



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail wkofron@mccallumal.com
Sent via e-mail dorothyclarrk3841@gmail.com
July 31, 2020

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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on March 2, 2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Sandra Wooters

Sandra Wooters, MHS, ACG
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *MCCALLUM ASSISTED LIFE*

License Number: *14445*

Address: *7141 MCCALLUM STREET,, PHILADELPHIA, PA 19119*

County: *PHILADELPHIA*

Region: *SOUTHEAST*

Administrator

Name: *Dorothy Clark*

Phone: *2152422991*

Email: *WKOFRON@MCCALLUMAL.COM*

Legal Entity

Name: *WILMATT INC*

Address: *5126 STUMP ROAD, PIPERSVILLE, PA, 18947*

Certificate(s) of Occupancy

Type: *C-3 SP*

Date: *02/20/1991*

Issued By: *Philadelphia L&I*

Staffing Hours

Resident Support Staff: *24*

Total Daily Staff: *56*

Waking Staff: *42*

Inspection

Type: *Full*

BHA Docket #: *144450*

Notice: *Unannounced*

Reason: *Renewal*

Inspection Dates and Department Representative

03/02/2020 - On-Site: Evelyn Perez, Shawn Parker

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *48*

Residents Served: *32*

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: *24*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *0*

Have Physical Disability: *2*

Plan of Correction 2020

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

2600.3.C Post Current License

2600.3(c) – The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the home.

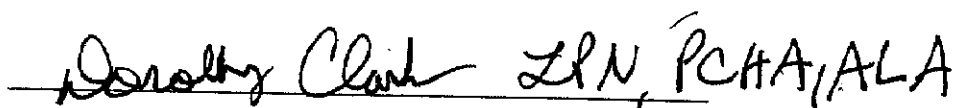
Violation

On 3/2/20 the home's copy of 55 Pa. Code Chapter 2600, was not posted in A conspicuous and public place in the personal care home.

Immediate: March 2,2020 , when the Department of Human Service was Present after giving notification of deficiencies current license was posted immediately

Training: March 2,2020, Administration went over state regulation and informed Staff not to remove any posted written material with the prior permission of Administration. Also, any bulletin boards that need background that is to be changed all material is to be replace immediately.

On- going monitoring: Administration during daily walk through and building inspection will inspect all bulletin boards for written materials that is required to posted by the Department of human Services

 Dorothy Clark LPN, PCHA, ALA

Dorothy Clark LPN,PCHA,ALA
Administrator

MCCALLUM ASSISTED LIFE

14445

18 - Compliance With Laws

Regulations

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

Personal Care and Assisted Living homes must post the required influenza information in a public place in the home year-round as required by the Influenza Awareness Act (HB 1785). The home did not have an influenza poster anywhere.

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
Signature

LPN, RCHA, ALA

Dorothy Clark
Printed Name and Title

5/14/20
Date

Administrator

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

The above plan of correction is approved as of *7/30/2020*
(Date)

Plan of correction implementation status as of *7/30/2020*
(Date)

Implemented

Not Implemented

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

2600.18 Compliance with Laws

2600.18 Application Health and Safety Laws – A home shall comply with applicable Federal, State, and local laws, ordinances, and regulations.

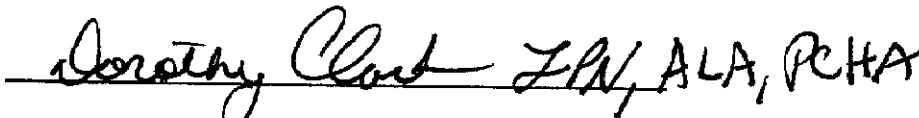
Violation

Personal Care and Assisted Living homes must post the required influenza information in a public place in the home year-round as required by the Influenza Awareness Act(HB 1785). The home did not have an influenza poster anywhere.

Immediate: March 2,2020 , when the Department of Human Service was present after giving notification of deficiencies current influenza Awareness Act poster was posted immediately

Training: March 2,2020, Administration went over state regulation and informed staff not to remove any posted written material with the prior permission of Administration. Also, any bulletin boards that is changed background must have all material is to be replace immediately.

On-going monitoring: Administration during daily walk through and building inspection will inspect all bulletin boards for written materials that is required to posted by the Department of human Services

 LPN, ALA, PCHA

Dorothy Clark LPN,PCHA,ALA

Administrator

6/5/14/20

MCCALLUM ASSISTED LIFE

14445

41c - Rights Poster

Regulations

2600.

41.c. The Department's poster of the list of resident's rights shall be posted in a conspicuous and public place in the home.

Description of Violation

The Department's resident's rights poster is not posted in a conspicuous and public place in the home.

