.
5. Upon receiving the violation reports back from DHS, I will remove the last page for disposal.
6. As the Admin., it is my responsibility to ensure compliance.

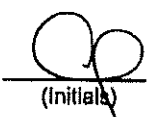
Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date	
Nathaniel D Pace		8/17/17	
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>			
The above plan of correction is approved as of <u>8-30-17</u> (Date)		Plan of correction implementation status as of <u>8-30-17</u> (Date)	
The above plan of correction was approved by  (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 - 08/03/2017 - Dumas, Gerald PGH Name: MORRIS PACE PERSONAL CARE
<b>1. REGULATION 55 Pa.Code §2600</b> 2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.
<b>2a. DESCRIPTION OF VIOLATION</b> A gas stove is located in the home's kitchen. The home does not have a carbon monoxide detector located near the home's fossil fuel appliance.
<b>3. PLAN OF CORRECTION (POC)</b> (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.

2600.18

1. Health, Safety, & Welfare are our goals for all residents.
2. There was NOT a Carbon Monoxide detector in the kitchen.
3. I was not aware my brother threw out the non-working CO detector until it was pointed out to us during inspection.
4. I purchased a Carbon Monoxide detector and placed it in the kitchen for compliance, also informed the kitchen staff to notify Admin if the detector fails.
5. Maintain the Carbon Monoxide detector near all gas related utilities.
6. Dietary Dir. & kitchen staff are responsible for maintaining this detector.

Administrator will oversee to ensure ongoing compliance. cp. 8-30-17

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date	
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Violation Report: 21590 - 08/03/2017 - Dumas, Gerald  
 PCH Name: MORRIS PACE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600  
 2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION

During the home's annual inspection, Department representatives observed posted in a common area of the home "The Community Council Meeting" minutes from 1/19/17. The minutes identified resident # 1 as being the subject of a petition. The posted minutes included information regarding resident # 1's behavior and interaction with other residents. The public posting identifying resident # 1 exemplified a lack of respect for 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.*

2600.42.C

1. Confidentiality as directed by the Residents Rights must be maintained at all times.
2. Posted Community Council minutes.
3. After our Community Council meeting I typed up the minutes and did not realize that putting the name of a resident on that document was a violation once it was posted.
4. Posted minutes were taken down immediately.
5. From here on, I will not place the name or identity of any residents on any/all posted documents, they will be identified as "Resident A" or "Resident B" if need be!!
6. Admin. is responsible for ensuring this regulation.

Repeat Violation: Yes	Date(s) of Previous Violation(s): 12/13/2016	
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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 Pace	Date 8/17/17
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 (Date)

Plan of correction implementation status as of 8-30-17  
 (Date)

The above plan of correction was approved by   
 (Initials)

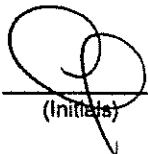
- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 21590 - 08/03/2017 - Dumas, Gerald PCH Name: MORRIS PACE PERSONAL CARE
1. REGULATION 55 Pa.Code §2800 2600.85(b) - There may be no evidence of infestation of insects or rodents in the home.
2a. DESCRIPTION OF VIOLATION A live bed bug was observed on the wall of bedroom B3.
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.

2600.85.B

1. All areas of this facility must be kept rodent/insect/bug free for Health of all residents.
2. During our inspection, a resident was seen killing a Bed Bug on his wall with his hand.
3. M-P has been dealing with this problem, we have switched company's. This company uses an "oil" based insecticide and not "water" based. It lasts longer and kills longer, I can see the difference.
4. This resident's room is set to be exterminated on 8/24 & 9/21/17, also the room next door.
5. M-P will continue to treat all areas of our facility on a biweekly basis to ensure that this problem is controlled properly.
  
6. All staff are responsible for compliance & prevention.

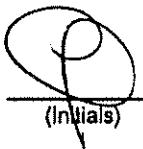
The Administrator will oversee this process to ensure it is effective. If it is not effective, more aggressive steps will have to be taken by the home.

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<b>Violation Report: 21590 - 08/03/2017 - Dumas, Gerald</b> <b>PCH Name: MORRIS PACE PERSONAL CARE</b>
<b>1. REGULATION 55 Pa.Code §2600</b> 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.
<b>2a. DESCRIPTION OF VIOLATION</b> Resident # 1's (date of admission [REDACTED] 16 ), medical evaluation ( D.M.E.), was completed on [REDACTED] 15 which is more then 60 days prior to admission to the home.
<b>3. PLAN OF CORRECTION (POC)</b> (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>

2600.141.A.1 (DME completed too early)

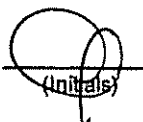
1. All residents must have current/annual DME that shows, on admittance, must be examined no more than 60 days prior or no more than 30 after admittance.
2. Resident was examined/DME completed more than 60 days prior to admittance.
3. Admin. over looked this upon admission.
4. Admin. changed the "Admitting Facesheet document" stating "DME completed 60 day prior or 30 after ONLY!! If dates go beyond that, DME/exam must done again.
5. Admin spoke with the Records Dir. and requested "date labels" be done and placed on the outer binder so when we look at the charts we can see when RASP & DME were completed or are due. This will greatly assist with compliance.
6. Admin & Records Dir. is responsible for compliance and prevention and periodic checks will be done by both of us.

