

Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY PUBLIC

January 19, 2023

[REDACTED], ADMINISTRATOR  
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 09/13/2022, 09/14/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]  
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: MORRIS-PACE PERSONAL CARE License #: 21590 License Expiration: 09/10/2023  
 Address: 416 READING AVENUE, WEST READING, PA 19611  
 County: BERKS Region: NORTHEAST

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

Name: MORRIS PACE ASSISTED LIVING INC  
 Address: 416 READING AVENUE, WEST READING, PA, 19611  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

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

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 60 Waking Staff: 45

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal Exit Conference Date: 09/14/2022

**Inspection Dates and Department Representative**

09/13/2022 On Site [REDACTED]  
 09/14/2022 On Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 63 Residents Served: 60  
 Secured Dementia Care Unit  
 In Home: No Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: 0  
 Number of Residents Who:  
 Receive Supplemental Security Income: 43 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: 1

**Inspections / Reviews**

09/13/2022 - Full  
 Lead Inspector: [REDACTED] Follow Up Type: POC Submission Follow Up Date: 10/02/2022

Inspections / Reviews *(continued)*

## 10/13/2022 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/10/2022

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/25/2022

## 01/19/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/10/2022

Reviewer: [REDACTED]

Follow Up Type: Not Required

51 - Criminal Background Check

1. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff Member A was hired on [REDACTED], but there is no verification of a criminal background check completed by the home.

POC Submission

Accept [REDACTED] - 10/13/2022)

1. All staff must have a criminal background check when hired to meet regulations and the protection of the residents.
2. When I hired employee [REDACTED] I forgot to run the background check during [REDACTED] training.
3. Once [REDACTED] signed the employment paperwork I did not run the CBC immediately.
4. I ran the CBC the same day as my inspection (9/13/22) for compliance.
5. It was an oversight and I will be more focused during the employment process to complete all needed documents.
6. I as the Admin is responsible for compliance and will do better moving forward.

Licensee's Plan Completion Date: 09/28/2022

Implemented ([REDACTED] - 01/19/2023)

63a - First Aid/CPR Training

2. 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

On 9/2, 9/3, and 9/4/2022 the home had a census of 60 residents but there was only 1 CPR certified staff member working in the building from 9pm to 6:00am.

POC Submission

Accept [REDACTED] - 10/13/2022)

1. This reg is important for the safety and welfare of each resident.
2. I terminated a staff and have not been able to hire another staff member.
3. Once I terminated that staff I did not cover that shift as required.
4. I, the Admin am staying at the facility when that position is not filled. I will be here until I am able to hire a new staff member.
5. I am using Monster, Indeed, & posting a Job opening at High schools & colleges in the area. I will continue to advertise until the position is filled.
6. I, as the Admin is completely responsible for this and preventing future violations.

Licensee's Plan Completion Date: 09/28/2022

Implemented ([REDACTED] - 01/19/2023)

88a - Surfaces

**3. 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**

*In the stairwell exiting from the 2nd floor A section there was a piece of base board that had fallen off the wall and had a nail sticking up from it.*

**POC Submission**

Accept (████) - 10/13/2022)

1. *There has to be a clear and safe path out all exits in the event of evacuations.*
2. *The molding came away from the wall and it had a nail sticking up from it, found during inspection.*
3. *Maintenance man had nailed the molding to keep it up on the wall and it became loose and fell off the wall causing the violation.*
4. *Maintenance man bought the glue to replace the molding and glued it to the wall.*
5. *Maintenance man will be checking all emergency exits weekly for compliance.*
6. *Maintenance man is responsible for preventing future violations.*

Licensee's Plan Completion Date: 09/28/2022

Implemented (████) - 01/19/2023)

**103f - Refrigerator/Freezer Temps****4. 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**

*There was no thermometer in the refrigerator or freezer located in the kitchenette of section D.*

*Repeat violation from 7/28/2021.*

**POC Submission**

Accept (████) - 10/13/2022)

1. *Temps/lable & dates in all refrigerators are necessary to prevent spoiled/rotten foods being eaten by residents.*
2. *Fridge in the "D" section above the kitchen did not have any thermometers.*
3. *I, Admin forgot about that fridge upstairs.*
4. *I, Admin had thermometers in my office and I went and put them in the freezer and fridge for compliance on the day of our inspection.*
5. *I need to do a better job of checking ALL of the fridge's in our facility to ensure this is not done again.*
6. *I, the Admin is responsible for avoiding future violations.*

Licensee's Plan Completion Date: 09/28/2022

Implemented (████) - 01/19/2023)

**121a - Unobstructed Egress****5. 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 emergency exit from the building in room C was blocked by a chair and laundry preventing immediate egress.*

121a Unobstructed Egress (continued)

Repeat violation from 7/28/2021.

