

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

March 27, 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 02/08/2023, 02/10/2023, 02/28/2023 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

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 58 Waking Staff: 44

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Incident Exit Conference Date: 02/28/2023

Inspection Dates and Department Representative

02/08/2023 - On-Site [Redacted]
02/10/2023 - Off-Site [Redacted]
02/28/2023 - 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: 40 Are 60 Years of Age or Older: 27
Diagnosed with Mental Illness: 47 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 0 Have Physical Disability: 1

Inspections / Reviews

02/08/2023 Partial
Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 03/17/2023
03/14/2023 - POC Submission
Submitted By: [Redacted] Date Submitted: 03/27/2023
Reviewer: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 03/27/2023

Inspections / Reviews (*continued*)

03/16/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/27/2023

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 03/23/2023

03/22/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/27/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/28/2023

03/27/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/27/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

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:

Description of Violation

Staff Person A stated that Resident #1 received all of their prescribed medications on [redacted] at approximately [redacted] pm. However, Staff Person A documented Resident #1's medication administration record (MAR) to indicate that the resident did not receive these medications due to not being in the facility. Staff Person A stated that they were very confident that they administered all of Resident #1's medications and documented the resident's MAR incorrectly.

Plan of Correction

Accept [redacted] - 03/22/2023)

3/20/23

1. All meds must be administered then documented at the time of administration to be in compliance.
2. Med staff informed me (Admin) that meds were administered at 6pm however the MAR did not reflect the administration.
3. Med staff did not follow procedure of documenting the meds administered at their prescribed time, MAR reflected omission of meds.
4. I coached the Med staff on not documenting meds he said he gave. He must make sure it reflects on the MAR for compliance.
5. I have scheduled a Medication training for all med staff on 4/19/23 to be sure all med staff are on the same page as our policies.
6. I as the Admin & Train the Trainer am responsible for preventing future violations.
7. MAR audits were completed 3/15/23. I, [redacted] Admin will be conducting the training and I also will be doing the weekly MAR audits to prevent further confusion.

Licensee's Proposed Overall Completion Date: 03/20/2023

Implemented [redacted] - 03/27/2023)

227d - Support Plan Medical/Dental

2. Requirements

2600.

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

Per staff interviews, Resident #1 frequently left the facility without telling staff he/she was leaving, where he/she was going, or when he/she planned to return. Resident #1 had episodes of incontinence and required cueing from staff to clean himself/herself. Resident #1 had a voluntary psych hospitalization from [redacted] through [redacted] due to expressing suicidal ideation. Staff noted an improvement in Resident #1's behaviors when Resident #1 returned to the

227d - Support Plan Medical/Dental (continued)

facility, and a subsequent decline back to pre-hospitalization baseline shortly thereafter.

Resident #1's assessment and support plan, dated [REDACTED], does not document these behaviors and/or events, and the facility's plan to meet the resident's needs based on these behaviors and/or events.

Plan of Correction

Accept ([REDACTED] - 03/22/2023)

3/20/23

1. When there is a change in behavior, health, or mental status there must be documentation on the residents RASP for all to be aware of.
2. There was no notated changes in the behavior of this resident even though her mental status had changed.
3. I, Admin did not notate on her current RASP of our struggles with the residents mental health.
4. I, Admin completed an audit of the RASP's on 3/19/23, I will be responsible for all audits moving forward. I documented on the ones that had information in our daily communication book about the behavior, health, & mental status that we have been doing on a daily basis.
5. Staff will continue to document on a daily basis, also I, Admin will be auditing our communication book every Friday, transferring any/all information from communication book to the RASP for compliance. I will also send proof of this if you request that I do moving forward to show compliance.
6. I, Admin will be doing monthly audits of RASP to prevent future violations, I also will be doing this at the same time as doing my annual RASP's renewals for all residents that are due.

Licensee's Proposed Overall Completion Date: 03/20/2023

Implemented ([REDACTED] - 03/27/2023)