Repeat Violation: Yes	Date(s) of Previous Violation(s): 09/15/2016	
Signature of Legal Entity Representative <i>(Required on EVERY Page)</i>		
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<b>Violation Report:</b> 21590 - 08/03/2017 - Dumas, Gerald <b>PCH Name:</b> MORRIS PACE PERSONAL CARE
<b>1. REGULATION 55 Pa.Code §2600</b> 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.
<b>2a. DESCRIPTION OF VIOLATION</b> Resident #1's, date of admission [redacted] 16, initial medical evaluation was completed on [redacted] 15, which was more than 60 days prior to admission to the home.
<b>3. PLAN OF CORRECTION (POC)</b> (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>

2600.141.B.1 (Annual DME)

1. All residents must have current/annual DME that shows, on admittance, must be examined no more than 60 days prior or no more than 30 after admittance.
2. Resident was examined/DME completed more than 60 days prior to admittance.
3. During emergency placement Admin. over looked this upon admission.
4. Admin. changed the "Admitting document" stating "DME completed 60 day prior or 30 after ONLY!! If dates go beyond that, DME/exam must done again.
5. Admin spoke with the Records Dir. and requested "date labels" be done and placed on the outer binder so when we look at the charts we can see when RASP & DME were completed or are due. This will greatly assist with compliance.
6. Admin. & Records Dir. is responsible for compliance and prevention.

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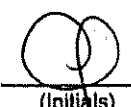
<b>Violation Report: 21580 - 08/03/2017 - Dumas, Gerald</b> <b>PCH Name: MORRIS PACE PERSONAL CARE</b>
<b>1. REGULATION 55 Pa.Code §2600</b> 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home
<b>2a. DESCRIPTION OF VIOLATION</b> Resident # 2 has a physician's order for Ventolin HFA Inhaler. The inhaler expired 4/17. Resident # 3 has a physician's order for Ibuprofen 200mg. The medication expired 8/17. Resident # 4 has a physician's order for Senna Lax 8.6mg. The medication expired 4/17.
<b>3. PLAN OF CORRECTION (POC)</b> (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>

2600.183.D (Expired Meds)

1. Expired medications can be harmful if administered.
2. While doing the weekly Med Cart check I missed these expired medications.
3. These Meds were PRN and since the residents didn't use it I kept it in the drawer for compliance. I did not check the date on the inhaler box like I check the opened inhalers, also, I do weekly checks on all meds and overlooked the Ibuprofen & Senna Lax that was found.
4. I called our homes Dr. and he D/C'd those medication since the residents were not using them. I will continue to do my weekly checks of the Med cart for compliance.
5. Pharmacist has agreed to come to facility, on a monthly basis, to check behind my weekly checks for compliance. This will ensure, at a higher level, that no expired meds will be in the Med Cart.
6. Admin is responsible for compliance and prevention of violations.

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)		Date
Nathaniel J. Peer		8/17/17

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Violation Report: 21590 - 08/03/2017 - Dumas, Gerald  
 PCH Name: MORRIS PACE PERSONAL CARE

**1. REGULATION 55 Pa.Code §2600**

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

**2a. DESCRIPTION OF VIOLATION**

Staff did not sign or initial the Medication Administration Record of Resident # 4 to indicate that 45mg. of Mirtazapine had been administered at 9:00pm on 8/1/17.  
 Staff did not sign or initial the Medication Administration Record of Resident # 5 to indicate that 100mg. of Hydralazine had been administered at 9:00pm on 8/1/17.  
 Staff did not sign or initial the Medication Administration Record of Resident # 6 to indicate that 300mg. of Lithium Carb had been administered at 5:00pm and 9:00pm on 8/1/17.

**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.

2. I (Admin) missed initialing a couple of spots on new August 2017 MAR's.
3. While administering the residents meds I missed a couple of boxes on brand new MAR's.
4. I (Admin) initialed the boxes that I missed on 8/1/17 for compliance.
5. M-P does weekly Med Cart/MAR checks to ensure that all initials are signed, all meds are reordered/refilled, & expired meds are sent back to pharmacy for disposal.
6. All MED staff are responsible for compliance and preventing future violations.  
*Administrator will oversee for ongoing compliance at*

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
<i>Nathanial D Pace</i>		<i>8/17/17</i>

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Violation Report: 21590 - 08/03/2017 - Dumas, Gerald

PCH Name: MORRIS PACE PERSONAL CARE

**1. REGULATION 55 Pa.Code §2600**

2600.187(d) - The home shall follow the directions of the prescriber.

**2a. DESCRIPTION OF VIOLATION**

Resident # 7 has a physician's order for Proctozone Cream 2%. The medication was not available.

