

Department of Human Services
Bureau of Human Service Licensing

June 16, 2021

██████████ OWNER / ADMINISTRATOR
WILMATT INC
5734 MEETINGHOUSE RD
PIPERSVILLE, PA 18947

RE: MCCALLUM ASSISTED LIFE
7141 MCCALLUM STREET
PHILADELPHIA, PA, 19119
LICENSE/COC#: 14445

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/20/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Shawn Parker

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: MCCALLUM ASSISTED LIFE **License #:** 14445 **License Expiration Date:** 04/01/2022
Address: 7141 MCCALLUM STREET, PHILADELPHIA, PA 19119
County: PHILADELPHIA **Region:** SOUTHEAST

Administrator

Name: [REDACTED] **Phone:** 2152422991 **Email:** [REDACTED]

Legal Entity

Name: WILMATT INC
Address: 5734 MEETINGHOUSE RD, PIPERSVILLE, PA, 18947
Phone: 2152422991 **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-3 SP **Date:** 02/20/1991 **Issued By:** City of Phila., Dept of LI

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 32 **Working Staff:** 24

Inspection

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 04/20/2021

Inspection Dates and Department Representative

04/20/2021 - On-Site: [REDACTED]

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:
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Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 28
Diagnosed with Mental Illness: 26	Diagnosed with Intellectual Disability: 0
Have Mobility Need: 0	Have Physical Disability: 0

Inspections / Reviews

04/20/2021 - Full

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow-Up Date: *05/24/2021*

6/9/2021 POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *06/18/2021*

6/16/2021 - Document Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Not Required*

25b - Contract Signatures

1. Requirements

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 [REDACTED], for resident #1 was not signed by the Administrator or Designee.

Plan of Correction

Accept

Immediate: (5/24/21) Administrator signed the contract.

On-Going: Administrator will check to make sure that contract is signed by administrator or designee after each new admission.

Completion Date: 05/24/2021

Document Submission

Implemented

Copy Attached.

42s - Privacy

1. Requirements

2600.

- 42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

The home has cameras throughout the home that record. There is no signage on the 2nd and 3rd floor indicating that images are being recorded. Additionally, the posted sign on the 1st floor across from the nursing station reads, "WARNING AUDIO & VIDEO SURVEILLANCE ON DUTY AT ALL TIME." However, audio recording is prohibited in any location on the grounds of the home.

Plan of Correction

Accept

Immediate: (5/17/21) New signs were hung on the second and third floors to replace the ones that were removed by a resident. The word "Audio" was removed from the sign on the first floor as the building does not have any audio recordings.

Training: (5/17/21) Maintenance was instructed to add checking for signs as part of rounds.

On-going monitoring: Maintenance will check to see if signs are still on walls.

Completion Date: 05/17/2021

Document Submission

Implemented

Copy Attached.

54a - Direct Care Staff

1. Requirements

2600.

- 54.a. Direct care staff persons shall have the following qualifications:
1. Be 18 years of age or older, except as permitted in subsection (b).
 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
 3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

54a - Direct Care Staff (continued)

Description of Violation

The home did not provide documentation that direct care staff person A, has a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Accept

Immediate: (5/17/21) High School diploma was placed in employee's file.

Training: (5/17/21) RCC was retrained to make sure employee files contain all necessary documentation.

On-Going: Administrator will periodically check to make sure files contain all necessary documentation.

Completion Date: 05/17/2021

Document Submission

Implemented

Copy Attached.

63a - First Aid/CPR Training

1. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

The home had insufficient staff certified in CPR and first aid. From 4/11/21 to the date of inspection, on 4/20/21 there were no staff certified working the 1st, 2nd or 3rd shift.

Plan of Correction

Accept

Immediate: (5/17/21) After finally convincing the previous trainer to come out during this pandemic, the RCC scheduled a CPR and First Aid Certification trainer for 5/26/21.

Training: (5/17/21) RCC and Asst RCC were trained on having all staff trained in CPR and First Aid before being put on the schedule. This includes finding another provider if the current trainer refuses to come out during the pandemic.

On-going: New staff will be CPR and First Aid trained before going on schedule.

Completion Date: 05/26/2021

Document Submission

Implemented

Copy Attached.

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

In Bedroom [REDACTED] - The toilet seat was dirty and stained. Also, the toilet seat is too small for the toilet.

In the bathroom by room # [REDACTED] - The toilet was clogged up presenting an unsanitary condition.

In resident #2's bathroom there was a box of food under the sink and next to the toilet and there was food on the toilet. The bathtub was unsanitary and had dirt, grime, mold and stains.

