

Department of Human Services
Bureau of Human Service Licensing

March 22, 2022

[REDACTED]
WILMATT INC
[REDACTED]

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 01/28/2022 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations 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: *04/01/2022*
Address: *7141 MCCALLUM STREET, PHILADELPHIA, PA 19119*
County: *PHILADELPHIA* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: *215-242-2991* Email: [REDACTED]

Legal Entity

Name: *WILMATT INC*
Address: [REDACTED]
Phone: *2152422991* Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *30* Waking Staff: *23*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Interim* Exit Conference Date: *01/28/2022*

Inspection Dates and Department Representative

01/28/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *48* Residents Served: *29*

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: *23*
Diagnosed with Mental Illness: *26* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *1* Have Physical Disability: *0*

Inspections / Reviews

01/28/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/21/2022*

03/22/2022 - POC Submission

Inspections / Reviews (*continued*)

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *03/26/2022*

65d - Initial Direct Care Training

1. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

1. Training that includes a demonstration of job duties, followed by supervised practice.
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person A, hired on [REDACTED]/21, began providing unsupervised ADL services on or about [REDACTED]/21. However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test.

Plan of Correction

Accept

From Previous Plan of Correction from December 2021:

Training: (11/19/21) RCC and Asst RCC were trained on having all staff take the department approved direct care training course and pass the competency test before being put on the schedule.

On-going: New staff will take the department approved direct care training course and pass the competency test before being put on the schedule.

Staff person A was the only person missing department approved direct care training. It has now been completed.

Audit of all personnel files in scheduled for last week of February 2022.

Completion Date: 02/10/2022

141a - Medical Evaluation

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.

Description of Violation

Resident #1, admitted [REDACTED]/20, does not have a completed medical evaluation.

Plan of Correction

Directed

This was answered on previous POC due on 2/19/2022.

DPOC - SP - 03-22-2022

Within 3 calendar days of receipt of this POC, the administrator shall audit all resident DME's for accuracy and completion. Within 5 calendar days receipt of this POC, administrator will coordinate and schedule with resident physicians to ensure all annual DME's are completed. All DME's will be kept in resident records for Department review. Administrator will develop a DME tracking checklist within 3 calendar days receipt of this POC.

Completion Date:

183d - Prescription Current

1. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

183d - Prescription Current (*continued*)**Description of Violation**

On 1/28/22, Nicotine patches and Nicotine lozenges prescribed for Resident #2, were in the cabinet in the home's medication room; however, the medication was discontinued.

Plan of Correction

2/15/2022 Med Techs were trained to look for errors from pharmacy with labels. Training included looking for errors from pharmacy labels, making sure the MAR indicates diagnosis or purpose of medication, making sure all medication administered is on MAR and initialed by staff administering the medication, making sure the pharmacy and VA have delivered medication in a timely fashion that is prescribed by physician, and disposing of discontinued medication.

Completion Date: 02/15/2022

Accept

187a - Medication Record

1. Requirements

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

Resident #2 is prescribed Urea 20% cream. However, resident's January medication administration record does not list the medication.

Plan of Correction

2/15/2022 Med Techs were trained to look for errors from pharmacy with labels. Training included looking for errors from pharmacy labels, making sure the MAR indicates diagnosis or purpose of medication, making sure all medication administered is on MAR and initialed by staff administering the medication, making sure the pharmacy and VA have delivered medication in a timely fashion that is prescribed by physician, and disposing of discontinued medication.

Completion Date: 02/15/2022

Accept

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

187d - Follow Prescriber's Orders (continued)

Description of Violation

Resident #3 is prescribed Risperidone 3 MG Tab, 1 tablet twice per day. However, staff person B stated resident 3 is administered 2 tablets twice per day.

Plan of Correction**Accept**

2/15/2022 Med Techs were trained to look for errors from pharmacy with labels. Training included looking for errors from pharmacy labels, making sure the MAR indicates diagnosis or purpose of medication, making sure all medication administered is on MAR and initialed by staff administering the medication, making sure the pharmacy and VA have delivered medication in a timely fashion that is prescribed by physician, ensuring prescribers orders are followed, and disposing of discontinued medication.

Completion Date: 02/15/2022

2. Requirements

2600.