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
Signature

LPN, PCHA, ALA Dorothy Clark
Printed Name and Title

5/14/20
Date
Administrator

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(Date)

Plan of correction implementation status as of *7/30/2020*
(Date)

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

Implemented
 Not Implemented

03/02/2020

2600.41C Rights Poster

2600.41C - The Department's poster of the list of resident's rights shall be in a conspicuous and public place in the home.


Violation

The Department's resident's rights poster is not in a conspicuous and public place in the home.

Immediate: March 2, 2020, when the Department of Human Service was present after giving notification of deficiencies current list of resident rights was posted immediately

Training: March 2, 2020, Administration went over state regulation and informed staff not to remove any posted written material with the prior permission of Administration. Also, any bulletin boards that is changed background must have all material is to be replace immediately.

On-going Monitoring: Administration during daily walk through and building inspection will inspect all bulletin boards for written materials that is required to posted by the Department of human Services.


Dorothy Clark LPN, PCHA, ALA

05/14/20

Administrator

MCCALLUM ASSISTED LIFE

14445

88a - Surfaces

Regulations

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

The wall in the basement outside of the dining area is cracked.

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
Signature

SPN, PCHA/ALA

Dorothy Clark
Printed Name and Title

5/14/20
Date

Administrator

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The above plan of correction is approved as of 4/30/2020
(Date)

Plan of correction implementation status as of 4/30/2020
(Date)

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

Implemented
 Not Implemented

03/02/2020

2600.88a Surfaces

2600.88a – Floors, Walls ceilings, windows, doors, and other surfaces must be clean, in good repair and free of hazards.

Violation

The wall in the basement outside of the dining area is cracked

Immediate: Maintenance was showed the repair and wall was immediately patch for repair and painting.

Training: Staff is to notify maintenance of any repair and to put it on maintenance repair sheet for repairs.

On-going monitoring: Administration during daily walk through and building inspection will inspect all bulletin boards for written materials that is required to posted by the Department of human Services.

Dorothy Clark LPN, PCHA, ALA
Dorothy_Clark_LPN_PCHA_ALA
Administrator
05/14/20

MCCALLUM ASSISTED LIFE

14445

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 3/2/20, the home did not have sufficient hot water to the 2nd floor bathroom.

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, PRHA, ALA *Dorothy Clark* *5/14/20*
Signature Printed Name and Title Date
Administrator

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(Date)

Implemented
 Not Implemented

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

03/02/2020

2600.89a Water Pressure

2600.89a – 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.

Violation

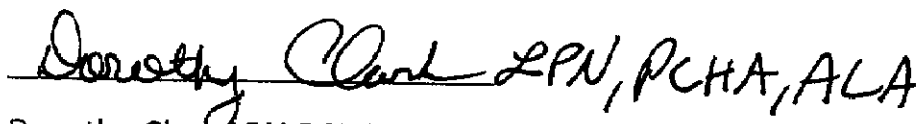
On 3/2/20, the home did not have sufficient hot water to the 2nd floor bathroom.

Immediate: (03/02/20) Maintenance Department opened the valve wider to make the water pressure enough for resident's needs.

Training: (03/02/20) 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.

(5/14/20) Outside plumber was called to home for parts replacement for heat to maintain continuous hot water throughout the entire home distributed evenly.


Dorothy Clark LPN, PCHA, ALA
Administrator

05/14/20

MCCALLUM ASSISTED LIFE

14445

101j7 - Lighting/Operable Lamp

Regulations

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident #1 does not have access to a source of light that can be turned on/off at bedside. The lamp can not be reached from the bed.

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
Signature

LPN, PCHA, AHA

Dorothy Clark
Printed Name and Title

5/14/20
Date

Administrator

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(Date)

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(Date)

Implemented

Not Implemented

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

03/02/2020

2600.101J7 – Lighting/Operable Lamp

2600.101J7 – Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Violation: Resident #1 does not have access to a source of light that can be turned on/off a bedside. The lamp can not be reached from the bed.

Immediate: Administrator explained to resident the importance of having proper lighting on the bedside each resident room to prevent falls. Resident refused to have a lamp by his bedside table. (Rasp to be updated document refusal.

On 03/03/20 Administrator went out and purchase tap lights to go on wall next to any resident bedside that refuses a lamp.

Training: (03/03/20) Administrator to train and reinforce the importance of proper lighting for fall prevention. Staff was train to check all residents room for compliance with state regulation to have an light by each resident's bedside.

On-going. Monitoring: During room checks staff and maintenance is to check all light source in each room daily

Dorothy Clark LPN, PCHA, ALA

Dorothy Clark LPN, PCHA, ALA

05/14/20

Administrator

MCCALLUM ASSISTED LIFE

14445

132g - Fire Drills Days/Times

Regulations

2600. 132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The home routinely holds fire drills on the weekends, specifically on Saturdays and Sundays, as evidenced by the following drills:

1/20/19 - Sunday, 2/10/19 - Sunday, 3/3/19 - Sunday, 4/20/19 - Saturday, 5/26/19 - Sunday, 6/29/19 - Saturday, 7/07/19 - Sunday and 9/14/19 - Saturday

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.)