85a - Sanitary Conditions (continued)

Plan of Correction

Accept

Immediate: (4/20/21) Bathroom in room [redacted] was cleaned and the toilet seat was replaced. Toilet in room [redacted] was not clogged as there was plumbing work going on in the building at the time of the inspection. Upon the water being turned back on the toilet was able to be flushed. Resident number 2 has agreed not to put [redacted] food in the bathroom and will keep them in a sealed container in his room.

Training: (5/17/21) Housekeeping was trained to thoroughly clean bathrooms and report any oddities such as broken equipment and residents choosing to store things that do not belong.

Completion Date: 04/20/2021

Document Submission

Implemented

Copy Attached.

85d - Trash Receptacles

1. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

In the bathroom by room # [redacted] the trash can was uncovered and did not have a lid.

Plan of Correction

Accept

Immediate: (4/20/21) Bathroom trashcan was replaced with a trashcan with a lid.

Training: (5/17/21) Housekeeping was trained to thoroughly clean bathrooms and report any missing equipment such as lids on trashcan.

Completion Date: 05/17/2021

Document Submission

Implemented

Copy Attached.

86b - Bathroom

1. Requirements

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

In the bathroom by room # [redacted] the ventilation fan was inoperable and there is no window in the bathroom.

Plan of Correction

Accept

Immediate: (5/17/21) Maintenance fixed the broken ventilation fan.

Training: (5/17/21) Housekeeping was trained to thoroughly clean bathrooms and report any missing or inoperable equipment such as the ventilation fan.

Completion Date: 05/17/2021

86b - Bathroom (continued)

Document Submission**Implemented***Copy Attached.*

87 - Lighting

1. Requirements

2600.

87. Lighting - The home's hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

Description of Violation*The 2nd floor emergency egress stairwell was dark, the light was blown out.***Plan of Correction****Accept***Immediate: (5/17/21) 2nd floor emergency stairwell light was replaced.**Training: (5/17/21) Maintenance was trained to check the emergency stairwells for working bulbs.***Completion Date:** 05/17/2021**Document Submission****Implemented***Copy Attached.*

101j1 - Mattress Fire Retardant

1. Requirements

2600.

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

1. A bed with a solid foundation and fire retardant mattress that is in good repair, clean and supports the resident. A legal entity with a personal care home license for the home as of October 24, 2005, shall be exempt from the requirement for a fire retardant mattress.

Description of Violation*Resident #3's bed foundation was not in good repair. The bed was observed leaning. Resident #3 stated that the bed frame is broken. ■ stated that ■ informed staff of the broken bed frame.***Plan of Correction****Accept***Resident number 3 did not want a bed from the community and is using ■ own bed which is much bigger. ■ has asked ■ fiduciary to order ■ a new one and has stated ■ will use ■ existing bed until the new one arrives.**Immediate: (5/6/21) Resident signed off that he wants to continue with ■ current bed until the new bed arrives.***Completion Date:** 05/06/2021**Document Submission****Implemented***Update: Resident received ■ new bed on 6 14 21 from ■ fiduciary.*

101j7 Lighting/Operable Lamp

1. Requirements

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.

101j7 - Lighting/Operable Lamp (continued)

Description of Violation

In bedroom [REDACTED] the bedside lamp was inoperable. The light switch would not turn on.

Plan of Correction

Accept

Immediate: (4/20/21) Bulb was replaced and the light now works.

Training: (5/17/21) Housekeeping was trained to check the bedside lamps for working lamps/bulbs.

Completion Date: 05/17/2021

Document Submission

Implemented

Copy Attached.

123c - Evacuation Diagrams

1. Requirements

2600.

123.c. For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

Description of Violation

The 2nd floor emergency evacuation diagram was not posted.

Plan of Correction

Accept

The previous diagram was removed by a resident without our knowledge.

Immediate: (4/26/21) The 2nd floor emergency evacuation diagram was re-posted.

Completion Date: 04/26/2021

Document Submission

Implemented

Copy Attached.

183e - Storing Medications

1. Requirements

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

Resident #3's Lantus pen was open, but there was no date as to when the pen was open making it impossible to determine when the pen should be discarded.

183e - Storing Medications (*continued*)**Plan of Correction****Accept**

Immediate: Pen was discarded (4/20/21) and staff was re-trained(5/17/21) to properly date opened medication so to be able to follow manufacturer's instructions.

Training: (5/17/21) Staff was re-trained to properly date opened medication so to be able to follow manufacturer's instructions.

On-going monitoring: Management will periodically observe staff to make sure they are following the proper medication administration procedures.

Completion Date: 05/17/2021

Document Submission**Implemented**

Copy Attached.

