



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail dorothyclarrk3841@gmail.com
Sent via e-mail info@mccallumal.com
September 6, 2019

Mr. William Kofron
President
Wilmatt, Inc.
5126 Stump Road
Pipersville, Pennsylvania 18947

RE: McCallum Assisted Life
7141 McCallum Street
Philadelphia, Pennsylvania 19119
License #: 144450

Dear Mr. Kofron:

As a result of the Department's Bureau of Human Services Licensing inspection on June 18, 2019 of the above facility, the violations 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,

Mia Johnson

Mia Johnson
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report

Facility Information

Name: *MCCALLUM ASSISTED LIFE*License Number: *144450*Address: *7141 MCCALLUM STREET, PHILADELPHIA, PA 19119*County: *PHILADELPHIA*Region: *SOUTHEAST*

Administrator

Name: *Dorothy Clark*Phone: *2152422991*

Email:

*dorothyclarrk3841@gmail.com,**info@mccallumal.com*

Legal Entity

Name: *WILMATT INC*Address: *5126 STUMP ROAD, PIPERSVILLE, PA, 18947*

Certificate(s) of Occupancy

Type: *Other*

Date:

Issued By:

Staffing Hours

Resident Support Staff: *0*Total Daily Staff: *29*Waking Staff: *22*

Inspection

Type: *Partial*

BHA Docket #:

Notice: *Unannounced*Reason: *Monitoring, Change Legal Entity*

Inspection Dates and Department Representative

06/18/2019 - On-Site: Dean Gray

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *48*Residents Served: *29*

Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0*Are 60 Years of Age or Older: *25*Diagnosed with Mental Illness: *26*Diagnosed with Intellectual Disability: *0*Have Mobility Need: *0*Have Physical Disability: *7*

MCCALLUM ASSISTED LIFE

144450

25b - Contract Signatures

Regulations

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated 03/28/19, for resident #1 was not signed by the resident.

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

Within 5 days receipt of POC documentation of signed contract will be submitted to M. Johnson at the Southeast Regional office at ra-pwarlsoutheast@pa.gov or fax to 610-270-1147. 9/5/19

MJ

Legal Entity Representative

Dorothy Clark LPN, RCHA, ALA
Signature *Dorothy Clark LPN, RCHA, ALA* Administrator Printed Name and Title *8-1-19* Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of *9/5/19* (Date) Plan of correction implementation status as of *9/5/19* (Date)

The above plan of correction was approved by *MJ* (Initials)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

06/18/2019

2 of 8

Plan of corrections 2019

McCallum Assisted Life

License Number: 144450

7141 McCallum Street

Region: Southeast

Philadelphia Pa 19119

Administrator: Dorothy Clark

Legal Entity: Wilmatt Inc 5126 Stump Road, Pipersville, Pa 18947

2600.25b Contract Signature

The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the agrees.

Violation

The resident-home contract dated 03/28/19 for resident #1 was not signed by the resident.

Immediate: (06/20/19) Administrator went over contract with resident and requested signature; resident still refuse to sign contact along with designee. Administrator documented resident refusal to sign.

Training: (06/20/19) Administrator was trained on the proper procedures on how to document on a contact a residents' right to refuse to sign a contract. If a request is to only have designee sign; Residents' refused to sign will be documented.

On-going monitoring: All contacts will be properly documented with resident refused to sign, as resident stated.

X Dorothy Clark LPN, PCHA, ALA
Dorothy Clark LPN, PCHA, ALA
Administrator

8/1/2019 3:00 PM

MCCALLUM ASSISTED LIFE

144450

89a - Water Pressure

Regulations

2600.

89.a. The home must have hot and cold water under pressure in each bathroom, kitchen and laundry area to accommodate the needs of the residents in the home.

Description of Violation

On 06/18/19, the 2nd floor bathroom did not have hot and cold water pressure sufficient to meet the bathing, cleaning and sanitation needs of the resident.

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

Legal Entity Representative

Dorothy Clark LPN, PCHA, ALA

Dorothy Clark LPN, PCHA, ALA

Signature

Administrator

Printed Name and Title

8-1-19

Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 9/5/19 (Date)

Plan of correction implementation status as of 9/5/19 (Date)

The above plan of correction was approved by [Signature] (Initials)

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

06/18/2019

3 of 8

2600.89 a Water Pressure

The home must have hot and cold water under pressure in each bathroom, kitchen and laundry area to accommodate the needs of the resident in the home.

Violation: The second floor did not have hot and cold-water pressure sufficient to meet the bathing cleaning and sanitation needs of the resident.

Immediate: (06/21/19_ Maintenance Department opened the valve wider to make the water pressure enough for resident's needs.

Training:(06/21/19)_ Maintenance was trained on proper state regulation on proper water pressure.

On-going monitoring: Maintenance will monitor the pressure of the bathroom pressure weekly to make sure water pressure meets resident needs.

X Dorothy Clark LPN, PCHA, ALA
Dorothy Clark LPN, PCHA, ALA
Administrator

8/1/2019 3:00 PM

MCCALLUM ASSISTED LIFE

144450

131f - Fire Extinguisher Inspection

Regulations

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

The fire extinguishers throughout the home have not been inspected by a fire safety expert since April 2018.

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

Within 5 days receipt of POC documentation of signed contract will be submitted to M. Johnson at the Southeast Regional office at ra-pwarlsoutheast@pa.gov or fax to 610-270-1147. 9/5/19 *MJ*

Legal Entity Representative

Dorothy Clark LPN, PCHA, ALA
Signature

Dorothy Clark, LPN, PCHA, ALA
Administrator
Printed Name and Title

8-1-19
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of *9/5/19*
(Date)

Plan of correction implementation status as of *9/5/19*
(Date)

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

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

06/18/2019

4 of 8

2600.131.f Fire Extinguisher Inspection

Fire extinguisher shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Violation: The fire extinguishers throughout the home have not been inspected by a fire safety expert since April 2018.