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

Description of Violation

Resident #2 is prescribed Vitamin D Tab 2000 Unit, 1 tablet by mouth daily. However, this medication was not administered to resident 2 on 1/28/22 at 8:00 am because the medication was not available in the home.

Plan of Correction**Accept**

2/15/2022 Med Techs were trained to look for errors from pharmacy with labels. Training included looking for errors from pharmacy labels, making sure the MAR indicates diagnosis or purpose of medication, making sure all medication administered is on MAR and initialed by staff administering the medication, making sure the pharmacy and VA have delivered medication in a timely fashion that is prescribed by physician, ensuring prescribers orders are followed, and disposing of discontinued medication.

Completion Date: 02/15/2022

225c - Additional Assessment

1. Requirements

2600.

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

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident #1's assessment, dated [REDACTED]/20 does not include assessment for Supervision and Mobility.

Resident #1's assessment, dated [REDACTED]/21 does not include assessment for Supervision and Mobility.

Plan of Correction**Directed**

This was answered on previous POC due on 2/19/2022.

DPOC - SP - 01-27-2022

Within 3 calendar days receipt of this POC, the administrator will review all Resident Assessment Support Plans (RASP). Within 5 calendar days receipt of this POC, the administrator shall ensure RASP are completed in entirety. Administrator will update policy and create a checklist within 5 calendar days receipt of this POC. Policy should include methods to audit compliance on an ongoing basis. Administrator will conduct audits and update checklist

225c - Additional Assessment (continued)

at least two times monthly. Staff shall be trained on policy developments/updates within 3 calendar days receipt of POC. and then quarterly thereafter for a year. Documentation of the audit, checklist, and staff training shall be provided to the Department within 5 calendar days receipt of this POC.

Completion Date:

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

The pharmacy label for resident #3's Risperidone 3 MG Tab says take 2 tablets by mouth twice per day. The medication administration record says take 2 tablets by mouth at bedtime. The physician's order says take 1 tablet twice per day.

Repeat Violation: 4/20/21 et al.

Plan of Correction

Directed

This was answered on previous POC due on 2/19/2022.

DPOC - SP - 03-22-2022

Within 3 calendar days receipt of this POC, the administrator shall audit all medication for proper labels. Administrator will update policy and create a checklist within 3 calendar days receipt of this POC. Policy should include methods to audit compliance on an ongoing basis. Administrator will conduct audits and update checklist at least two times monthly. Medication Administration staff shall be trained on policy developments/updates within 3 calendar days receipt of POC. and then quarterly thereafter for a year. Documentation of the audit, checklist, and staff training shall be provided to the Department within 3 calendar days receipt of this POC.

Completion Date:

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 #2 is prescribed Trazadone 50 MG as needed. On 1/28/22 the medication was not available in the home.

Repeat Violation: 4/20/21 et al.

Plan of Correction

Accept

2/15/2022 Med Techs were trained to look for errors from pharmacy with labels. Training included looking for errors from pharmacy labels, making sure the MAR indicates diagnosis or purpose of medication, making sure all

185a - Implement Storage Procedures (continued)

medication administered is on MAR and initialed by staff administering the medication, making sure the pharmacy and VA have delivered medication in a timely fashion that is prescribed by physician, ensuring prescribers orders are followed, and disposing of discontinued medication.

Completion Date: 02/15/2022

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 Aspirin Low, Lisinopril, and Metformin . Resident #3's medication administration record does not include the initials of the staff person who administered these medications on 1/28/22 at 8:00 am.

Staff person B admitted that all 8:00 am medication had been administered to residents on 1/28/22, but the medication administration records had not been updated. Staff person B stated the reason for this was the staff person was going to go back and initial the medication administration records around 9:00 am but the agent from the department arrived.

Repeat Violation: 4/20/21 et al.

Plan of Correction

Accept

2/15/2022 Med Techs were trained to look for errors from pharmacy with labels. Training included looking for errors from pharmacy labels, making sure the MAR indicates diagnosis or purpose of medication, making sure all medication administered is on MAR and initialed by staff administering the medication, making sure the pharmacy and VA have delivered medication in a timely fashion that is prescribed by physician, ensuring prescribers orders are followed, and disposing of discontinued medication.

Completion Date: 02/15/2022