Department of Human Services
Bureau of Human Service Licensing

October 13, 2021

, OWNER /ADMINISTRATOR

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 07/28/2021, 07/29/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Human Services Licensing Supervisor

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**: [redacted] **Email**: [redacted]

Legal Entity

[redacted]

Certificate(s) of Occupancy

Type: *Other* **Date**: *08/28/2020* **Issued By**: *Reading Borough*

Staffing Hours

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

Inspection

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:
Reason: *Renewal,Complaint* **Exit Conference Date**: *07/28/2021*

Inspection Dates and Department Representative

07/28/2021 - On-Site: [redacted]
07/29/2021 - On-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 Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *46* **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

07/28/2021 - Full

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *09/17/2021*

10/12/2021 - POC Submission

Lead Reviewer: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *10/15/2021*

10/12/2021 - POC Submission

Lead Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *10/15/2021*

10/13/2021 - Document Submission

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

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.

Description of Violation

Resident room #C3 did not have a bedside lamb available for the resident to used at their bedside.

Plan of Correction **Do Not Accept**

See attached

PLEASE ENTER YOU POC IN THIS AREA. 10-12-2021 ██

Completion Date: *07/30/2021*

Plan of Correction **Accept**

1. *All residents rooms must have lighting next to their beds to prevent falls/stumbling with getting out of bed.*
2. *When the DHS inspector visited C-5 the lamp was not working.*
3. *The bulb had blown.*
4. *Maintenance man replaced the bulb right away.*
5. *Maintenance man checks the lighting in all areas of the building on a monthly bases for compliance.*
6. *Maintenance man is responsible for preventing future violations.*

PLEASE ENTER YOU POC IN THIS AREA. 10-12-2021 ██

Completion Date: *10/12/2021*

Document Submission **Implemented**

1. All residents rooms must have lighting next to their beds to prevent falls/stumbling with getting out of bed.

2. When the DHS inspector visited C-5 the lamp was not working.

3. The bulb had blown.

4. Maintenance man replaced the bulb right away.

5. Maintenance man checks the lighting in all areas of the building on a monthly bases for compliance.

6. Maintenance man is responsible for preventing future violations.

102i - Soap Dispenser

1. **Requirements**

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

Resident Room #F1, the bathroom had 2 bars of bar soap lying on the bathroom sink that were not in a container with the resident's name.

Plan of Correction **Do Not Accept**

See attached

PLEASE ENTER YOU POC IN THIS AREA. 10-12-2021 ██

Completion Date: *07/30/2021*

102i - Soap Dispenser *(continued)*

Plan of Correction **Accept**

1. Bar soap after given to residents must be used ONLY by one person and labeled to prevent infection.
2. During inspection the DHS inspector found a bar of soap in a shared private bathroom.
3. Bar of soap was not labeled.
4. Staff re-informed resident that his soap must be kept in [redacted] container and not left in the bathroom.
5. Administrator spoke th both [redacted] and informed them that they can not leave the bar soap in the bathroom without it bein in it's container. they agreed, however they informed me that they know which bar of soap was theirs due to the different type of bar soap used.
6. DCS are responsible to prevent future violations.

PLEASE ENTER YOU POC IN THIS AREA. 10-12-2021 [redacted]

Completion Date: *10/12/2021*

Document Submission **Implemented**

1. Bar soap after given to residents must be used ONLY by one person and labeled to prevent infection.
2. During inspection the DHS inspector found a bar of soap in a shared private bathroom.
3. Bar of soap was not labeled.
4. Staff re-informed resident that his soap must be kept in his container and not left in the bathroom.
5. Administrator spoke th both men and informed them that they can not leave the bar soap in the bathroom without it bein in it's container. they agreed, however they informed me that they know which bar of soap was theirs due to the different type of bar soap used.
6. DCS are responsible to prevent future violations.

103f - Refrigerator/Freezer Temps

1. **Requirements**

2600.
103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

The Ropper brand refrigerator located in section A kitchenette, had a temperature reading of 50°F.

Plan of Correction **Do Not Accept**

See attached

PLEASE ENTER YOU POC IN THIS AREA. 10-12-2021 [redacted]

Completion Date: *07/30/2021*

103f - Refrigerator/Freezer Temps *(continued)*

Plan of Correction **Accept**

1. *Refrigerated food must be kept below 40 degrees to prevent spoilage.*
2. *During inspection DHS inspector found the thermometer at 50 degrees in residents area.*
3. *Refrigerator was too warm to prevent spoilage of food.*
4. *Refrigerator was turned down immediately.*
5. *Refrigerators are checked every week by DCS, cleaned and any foods that are not labeled/dated are thrown out.*
6. *DCS are responsible to prevent future violations.*

PLEASE ENTER YOU POC IN THIS AREA. 10-12-2021 ██

Completion Date: *10/12/2021*

Document Submission **Implemented**

1. Refrigerated food must be kept below 40 degrees to prevent spoilage.
2. During inspection DHS inspector found the thermometer at 50 degrees in residents area.
3. Refrigerator was too warm to prevent spoilage of food.
4. Refrigerator was turned down immediately.
5. Refrigerators are checked every week by DCS, cleaned and any foods that are not labeled/dated are thrown out.
6. DCS are responsible to prevent future violations.

