



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]
MAILING DATE: March 22, 2019

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's Bureau of Human Services Licensing inspection on January 31, 2019 of the above facility, the citations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in black ink that reads "M. Moskalczyk".

Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Violation Report

MAR. 7. 2019 2:39PM

BHSL

NO. 4009 P. 3

Violation Report: 21590 - 01/31/2019 - Deluca, Amy

PCH Name: MORRIS PACE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.15(c) - The home shall immediately submit to the Department's personal care home regional office a plan of supervision or notice of suspension of the affected staff person.

2a. DESCRIPTION OF VIOLATION

The home reported that on 1/23/2019 staff person A was verbally abusive to residents #1 and #2. Staff person A was placed on a 5-day suspension and then returned to work on 1/30/2019. The home did not contact the regional office to submit a plan of supervision for the staff person prior to allowing them to return to work.

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.

- Staff member "A" was suspended for 5 days W/O pay for violating Residents rights. Letters of apology were written & given to residents 1 & 2. Both accepted his apology.
- Admin is monitoring staff member "A" as well as communicating periodically with residents 1 & 2 for compliance, staff "A" is being restricted from residents 1 & 2 during his shift. I await an email from his therapist on progress and how I need proceed with restrictions or termination.
- There are 2 staff members working in the Live-in position nightly and staff member "A" will not be in contact with residents 1 & 2 as required by Admin.
- Staff member "A" is in counseling to address his issues. He has had 2 sessions and will continue until the Therapist releases him. I've been in contact with his therapist to explain the reason for his need of therapy.
- I've had weekly meetings with staff member "A" asking if there are any issues he's like to discuss, in the effort to prevent any further outburst due to stress.
- As the Admin I will be opening the floor during monthly staff meeting for staff to express any/all issues that they feel can escalate into resident rights violations, as well as re-introducing what the Residents Rights are, reminding all that residents are here for assistance, staff is here by choice.

#1 suspend the staff person(s) involved.
 #2 Report alleged Abuse to the Department
 #3 LOCAL AFD Aging
 # Report alleged Abuse to the residents

If any future allegations of Abuse occur, the home will immediately notify the administrator designated person.

Repeat Violation: No	Date(s) of Previous Violation(s):	The administrator shall be responsible for ongoing compliance	
Signature of Legal Entity Representative (Required on EVERY Page)		Date 3/5/19	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date 3/11/19	

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

The above plan of correction is approved as of <u>3/11/19</u> (Date)	Plan of correction implementation status as of <u>3/11/19</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

MAR. 7. 2019 2:39PM

BHSL

NO. 4009 P. 4

Violation Report: 21590 - 01/31/2019 - Deluca, Amy
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

On 1/23/2019 staff person A was verbally abusive to resident #1 after resident #1 called the staff person a grouch. Staff person A was also verbally abusive to resident #2 when the resident refused to stop leaning on a window shelf. The residents were not treated with dignity and respect.

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.

2600.42C

1. ALL RESIDENTS MUST BE TREATED WITH DIGNITY & RESPECT, if staff feels that this can't be done, resign or termination will occur.
2. Admin is responsible for compliance.
3. Monthly meetings/trainings will occur to address Residents Rights instead of our annual training.
4. At our monthly meeting/trainings Residents Rights will be addressed to reinforce the need for compliance, every resident has the right to be treated with dignity & respect, no excuses!!
5. Admin will be conducting these trainings/meetings to ensure that compliance is being completed. If/when the AAA does their training on Residents Rights, I will make a point to remind the AAA worker of the need for compliance due to this incident.
6. Admin encourages staff to reach out to myself or for therapy if they're having stress related issues towards residents, we all need to be Pro-active in our behavior and not Re-active.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Nathaniel A Pace* Date *3/5/18*

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

The above plan of correction is approved as of 3/11/19 (Date)

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

Plan of correction implementation status as of 3/11/19 (Date)

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

MAR. 7. 2019 2:39PM

BHSL

NO. 4009 P. 5

Violation Report: 21590 - 01/31/2019 - Deluca, Amy
PCH Name: MORRIS PACE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Staff person A did not receive annual training in resident rights or the Older Adult Protective Services Act for the year 2018.

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.

- 1. Residents Rights/Older Adult Protective Services was completed/trained by our Ombudsman at the AAA. She shows that she completed it on her calendar however my Dietary Dir can't find the sign in sheet.
- 2. Admin is responsible for scheduling the Residents Rights training by the AAA however I was on vacation when this was done and the sign in sheet was not given to me on my return.
- 3. Once the training by the AAA is completed we will copy the sign-in sheet and give a copy to our Ombudsman for compliance.
- 4. I've spoken to my Dietary Dir about returning the sign-in sheet either in our training folder or under my office door once completed when I'm not available to prevent any more infractions.
- 5. I've shown my Dietary Dir where our training folder is so he's aware of its location for proper documentation.
- 6. AAA does our annual training for Residents Rights & Older Adult Protective Services and this will continue, however M-P will have a monthly meeting/training to ensure that all staff is aware & compliant.

The administrator shall monitor and be responsible for ongoing compliance

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

Signature of Legal Entity Representative (Required on EVERY Page) *Nathaniel Pace* *3/11/19*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Nathaniel Pace* Date *3/5/19*

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Plan of correction implementation status as of *3/11/19* (Date)

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