Immediate: (06/19/19) Administration call First Response to confirm that fire extinguishers were inspected and up today. Fire extinguishers was up to date and inspection was good up to 8/2019. Tag was read incorrectly by inspector. Appointment was made for yearly inspection which is due 8/2019

Training:(06/19/19) Administration training will include the continuation of monitoring the state regulation book on fire inspection due dates

On - going monitoring: Administrator will continue to monitor the annual fire inspection due dates.

X Dorothy Clark LPN, PCHA, ALA
Dorothy Clark LPN, PCHA, ALA
Administrator

2600.224a Preadmission Screen Form

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.

Violation : Resident #2 was admitted to the home on 01/03/18: however , the resident's preadmission screening form was not completed.

Immediate: (06/23/19) Administrator meet with resident and developed preadmission screening intake form , to make sure home can met all the resident needs. The form will be included to resident's intake forms. (The form was not including prior to new entity taking ownership)

Training:(06/23/19) Administrator training will include checking all residents' books for preadmission forms that was not included prior to new entity ownership. New prescreening form will be developed and noted for state observation

On-going monitoring: All prescreening forms will be included within 30 days prior to admission

2600.227.g Support Plan signatures

Individual who participate in the development of the support plan shall sign and date the support plan.

Violation: Resident # 2 in the development of his/her support plan on 01/02/19. However, the resident did not sign support plan.

Immediate: (06/19/19) Administrator went over support plan with resident and requested signature; resident still refuse to sign support plan along with designee. Administrator documented resident refusal to sign.

Training:(06/19/19) Administrator was trained on the proper procedures on how to document on a Support Plan when a resident refuse to sign support plan. When a request is to only have designee sign; Residents' refused will be documented.

On-going monitoring: All support plans will be properly documented with resident refused to sign , as resident has stated

X Dorothy Clark LPN, PCHA, ALA

Dorothy Clark LPN, PCHA, ALA
Administrator

8/1/2019 3:00 PM

MCCALLUM ASSISTED LIFE 144450

224a - Preadmission Screen Form

Regulations

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.

Description of Violation

Resident #2 was admitted to the home on 01/03/18; however, the resident's preadmission screening form was not completed.

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

Legal Entity Representative

Dorothy Clark LPN, RCHA, ALA
Signature Administrator
Date 8-1-19

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 9/5/19 (Date) Plan of correction implementation status as of 9/5/19 (Date)
The above plan of correction was approved by [Initials] (Initials)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

06/18/2019

5 of 8

227g -Support Plan Signatures

Regulations

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #2 participated in the development of his/her support plan on 01/02/19. However, the resident did not sign the support plan.

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.)

Within 5 days receipt of POC documentation of signed contract will be submitted to M. Johnson at the Southeast Regional office at ra-pwarlsoutheast@pa.gov or fax to 610-270-1147. 9/5/19 *MJ*

Legal Entity Representative

Dorothy Clark LPN, PCHA, ALA

Signature

Dorothy Clark LPN, PCHA, ALA

Printed Name and Title

Date 8-1-19

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 9/5/19 (Date)

Plan of correction implementation status as of 9/5/19 (Date)

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

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

06/18/2019

6 of 8

MCCALLUM ASSISTED LIFE

144450

252 - Record Content

Regulations

2600.

252. Content of Resident Records - Each resident's record must include the following information:

1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. A photograph of the resident that is no more than 2 years old.
4. Language or means of communication spoken or used by the resident.
5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.
6. The name, address and telephone number of the resident's physician or source of health care.
7. The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms.
8. A list of prescribed medications, OTC medications and CAM.
9. Dietary restrictions.
10. A record of incident reports for the individual resident.
11. A list of allergies.
12. The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies.
13. The preadmission screening, initial intake assessment and the most current version of the annual assessment.
14. A support plan.
15. Applicable court order, if any.
16. The resident's medical insurance information.
17. The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity.
18. An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.
19. An inventory of the resident's property entrusted to the administrator for safekeeping.
20. The financial records of residents receiving assistance with financial management.
21. The reason for termination of services or transfer of the resident, the date of transfer and the destination.
22. Copies of transfer and discharge summaries from hospitals, if available.
23. If the resident dies in the home, a copy of the official death certificate.
24. Signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 2600.41 (relating to notification of rights and complaint procedures).
25. A copy of the resident-home contract.
26. A termination notice, if any.

Description of Violation

Resident #2's record does not include a photograph of the resident that is no more than 2 years old.

06/18/2019

7 of 8

MCCALLUM ASSISTED LIFE

144450

252 - Record Content (continued)

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

Legal Entity Representative

Dorothy Clark LPN, RCHA, ALA
Signature

Administrator
Dorothy Clark LPN, RCHA, ALA 8-1-19
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 9/5/19
(Date)

Plan of correction implementation status as of 9/5/19
(Date)

The above plan of correction was approved by [Signature]
(Initials)

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

06/18/2019

8 of 8

2600.252 Record Content

Each resident must contain the following #3 Photograph of resident not more the 2 years old.

Violation: Resident #2 record does not include photograph of the resident that is no more than 2 years old.

Immediate:(06/18/19) Resident was taken immediately and placed in the resident's file.

Training:(06/18/19) Staff will notify Administration when a need for pictures that are missing or need to be updated.

On-going monitoring: Administrator will develop check sheet to monitor for picture updates to all files.

X Dorothy Clark LPN, PCHA, ALA

Dorothy Clark LPN, PCHA, ALA

Administrator

8/1/2019 3:00 PM