121a - Unobstructed Egress

1. **Requirements**

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

The rear fire exist door on the first floor in section J, had a chair and a walker in front of the door preventing immediate egress in the event of an emergency.

Plan of Correction **Do Not Accept**

See attached

PLEASE ENTER YOU POC IN THIS AREA. 10-12-2021 ██

Completion Date: *07/30/2021*

121a - Unobstructed Egress *(continued)*

Plan of Correction **Accept**

121-A
1. All exits must have a clear path for safe evacuation.
2. Resident has his walker in front of the emergency exit in his room.
3. Staff did not remove the walker during their cleaning of the residents room.
4. Admin informed resident that his walker can not be placed in front of the emergency exits and also had a community meeting to inform all residents of this issue. Staff had a meeting about what was found during the inspection and reminded not to leave any items blocking an exit.
5. Walker/chair was removed at the time of inspection by staff.
6. PCA's are responsible for correcting and preventing any further violations.

PLEASE ENTER YOU POC IN THIS AREA. 10-12-2021 ██

Completion Date: *10/12/2021*

Document Submission **Implemented**

121-A
1. All exits must have a clear path for safe evacuation.
2. Resident has his walker in front of the emergency exit in his room.
3. Staff did not remove the walker during their cleaning of the residents room.
4. Admin informed resident that his walker can not be placed in front of the emergency exits and also had a community meeting to inform all residents of this issue. Staff had a meeting about what was found during the inspection and reminded not to leave any items blocking an exit.
5. Walker/chair was removed at the time of inspection by staff.
6. PCA's are responsible for correcting and preventing any further violations.

125a - Combustible Storage

1. Requirements

2600.
125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

A pillow case and sock was found lying behind the home's commercial dryer located in the maim laundry room.

Plan of Correction **Do Not Accept**

See Attached

PLEASE ENTER YOU POC IN THIS AREA. 10-12-2021 ██

Completion Date: *07/30/2021*

125a - Combustible Storage *(continued)*

Plan of Correction **Accept**

125-A
1. Too many fires start in the dryer room due to cleanliness issues.
2. DHS inspector found two items behind the dryers.
3. Staff must be folding clothing on top of dryers and something fell behind and the staff didn't notice.
4. Maintenance man build shelving for staff to fold all clothing/sheet and other items when folding. Signs posted too.
5. A sign is posted on top of dryers stating, "DO NOT PLACE ANYTHING ON TOP OF DRYERS"!!
6. DCS is responsible for following this rule and checking behind for compliance.

PLEASE ENTER YOU POC IN THIS AREA. 10-12-2021

Completion Date: *10/12/2021*

Document Submission **Implemented**

125-A
1. Too many fires start in the dryer room due to cleanliness issues.
2. DHS inspector found two items behind the dryers.
3. Staff must be folding clothing on top of dryers and something fell behind and the staff didn't notice.
4. Maintenance man build shelving for staff to fold all clothing/sheet and other items when folding. Signs posted too.
5. A sign is posted on top of dryers stating, "DO NOT PLACE ANYTHING ON TOP OF DRYERS"!!
6. DCS is responsible for following this rule and checking behind for compliance

185a - Implement Storage Procedures

1. **Requirements**

2600.
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 #1 's glucometer was not calibrated correctly to the date and the blood glucose test readings dates were off by a day and were not documented accurately on the resident's treatment log.
Resident #2 had the following medications that were not available at the home for administration. to be taken at 7:00 AM & 7:00PM. to be taken at 7:00 AM daily and . to be taken at 7:00AM & 7:00 pm daily.

Plan of Correction **Do Not Accept**

See attached

PLEASE ENTER YOU POC IN THIS AREA. 10-12-2021

Completion Date: *07/30/2021*

185a - Implement Storage Procedures *(continued)*

Plan of Correction **Accept**

185-A
1. The glucometer needs to have the correct date and time for compliance.
2. Resident received a new glucometer from his family and they set it up, dropped it off to facility and Med staff didn't check it for accuracy of date & time.
3. The glucometer was one day off and the DHS inspector noticed it during our inspection.
4. Notified the family to correct the date so we are in compliance, they had the booklet. M-P doesn't administer insulin/glucometer to the residents, only document their numbers.
5. We will check, on a monthly basis, the dates and time on all glucometers.
6. Med staff are responsible to check and correct to prevent future violations.

