

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

February 21, 2023

[REDACTED], ADMINISTRATOR/OWNER  
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 10/03/2022, 11/07/2022 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]

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:** 08/28/2007      **Issued By:** West Reading Borough

**Staffing Hours**

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

**Inspection Information**

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Incident      **Exit Conference Date:** 11/07/2022

**Inspection Dates and Department Representative**

10/03/2022 Off Site: [REDACTED]  
11/07/2022 Off Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information			
<b>License Capacity:</b> 63		<b>Residents Served:</b> 60	
Secured Dementia Care Unit			
<b>In Home:</b> No	<b>Area:</b>	<b>Capacity:</b>	<b>Residents Served:</b>
Hospice			
<b>Current Residents:</b> 0			
Number of Residents Who:			
<b>Receive Supplemental Security Income:</b> 43		<b>Are 60 Years of Age or Older:</b> 27	
<b>Diagnosed with Mental Illness:</b> 43		<b>Diagnosed with Intellectual Disability:</b> 0	
<b>Have Mobility Need:</b> 0		<b>Have Physical Disability:</b> 1	

**Inspections / Reviews**

10/03/2022 - Partial  
**Lead Inspector:** [REDACTED]      **Follow Up Type:** POC Submission      **Follow Up Date:** 11/25/2022

Inspections / Reviews *(continued)*

12/29/2022 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/29/2022

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 01/05/2023

02/21/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/29/2022

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] signed by resident #1's doctor is incomplete. The medical evaluation did not indicate in Section (4) whether resident #1 can safely use or avoid poisonous materials since it was left blank.

Plan of Correction

Accept [redacted] - 12/29/2022)

1. Poisons are some of the most dangerous chemicals in our facility and can be deadly.
2. When the DME was completed the Dr did not check the box stating the resident could or could not handle poisonous materials.
3. When I (Admin) got the DME I overlooked this.
4. I contacted the Dr and informed [redacted] that the box was not checked and [redacted] wanted to have the DME sent to [redacted] however the resident is no longer in our care and out of [redacted] care too. We can't fix the violation on this but we can check the documents better when we get them back from the Dr.
5. I, as the Admin will do my best to check and recheck all documents when we receive them to help with the prevention of the violation.
6. I, as the Admin am complete responsible for preventing this from occurring again.

He no longer lives here so I can't correct his DME.

Licensee's Proposed Overall Completion Date: 11/16/2022

Implemented [redacted] - 02/21/2023)