

Department of Human Services
Bureau of Human Service Licensing

May 19, 2022

[REDACTED]
WILMATT INC
[REDACTED]

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

Dear Mr. William Kofron,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/20/2022 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: *04/01/2023*
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: *215-242-2991* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-3 SP* Date: *02/20/1991* Issued By: *City of Philadelphia*

Staffing Hours

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

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *04/20/2022*

Inspection Dates and Department Representative

04/20/2022 - 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: *24*
Diagnosed with Mental Illness: *25* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *1* Have Physical Disability: *1*

Inspections / Reviews

04/20/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/12/2022*

05/16/2022 - POC Submission

Inspections / Reviews (*continued*)

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *05/23/2022*

05/19/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

88a - Surfaces

1. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation*The 1st floor bathroom by the nurses station has broken and missing floor tiles by the toilet.**On 4/20/22, there were 7 ceiling tiles with water damage in the hall by the dining area.***Plan of Correction****Accept***Immediate: (4/20/22) Out of order sign was placed on bathroom door until bathroom floor can be replaced. Ceiling tiles were replaced.**Training: (4/30/22) All staff were trained to notify management when building needs repairs, such as broken flooring and ceiling tiles.**How trained: Inservice by Administrator**Responsible Staff: All staff are responsible to report needed building repairs to supervisor who will report to Administrator who arrange repairs.***Completion Date:** 04/30/2022**Document Submission****Implemented**

1

89b - Hot Water Temperature

1. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation*On 4/20/22 at 12:00pm, the hot water temperature in room 112 measured 145.6 degrees Fahrenheit.**On 4/20/22 at 12:05pm, the hot water temperature in room 115 measured 144.1 degrees Fahrenheit.***Plan of Correction****Accept***Immediate: (4/20/22) Hot water heater temperature was turned down. Temperature was tested at below 120 degrees Fahrenheit.**Training: (4/30/22) Housekeeping/maintenance staff trained to test temperatures and to keep a weekly log.**How trained: Inservice by Administrator**Responsible Staff: Housekeeping/maintenance***Completion Date:** 04/30/2022**Document Submission****Implemented**

1

91 - Telephone Numbers

1. Requirements

2600.

91 - Telephone Numbers (continued)

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

On 4/20/22 at 12:00pm, there were no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in room 112

Plan of Correction

Accept

Immediate: (4/20/22) Emergency telephone numbers were placed in room 112

Training: (4/30/22) Housekeeping/maintenance staff trained to look for missing emergency telephone numbers and report to supervisor.

How trained: Inservice by Administrator

Responsible Staff: Housekeeping/maintenance

Completion Date: 04/30/2022

Document Submission

Implemented

1

95 - Furniture and Equipment

1. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On 4/22/22 at 11:40am in the 1st floor bathroom by the nurses station, water was leaking from the sink pipes.

Plan of Correction

Accept

Immediate: (4/20/22) Water was shut off to the bathroom and out of order sign was placed on the bathroom until the repairs can be made. There are other bathrooms available, and this bathroom was already in the plans for demolition.

Training: (4/30/22) Housekeeping/maintenance staff trained to report leaks immediately to supervisor

How trained: Inservice by Administrator

Responsible Staff: Housekeeping/maintenance

Completion Date: 04/30/2022

Document Submission

Implemented

1

101j5 - Bedside Table/Shelf

1. Requirements

2600.

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

5. A bedside table or a shelf.

Description of Violation

On 4/20/22 at 12:25pm, there was no bedside table or shelf beside resident #2's bed in bedroom [REDACTED].

101j5 - Bedside Table/Shelf *(continued)***Plan of Correction****Accept**

Training: (4/30/22) Housekeeping/maintenance and care staff trained to make sure nightstand and operational lamp are next to all beds in resident rooms.

How trained: Inservice by Immediate: (4/20/22) We moved back the nightstand and lamp next to the bed which was moved by the Administrator

Responsible Staff: Housekeeping/maintenance and care staff.

Completion Date: 04/30/2022

Document Submission**Implemented**

1

103i - Outdated Food

1. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

On 4/22/22 at 12:10pm, dry food storage in kitchen had 2 tubs of expired food as follows: Flour tub expired 10/10/21, Sugar tub expired 12/23/21

On 4/22/22 at 12:15pm, the basement freezer had bags of chicken patties and fries that were unlabeled, undated for the time of opening.

Plan of Correction**Accept**

Immediate: (4/20/22) Expired food and frozen unlabeled food were thrown out.

Training: (4/30/22) Kitchen staff trained to look for and dispose of expired food. Reminded to label and seal opened food before placing back in the freezer.

How trained: Inservice by Administrator

Responsible Staff: Kitchen staff

Completion Date: 04/30/2022

Document Submission**Implemented**

1

132b - Safety Inspection/Fire Drill

1. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The last fire safety inspection observed by a fire safety expert was conducted on 3/7/22. Prior to that the most recent fire safety inspection was 8/17/18.

Plan of Correction**Directed**

We disagree with this violation. We had an inspection by a fire expert on 8-20-19 and letter was in file at time of inspection. When covid restrictions were lifted in December 2021, we immediately scheduled fire expert which was

132b - Safety Inspection/Fire Drill (continued)

conducted 3-7-22.

SP - DPOC - 05-16-2022

All personal care homes and assisted living facilities were instructed to have a fire safety drill conducted by 12-31-2021. Home will stick to annual guidelines and have a fire safety expert conduct a drill and inspection.