POC Submission

Accept ( ) - 10/13/2022)

1. Emergency exits must be kept clear of all obstacles that would prevent residents from evacuation.
2. Resident moves clothing hamper near the exit even though we remind of this issue.
3. Staff will clean room and make sure the path is clear to exit and periodically will place clothing hamper next to the closet which is next to the emergency exit. Staff tells not to keep doing this and she says "Ok"!
4. has created a new Policy that states that every shift will be checking these exits, making sure there is no blockage or obstruction.
5. With all staff checking these exits everyday this will ensure we are in compliance.
6. All Staff are responsible for preventing future violations, Admin will be making checks as well.

Licensee's Plan Completion Date: 09/29/2022

Implemented ( ) - 01/19/2023)

125a - Combustible Storage

6. Requirements

2600.

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

Description of Violation

The home's laundry room had shelving with laundry stored directly next to and touching the hot water heater.

POC Submission

Accept ( ) - 10/13/2022)

1. There can not be anything up against any heating source that is flammable/combustible.
2. Our linen rack is right next to the hot water heater.
3. The rack that has been there forever was never looked at as a problem and this inspector opened our eyes to this oversight thank goodness.
4. The Inspector requested that we turn the rack so that nothing is up against the hot water heater so we did as requested to meet the regulation.
5. Leave the rack where it is now and this won't be an issue anymore.
6. The Admin is responsible for making sure that there won't be future violations.

Licensee's Plan Completion Date: 09/28/2022

Implemented ( ) - 01/19/2023)

132b - Safety Inspection/Fire Drill

7. 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 home's most recent fire inspection by a fire safety expert was completed 8/7/2019.

POC Submission

Accept ( ) - 10/13/2022)

1. Fire inspection is mandatory in the protection of the health & safety of the residents/staff.

132b Safety Inspection/Fire Drill (continued)

- 2. I had written to the [REDACTED] Fire Department for them to do their Fire inspection and had not gotten any response, I also have went into the Borough asking them to give the Fire Captain my letter that we are required to send them for the Fire inspection and still no response, so it has not been completed. I am told by the Borough that COVID has been thee issue.
- 3. Due to COVID outbreaks the Fire Department has backed away from inspecting our facility without notice.
- 4. At our exit interview our Ombudsman (Lisette) gave me someone who can help me. I've contact the Spring Township Fire Commissioner (Troy Hatt 610 914 0101) requesting that he contact me for this inspection, he has been contracted by [REDACTED] Borough to inspect. I have left 3 messages on [REDACTED] cell and office services to contact me for a date to be in compliance.
- 5. Now that I know who to contact I will be pro active on getting our Fire inspection completed on a timely matter. [REDACTED] will be conducting our Fire safety inspection on 10/24/22 at 9am.
- 6. I as the Admin is completely responsible for preventing future violations.

Licensee's Plan Completion Date: 09/28/2022

Implemented ([REDACTED] - 01/19/2023)

141a 1-10 Medical Evaluation Information

8. 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 DME dated [REDACTED] was incomplete with the following required fields for body positioning and health status left blank.

POC Submission

Accept ([REDACTED] - 10/13/2022)

- 1. All medical information is paramount in the health of our residents.
- 2. I missed 2 of the boxes that were not checked on the DME.
- 3. Missing information can cause problems when dealing with a residents health and Dr's appointments.
- 4. I gave the DME to the Dr on 9/24/22 for him to complete, initial, & date for compliance.
- 5. I, Admin will do a better job of checking the DME's when they are completed, checking all the info & boxes needed for compliance.
- 6. I, the Admin is completely responsible for avoiding future violations.

Licensee's Plan Completion Date: 09/28/2022

Implemented ([REDACTED] - 01/19/2023)

185a Implement Storage Procedures

9. 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 [redacted] as needed. The medication was not available on the medication cart at the time of inspection.

Repeat violation from 7/28/2021.