Legal Entity Representative

Dorothy Clark LPA, PCHA, ALA
Signature

Dorothy Clark
Printed Name and Title

5/14/20
Date
Administrator

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(Date)

Plan of correction implementation status as of 7/30/2020
(Date)

The above plan of correction was approved by slw
(Initials)

Implemented
 Not Implemented

2600.132g – Fire Drills Days/ Times

2600.132g – Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff person and not routinely held at times when resident attendance is low.

Violation: The home routinely holds fire drills on the weekends, specifically on Saturdays and Sundays, as evidenced by the following drills:

1/20/19- Sunday, 2/10/19- Sunday, 3/3/19- Sunday 4/20/19- Saturdays – 5/26/19-
-Sunday, 6/29/19 – Saturday, 7/07/19 – Sunday and 9/14/19 – Saturday

Immediate: Administration to check schedule and make an updated schedule form to assure rotation.

Training: Reinforce the importance of rotation of fire drill to ensure resident know how to evaluation in a safe and timely fashion.

On-going, monitoring: Administration is to check monthly fire drills and coordinate with maintenance to assure a rotating fire drill.

Dorothy Clark LPN, PCHA, ALA 05/14/20

Dorothy Clark LPN, PCHA, ALA

Administrator

MCCALLUM ASSISTED LIFE

14445

183e - Storing Medications

Regulations

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 3/2/20, 3 loose pills were observed in the medication cart drawers.

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 Signature *LPN, PCH, ALA* Printed Name and Title *Dorothy Clark* *5/14/20* Date *administrator*

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The above plan of correction is approved as of *7/30/2020* (Date)

Plan of correction implementation status as of *7/30/2020* (Date)

Implemented
 Not Implemented

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

2600.183e – Storing Medications

2600.183.e. Prescription medication, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture, and light and in accordance with the manufacture's instruction.

Violation: On 3/2/20, 3 loose pills were observed in the medication cart drawers.

Immediate: Medication was immediately removed from medication draw and disposed of properly in sharps container.

Training: Medication Administrator is to check bottom of medication draw before, during, and end at shift change for any pills that may fell at the bottom of the draw.

On – going Monitoring: Administration will do random medication draw check on each shift for any violation. Violation of this regulation will be followed up with disciplinary action. Medication distributed was notified of faulty packaging and the company has address this deficiency.

Dorothy Clark LPN, PCHA, ALA 05/14/20

Dorothy Clark LPN, PCHA, ALA

Administrator

MCCALLUM ASSISTED LIFE

14445

187a - Medication Record

Regulations

- 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.

Description of Violation

Centrum Silver was observed in resident #1's bedroom, however it is not included on resident's medication administration record.

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
Signature

LPN, RCHA, AA

Dorothy Clark
Printed Name and Title

5/14/20
Date

Administrator

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The above plan of correction is approved as of 7/30/2020 (Date)

Plan of correction implementation status as of 7/30/2020 (Date)

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

- Implemented
- Not Implemented

2600.187.a – Medication Record

2600.187.a – A medication record shall be kept including the following for each resident whom medications are administered:

Violation: Centrum Silver was observed in resident #1's bedroom, however it is not included on resident's medication administration record

Immediate: Medication was immediately removed from resident room. Administrator reinforced the importance of notifying medication administrator about the use of over the counter medication and the interaction it may have with prescribed medication by the primary care physician.

Training: Administration will reinforce training to all staff about notifying Administration of any over the counter medication in residents' room. Administration will obtain any orders if deemed appropriate by PCP for resident care

On-going, Monitoring: Staff will document with room clean if any over the medication was observed in residents' room. Administrator will follow up on report.

Dorothy Clark LPN, PCHA, ALA 05/14/20

Dorothy Clark LPN, PCHA, ALA

Administrator

MCCALLUM ASSISTED LIFE

14445

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.

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

MCCALLUM ASSISTED LIFE

14445

252 - Record Content (continued)

Legal Entity Representative

Dorothy Clark LPN, PCHA, ALA
Signature

Dorothy Clark
Printed Name and Title
Administrator

5/14/20
Date

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

The above plan of correction is approved as of *7/30/2020*
(Date)

Plan of correction implementation status as of *7/30/2020*
(Date)

Implemented

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

Not Implemented

2600.252 – Record Content

2600.252 – Content of Resident record must include following information.

(3) – A photograph of the resident that is no more than 2 years old.

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

Immediate: (03/02/20) Resident picture was taken immediately and placed in the resident file.

Training: (03/02/20) Staff will notify Administration when a need for pictures that are missing or need to be update.

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

Dorothy Clark, LPN, PCHA, ALA 05/14/20

Dorothy Clark LPN, PCHA, ALA

Administrator