**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.*

2600.187.D

1. All medications must be available at all times for Health & Safety of residents.
2. Medication (cream) was not in Med Cart.
3. Once cream was used up, M-P staff did not re-order as required.
4. Admin contacted the Pharmacy and requested a refill immediately.
5. When new MAR's come in, check what's in the Med Cart, also during our weekly checks reorder whatever needs are found. Pharmacist will be coming to facility to do monthly checks, a backup to our weekly checks to ensure all meds are available.
6. Admin is responsible for compliance & prevention of future violations.

Repeat Violation: Yes

Date(s) of Previous Violation(s): 12/13/2016

Signature of Legal Entity Representative  
(Required on EVERY Page)

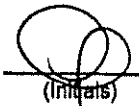
Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

*Nathaniel Pace*  
Nathaniel Pace

Date 8/17/17

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(Date)

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(Initials)

Plan of correction implementation status as of 8-30-17  
(Date)

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Violation Report: 21590 - 08/03/2017 - Dumas, Gerald  
 PCH Name: MORRIS PACE PERSONAL CARE

**1. REGULATION 55 Pa.Code §2600**

2600.201 - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself/herself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

**2a. DESCRIPTION OF VIOLATION**

The home's administrator "A" organized a community council meeting on 1/19/16. The minutes from that meeting were posted identifying resident # 1 as the subject of a petition by the other residents of the personal care home. The minutes identified the resident as having concerns interacting with other residents of the home. In an interview with the home's administrator, A, there was no indication that any attempt was made to discreetly address the resident's concerns through any alternative intervention via a one-on-one discussion with the resident or small group intervention with professional support staff prior to the community council meeting.

**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.*

2600.201 (posting minutes)

1. M-P should not have posted any residents name in the home, confidentiality must be maintained.
2. I posted the minutes of Community council meeting with a resident's name.
3. Posting did not give confidentiality to this resident.
4. The posting was removed and thrown away.
5. If I am posting "anything", I will be mindful of not using a residents name and keep the confidentiality. I should have just used "Resident A" instead of names.
6. Admin is responsible for preventing future violations, I was not aware that this was a violation.

Repeat Violation: No

Date(s) of Previous Violation(s)

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Nathan Pace*

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

Nathan Pace

Date

8/19/17

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

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 (Date)

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 (Date)

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*[Signature]*  
 (Initials)

- Fully Implemented
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Violation Report: 21590 - 08/03/2017 - Dumas, Gerald

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 # 8's (date of admission [redacted] 16.) Initial Resident Assessment and Support Plan (RASP) was completed on [redacted] 16. The annual RASP has not been completed as of 8-3-17.

**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.*

2600.225.(C)

- 1. Support plans & Assessments are crucial to understand the needs of all residents.
- 2. Annual was not completed in a timely fashion.
- 3. Records Dir overlooked this chart and did not complete needed RASP on time.
- 4. I contacted the Records Dir and has him complete the needed RASP, also, has placed on the binder of all charts the dates for the DME & RASP to prevent future violations.
- 5. RASP & DME dates are posted on the binder to assist Records Dir with maintaining current dates/future dates for completion.
- 6. Records Dir. is responsible for preventing future violations.

*The Administrator will oversee this process to insure ongoing compliance. P. 8-30-17*

Repeat Violation: Yes

Date(s) of Previous Violation(s): 02/14/2017

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 8/17/17

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(Date)

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(Initials)

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

Violation Report: 21590 - 08/03/2017 - 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**  
 Resident # 1's support plan completed 5/21/17 identified behaviors of irritability, judgement, agitation and aggression however, there is no documented attempts to actively assist with consulting with the resident's physician, counseling referral attempts or to reestablish meetings for resident # 1 to address anger management issues.

**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.

- 2600.227.D.
1. M-P staff needs to address any/all issues of current residents and document them in RASP and what was done to satisfy the issues.
  2. When staff & resident discussed the behaviors of this resident, documentation was not completed in RASP.
  3. Some, not all communications were documented by staff, but not transferred into RASP. Staff was informed to document ALL issues that happen, being busy is no excuse.
  4. I have spoken to the Records Dir. and informed him that he MUST read the communication book weekly and transfer needed information into that residents RASP as it applies to their health/safety/welfare.
  5. Records Dir. agrees that he has not been reading the communication book weekly and has been getting information from the staff, he understands he's not in compliance with the needs of these residents and our PC Home. I'm having all staff go over all violations so everyone is on the same page.
  6. Records Dir. is responsible and maintaining compliance and prevention of future violations.

*Administrator will oversee to ensure ongoing compliance CC. 8-30-17*

Repeat Violation: Yes      Date(s) of Previous Violation(s): 09/15/2016

Signature of Legal Entity Representative  
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Nathaniel D Pace*      Date *8/17/17*

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

The above plan of correction is approved as of <u>8-30-17</u> (Date)	Plan of correction implementation status as of <u>8-30-17</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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