POC Submission

Accept ([redacted] - 10/13/2022)

1. Medication must be available for residents health, welfare, and safety.
2. Medication was not in the Med cart for administration.
3. Med staff did not reorder this med when it ran out.
4. Admin called Pharmacy and re-ordered the medication.
5. When Admin is doing weekly Med cart checks for all meds, Admin was checking inside the cart and confirming the meds are on the MAR, however I did not check MAR against the meds in the Med cart. This adjustment will assist Admin is ensuring that all meds are available for administration.
6. Admin is responsible for preventing future violations.

Licensee's Plan Completion Date: 09/29/2022

Implemented ([redacted] - 01/19/2023)

187b Date/Time of Medication Admin.

10. 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 is prescribed [redacted] 2 times daily. The medication was not available on the cart and was initialed on the MAR as being administered at [redacted]. Staff Member B states that they initialed the MAR in error.

Repeat violation from 7/28/2021.

POC Submission

Accept ([redacted] - 10/13/2022)

1. All meds must be available for residents Health & welfare.
2. The Cream Medication was not in the med cart for administration.
3. Med staff gave resident [redacted] creams but did not check which cream [redacted] gave and documented on one that was not in med cart. Staff stated that it was signed out in error.
4. Admin instructed Med staff to slow down and to triple check, like they were trained, whatever meds that are administered are accurately documented on the MAR.
5. Admin will be checking behind all Med staff on their administration of meds periodically for compliance and have a Med training scheduled for 10/4/22 for all med staff.
6. Admin is responsible for preventing this violation from continuing.

Licensee's Plan Completion Date: 09/29/2022

Implemented ([redacted] - 01/19/2023)

187d - Follow Prescriber's Orders

11. Requirements

2600.

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

Description of Violation

Resident 2 is prescribed [redacted] twice daily at [redacted] The cream was not available on [redacted] as of [redacted] and was unable to be administered as prescribed.

Repeat violation from 7/28/2021.

POC Submission

Accept ([redacted] - 10/13/2022)

1. All must be available for residents for their health & welfare.
2. [redacted] cream was not in med cart for administration.
3. Med staff did not re-order this cream when it ran out.
4. Med was re-ordered by Admin and it was delivered that same day.
5. Admin, when checking meds in med cart against MAR, Admin did not reverse that check. I did not check the MAR against the meds in the med cart. Making this adjustment will ensure all meds on the MAR will be available for administration.
6. Admin is responsible for preventing future violations.

Licensee's Plan Completion Date: 09/29/2022

Implemented ([redacted] - 01/19/2023)

225c - Additional Assessment

12. Requirements

2600.

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

1. Annually.

Description of Violation

The most recent assessment for Resident 3 is dated [redacted].

POC Submission

Accept ([redacted] - 10/13/2022)

1. RASP are required to be completed annually for the safety and health of our residents.
2. I, the Admin did not complete the RASP for this resident in 2021 and I was late for 2022.
3. I overlooked this resident and did not complete the RASP on an annual basis as required.
4. I completed the RASP for 2022 and was told by [redacted] (DHS) that I can't back date the year that I missed but to complete and have the resident sign and date the current RASP for 2022.
5. I have a list of residents and their dates for their annual RASP & DME's, I updated that list as to assist me with making sure I have all done in the timely basis as required.
6. I, the Admin is responsible for preventing future violations.

Licensee's Plan Completion Date: 09/28/2022

Implemented ([redacted] - 01/19/2023)

227d - Support Plan Medical/Dental

13. Requirements

2600.

**227d Support Plan Medical/Dental (continued)**

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

**Description of Violation**

Resident 4's RASP dated [REDACTED], was not updated to show that they wear a device to alert them of the fire alarm being activated due to hearing deficiencies.

**POC Submission**

Accept ([REDACTED] - 10/13/2022)

1. Significant changes must be documented on RASP to ensure Resident's information is complete and anyone who reads it knows what to expect.
2. Beeper device due to hearing loss was purchased by [REDACTED] Guardian and not documented in RASP.
3. Facility received the device, implemented it and did not document on [REDACTED] RASP.
4. The Admin documented that the device is operational and is mentioned on the RASP as required for a significant change.
5. All staff will communicate all changes of residents in communication book and to Admin for documentation on RASP for compliance.
6. Admin is completely responsible for preventing future violations.

Licensee's Plan Completion Date: 09/28/2022

Implemented ([REDACTED] - 01/19/2023)