

Department of Human Services  
Bureau of Human Service Licensing

March 8, 2021

██████████ ADMINISTRATOR  
MORRIS-PACE ASSISTED LIVING INC  
416 READING AVENUE  
WEST READING, PA 19611

RE: MORRIS-PACE PERSONAL CARE  
416 READING AVENUE  
WEST READING, PA, 19611  
LICENSE/COC#: 21590

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/05/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Anne Graziano

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY**

**Facility Information**

**Name:** MORRIS PACE PERSONAL CARE      **License #:** 21590      **License Expiration Date:** 09/10/2021  
**Address:** 416 READING AVENUE, WEST READING, PA 19611  
**County:** BERKS      **Region:** NORTHEAST

**Administrator**

**Name:** [REDACTED]      **Phone:** 6103719590      **Email:** [REDACTED]

**Legal Entity**

**Name:** MORRIS-PACE ASSISTED LIVING INC  
**Address:** 416 READING AVENUE, WEST READING, PA, 19611  
**Phone:** 6103719590      **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** Other      **Date:** 08/28/2007      **Issued By:** Borough of Reading

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 58      **Working Staff:** 44

**Inspection**

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Incident      **Exit Conference Date:** 08/06/2020

**Inspection Dates and Department Representative**

08/05/2020 - Off-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 63      **Residents Served:** 58

**Secured Dementia Care Unit**

**In Home:** No      **Area:**      **Capacity:**      **Residents Served:**

**Hospice**

**Current Resident:** 0

**Number of Residents Who:**

**Receive Supplemental Security Income:** 45      **Are 60 Years of Age or Older:** 27  
**Diagnosed with Mental Illness:** 45      **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 0      **Have Physical Disability:** 0

## Inspections / Reviews

08/05/2020 - Partial

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *09/10/2020*

9/16/2020 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *09/30/2020*

3/8/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 42c - Treatment of Residents

**1. Requirements**

2600.

42.c. A resident shall be treated with dignity and respect.

**Description of Violation**

*On 8/1/2020 at approximately 12:00 pm Staff person A hit Resident #1 in the stomach while joking around. Resident #1 was not injured but told the home's administrator this is the third time it happened. Resident # 1 was not treated with dignity and respect.*

**Plan of Correction****Directed**

1. All residents must be treated with dignity & respect.
2. Staff punched resident in the stomach joking around.
3. Resident wasn't treated with the respect he deserved
4. Staff member was terminated immediately.
5. I informed all the staff that [REDACTED] is unacceptable and I will make a swift decision on employment.
6. I, the Admin am responsible for preventing future acts of violence.

[REDACTED], Admin

*Directed Plan of Correction*

9-16-2020

*Please confirm the date of training for all staff on dignity and respect to residents. If a training sign in sheet was used, please submit a copy of the sheet with this Plan of Correction. Otherwise, please note the date of the training in this Plan.*

AG

**Completion Date:** 08/01/2020

**Document Submission****Implemented**

*had a meeting that day with all the staff and explained what happened with the Live-in and why [REDACTED] was terminated immediately. We discussed that if you're not doing "personal care" on a resident there's not reason to touch them, and abuse, even if the resident says it was "playing" will not be tolerated ever. I did not use a training sheet for this.*

**Update - 03/08/2021**

*In the future, the home shall use signature sheets from the training program to keep track of training provided to comply with verifications of Plans of Correction.*

AG, 3-8-21