

Department of Human Services
Bureau of Human Service Licensing

May 27, 2022

[REDACTED]
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 [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/15/2021, 10/18/2021 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: *09/10/2022*
Address: *416 READING AVENUE, WEST READING, PA 19611*
County: *BERKS* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: *610-371-9590* 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 West Reading, Pa.*

Staffing Hours

Resident Support Staff: *58* Total Daily Staff: *116* Waking Staff: *87*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *10/18/2021*

Inspection Dates and Department Representative

10/15/2021 - Off-Site: [REDACTED]
10/18/2021 - 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 Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *46* Are 60 Years of Age or Older: *27*
Diagnosed with Mental Illness: *43* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

10/15/2021 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *01/07/2022*

02/28/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *03/10/2022*

05/27/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #1's medical evaluation dated [REDACTED] and signed by the resident's doctor is incomplete. The medical evaluation did not include information regarding resident #1's mobility needs. Section (10) Mobility Needs Assessment on resident 1's Documentation of Medical Evaluation was left blank.

Plan of Correction

Accept

1. All pertinent information on DME must be completed and signed by PCP/Dr.
2. In completing the DME staff did not complete the resident mobility needs check box.
3. It was an oversight on staff who completed the form.
4. Made the staff aware of the missed box and I, the Admin, went over the document with the staff showing where the issue is and how to correct it.
5. To prevent future violations the Admin will double check forms prior to PCP/Dr signs.
6. Admin is responsible for preventing future violations, keeping staff informed of any/all issues as they arrive and fixing any errors.

Update: 02/28/2022

For completing Step 2, please send in the corrected form and if there are any new admissions or any renewal annual DMEs completed since this investigation, please send one as an example of compliance.

For the training, please send a copy of the sign in page.

AG, 2-28-22

Document Submission

Implemented

1. Med Eval's must be completed completely for accuracy of residents health.
2. [REDACTED] DME was missing mobility box being checked.
3. When the Dr completed the form during the exam [REDACTED] did not check the box.
4. Contacted the Dr and request if [REDACTED] can check the box with his permission. [REDACTED] says YES and [REDACTED] checked the box and returned it to DHS
5. Staff at PCH must check the entire form for errors and have them corrected if any issues occur.
6. Admin will be responsible for the second check of the document for errors and correct if necessary to prevent future violations.