Completion Date:

Document Submission

Implemented

1

141b1 - Annual Medical Evaluation

1. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #1's most recent medical evaluation was completed on 1/18/22. The resident's previous medical evaluation was completed on 12/11/19.

Plan of Correction

Directed

This was answered on previous POC due on 2/19/2022. We acknowledge that we struggled to get annual evaluations during pandemic but this resident had a current medical evaluation.

DPOC - SP - 05-16-2022

Within 10 business days of receipt of this POC, the administrator shall audit all resident DME's for accuracy and completion. Within 15 business 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 10 business days receipt of this POC.

Completion Date:

Document Submission

Implemented

1

183f - Discontinued Medications

1. Requirements

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

On 4/20/22, Resident #1's Insulin Lispro Kwikpen U-100 dated for expiration on 12/11/21 was still on the medication cart.

Plan of Correction

Accept

Immediate: (4/20/22) Expired medication was removed from the cart and properly disposed.

Training: (4/30/22) Med Techs were trained by Resident Care Coordinator to dispose of expired medication.

How trained: Inservice by Resident Care Coordinator

183f - Discontinued Medications (continued)*Responsible Staff: Med Techs***Completion Date:** 04/30/2022**Document Submission****Implemented**

1

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

The Glucometer reading for Resident #1 on 4/7/22 at lunch was 207 but was documented in the Medication Administration Record as 201.

The Glucometer reading for Resident #1 on 4/15/22 at before supper was 149 but was documented in the Medication Administration Record as 147.

The Glucometer reading for Resident #1 on 4/18/22 at 7:09AM was 307 but was documented in the Medication Administration Record as 205

The following glucometer readings for Resident #1 were not documented in the Medication Administration Record:

4/11/22 before lunch 284

4/12/22 before supper 125

4/17/22 before bedtime 194

4/18/22 before bedtime 289

Plan of Correction**Accept**

Immediate: (4/20/22) Verbally spoke with all med techs regarding proper documentation of glucometer readings.

Training: Scheduled a training with Med Care on 5/18/22

How trained: Inservice by Med Care Pharmacy

Responsible Staff: Med Techs

Completion Date: 05/10/2022**Document Submission****Implemented**

1

186c - Change in Medications**1. Requirements**

2600.

186.c. Changes in medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change.

186c - Change in Medications (continued)**Description of Violation**

In the month of April 2022 the home used an alternative novolog sliding scale chart for resident #1. The home had not received a written order from an authorized prescriber for the change.

Plan of Correction**Accept**

Immediate: (4/20/22) Discontinued Novolog sliding scale chart and got a new order from the residents physician.

Training: Scheduled a training with Med Care on 5/18/22

How trained: Inservice by Med Care Pharmacy

Responsible Staff: Med Techs

Completion Date: 05/10/2022

Document Submission**Implemented**

1

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 #1 is prescribed Novofine insulin injections 4 times daily on a sliding scale: if blood sugar less than 150 = inject 0 units, 150-200 = inject 2 units, 201-250 = inject 4 units, 251-300 inject 6 units, 301-350 = inject 8 units, 351-400 = inject 10 units. Resident #1 had 3 glucometer readings on 4/17/22 of 169, 159, and 194, however the units of insulin administered were not documented.

Plan of Correction**Accept**

Immediate: (4/20/22) Verbally spoke with all med techs regarding proper documentation.

Training: Scheduled a training with Med Care on 5/18/22

How trained: Inservice by Med Care Pharmacy

Responsible Staff: Med Techs

Completion Date: 05/10/2022

187a - Medication Record (continued)

Document Submission

Implemented

1

187d - Follow Prescriber's Orders

1. Requirements

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

Description of Violation

Resident 1 is prescribed Novofine insulin injections 4 times daily on a sliding scale: if blood sugar less than 150 = inject 0 units, 150-200 = inject 2 units, 201-250 = inject 4 units, 251-300 inject 6 units, 301-350 = inject 8 units, 351-400 = inject 10 units. On the following dates the incorrect units were administered

Date	reading	Units given	Units that should have been given
4/1/22	177	6	2
4/1/22	272	10	6
4/1/22	265	0	6
4/19/22	207	7	4
4/19/22	176	8	2
4/19/22	159	7	2
4/19/22	344	0	8
4/20/22	235	7	4

These trends remained consistent throughout the month of April 2022.

Plan of Correction

Accept

Immediate: (4/20/22) Verbally spoke with all med techs regarding the new order from the physician and following directions of the prescriber.

Training: Scheduled a training with Med Care on 5/18/22

How trained: Inservice by Med Care Pharmacy

Responsible Staff: Med Techs

Completion Date: 05/10/2022

Document Submission

Implemented

1

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.

Description of Violation

Resident #2's record does not include hair color, eye color, and identifying marks.

252 - Record Content (continued)

Resident #3's record does not include eye color.

Plan of Correction**Accept**

Immediate: (4/20/22) Assistant Resident Care Coordinator added missing items to resident records.

Training: (4/30/22) Assistant Resident Care and Resident Care Coordinator were trained to make sure all sections of resident record are completed fully.

How trained: In-service by Administrator

Responsible Staff: RCC and Asst RCC are responsible for filling out record. Administrator will look for missing items when conducting quarterly audit.

Completion Date: 04/30/2022

Document Submission**Implemented**

1