PLEASE ENTER YOU POC IN THIS AREA. 10-12-2021 [redacted]

Completion Date: *10/12/2021*

Document Submission **Implemented**

185-A
1. The glucometer needs to have the correct date and time for compliance.
2. Resident received a new glucometer from his family and they set it up, dropped it off to facility and Med staff didn't check it for accuracy of date & time.
3. The glucometer was one day off and the DHS inspector noticed it during our inspection.
4. Notified the family to correct the date so we are in compliance, they had the booklet. M-P doesn't administer insulin/glucometer to the residents, only document their numbers.
5. We will check, on a monthly basis, the dates and time on all glucometers.
6. Med staff are responsible to check and correct to prevent future violations.

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 #2 had the following medications that were not available at the home, but were documented as being administered. [redacted] to be taken at 7:00 AM & 7:00PM. [redacted] to be taken at 7:00 AM daily and [redacted]. to be taken at 7:00AM & 7:00 pm daily.

Plan of Correction **Do Not Accept**

See attached

PLEASE ENTER YOU POC IN THIS AREA. 10-12-2021 [redacted]

Completion Date: *07/30/2021*

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

Plan of Correction **Accept**

187-B
1. All medications must be listed on MAR & Medi-Planner, they must match.
2. When the new MAR & Planner came in the Med staff did not check the Planner against the MAR and staff was still signing out old meds that were not in the facility.
3. The MAR came in with the old medications still on them even though the resident had just released from the hospital and we received new MAR & Planner that same day.
4. Med staff MUST check MAR against Medi-Planner every time we get a new MAR/Planner and if there is an issue, have the Pharmacy correct the issue immediately to prevent signing out meds that were not listed on Planner.
5. Staff meeting on 8/26/21 about our inspection dealing with this issue and making sure all Med Staff are informed.
6. Administrator is responsible for preventing future violations.

PLEASE ENTER YOU POC IN THIS AREA. 10-12-2021 [redacted]

Completion Date: *10/12/2021*

Document Submission **Implemented**

187-B
1. All medications must be listed on MAR & Medi-Planner, they must match.
2. When the new MAR & Planner came in the Med staff did not check the Planner against the MAR and staff was still signing out old meds that were not in the facility.
3. The MAR came in with the old medications still on them even though the resident had just released from the hospital and we received new MAR & Planner that same day.
4. Med staff MUST check MAR against Medi-Planner every time we get a new MAR/Planner and if there is an issue, have the Pharmacy correct the issue immediately to prevent signing out meds that were not listed on Planner.
5. Staff meeting on 8/26/21 about our inspection dealing with this issue and making sure all Med Staff are informed.
6. Administrator is responsible for preventing future violations.

187d - Follow Prescriber's Orders

1. **Requirements**

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #2 had the following medications that were not on hand at the time of inspection but were documented as being administered. [redacted] to be taken at 7:00 AM & 7:00PM. [redacted] to be taken at 7:00 AM daily and [redacted]. to be taken at 7:00AM & 7:00 pm daily.

187d - Follow Prescriber's Orders *(continued)*

Plan of Correction **Do Not Accept**

See attached

PLEASE ENTER YOU POC IN THIS AREA. 10-12-2021 ██

Completion Date: *07/30/2021*

Plan of Correction **Accept**

187-D

1. Med staff must administer all meds as written to resident.

2. Med staff was signing out meds that were not in the planner or in the facility but on the MAR.

3. Med staff did not check the new MAR when it was delivered against the new medi-planner for accuracy when the resident was D/C'd from the hospital.

4. Admin contacted the Pharmacy for a corrected MAR and checked it against the medi-planner for accuracy to ensure proper administration & documentation.

5. Med staff has been warned on 8/26/21 during our training/meeting to check the new MAR against the new planner when it is delivered to the facility. If there are any issues/mistakes, the medi-planner & MAR will be returned to Pharmacy for correction.

PLEASE ENTER YOU POC IN THIS AREA. 10-12-2021 ██

Completion Date: *10/12/2021*

Document Submission **Implemented**

187-D

1. Med staff must administer all meds as written to resident.

2. Med staff was signing out meds that were not in the planner or in the facility but on the MAR.

3. Med staff did not check the new MAR when it was delivered against the new medi-planner for accuracy when the resident was D/C'd from the hospital.

4. Admin contacted the Pharmacy for a corrected MAR and checked it against the medi-planner for accuracy to ensure proper administration & documentation.

5. Med staff has been warned on 8/26/21 during our training/meeting to check the new MAR against the new planner when it is delivered to the facility. If there are any issues/mistakes, the medi-planner & MAR will be returned to Pharmacy for correction.