184a - Labeling OTC/CAM

1. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

- *On 6/20/20, resident #3 was prescribed 20mg of Omeprazole. Two capsules by mouth twice a day. However, the current pharmacy label read, "Omeprazole 40mg, one capsule by mouth every morning." This order was filled on 10/23/20.*
- *There was a medication administration record and label mismatch for resident #3's Albuterol. The label on the Albuterol read, "inhale one ampule in Nebulizer by mouth every 8 hours as needed. However, the medication administration record documented, "inhale one vial via Nebulizer every 4 hours as needed."*

Plan of Correction**Accept**

Immediate: Label was fixed by VA Pharmacy for both the nebulizer and Omeprazole.

Training: (4/20/21) Staff was re-trained to make sure label and instructions match and are accurate.

On-going monitoring: Management will periodically check labels and instructions for accuracy.

Completion Date: 04/20/2021

Document Submission**Implemented**

Copy Attached.

185a - Implement Storage Procedures

1. Requirements

2600.

185a - Implement Storage Procedures (continued)

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

- Resident #3 was prescribed 325mg of Acetaminophen, two tablets every 4 hours as needed. However, the home did not have 325 of Acetaminophen. There was only a 500mg bottle of Acetaminophen with resident #3's medications.
- Resident #3 was prescribed 100mg of Benzonate three times a day as needed. On 4/20/21, the medication was not available in the home.
- Resident #3 was prescribed 0.65% Saline Nasal Spray which 2 sprays were to be instilled in each nostril every 3 hours as needed. On 4/20/21, this medication was not available in the home. The home had a 50mcg of Fluticasone Propionate. The label for this medication read, "instill one spray in each nostril twice a day."

Plan of Correction

Accept

Immediate: (4/20/21) Old order of Acetaminophen was discontinued and new order is in effect. Benzonate was discontinued. Saline nasal spray was discontinued.

Training: Staff was re-trained to check that we have received the correct medications from the pharmacy when the orders change.

On-going: RCC will periodically audit the MAR's.

Completion Date: 04/20/2021

Document Submission

Implemented

Copy Attached.

187b Date/Time of Medication Admin.

1. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #3 is prescribed 80mg of Pravastatin. Resident #3's medication administration record was not signed off by a staff person on 4/16/21, documenting who administered the medication, or if it was administered at all.

Plan of Correction

Accept

Immediate: (4/26/21) Staff was reminded and re trained of properly recording medications and following prescriber orders.

Training: (5/17/21) Staff was reminded and re trained of properly recording medications and following prescriber orders.

On going monitoring: Management will periodically observe staff to make sure they are following the proper medication administration procedures

Completion Date 05/17/2021

187b - Date/Time of Medication Admin. (continued)

Document Submission

Implemented

Copy Attached.

224a - Preadmission Screen Form

1. Requirements

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 #1 was admitted to the home on [REDACTED]. On [REDACTED] there was no preadmission screening form in resident #1's record.

Plan of Correction

Accept

Immediate: (5/17/21) RCC and Asst RCC were trained to make sure pre-admission screening is filled out completely within 30 days prior to admission.

Training: (5/17/21) RCC and Asst RCC were trained to make sure pre-admission screening is filled out completely within 30 days prior to admission.

On-going monitoring: Administrator will double check resident files for all required documentation to be completed in its entirety and within proper time frames(dates).

Completion Date: 05/17/2021

Document Submission

Implemented

Copy Attached.

225c - Additional Assessment

1. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

Description of Violation

Resident #4's last assessment was complete on 6/7/19. The home did not complete an annual assessment for resident #4 in 2020.

225c - Additional Assessment (*continued*)**Plan of Correction****Accept**

Immediate: (5/17/21) RCC and Asst RCC were trained to make sure additional assessment is filled out, placed in the file, and completely annually.

Training: (5/17/21) RCC and Asst RCC were trained to make sure additional assessment is filled out, placed in the file, and completely annually.

On-going monitoring: Administrator will double check resident files for all required documentation to be completed in its entirety and within proper time frames(dates).

Completion Date: 05/17/2021

Document Submission**Implemented**

Copy Attached.

252 - Record Content

1. Requirements

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.

Description of Violation

The last photo taken of resident #4 was 9/2017.

Plan of Correction**Accept**

Immediate: (4/20/21) RCC placed the resident's current photo in ■ chart same day.

Training: (5/17/21) RCC and Asst RCC were trained to make sure all residents have a photo updated every two years.

On-going monitoring: Administrator will double check resident files for all required documentation and photos to be completed in its entirety and within proper time frames(dates).

Completion Date: 05/17/2021

Document Submission**Implemented**

Copy Attached.