

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

May 23, 2023

[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 review on 03/21/2023, 04/05/2023 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: MCCALLUM ASSISTED LIFE License #: 14445 License Expiration: 04/01/2024
 Address: 7141 MCCALLUM STREET, PHILADELPHIA, PA 19119
 County: PHILADELPHIA Region: SOUTHEAST

Administrator

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

Legal Entity

Name: WILMATT INC
 Address: [Redacted]
 Phone: [Redacted] 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: 29 Waking Staff: 22

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 04/05/2023

Inspection Dates and Department Representative

03/21/2023 On Site [Redacted]
 04/05/2023 Off Site [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 48 Residents Served: 28

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: 23 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 1 Have Physical Disability: 1

Inspections / Reviews

03/21/2023 - Full
 Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 04/21/2023

04/24/2023 - POC Submission
 Submitted By: [Redacted] Date Submitted: 05/12/2023
 Reviewer: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 04/29/2023

Inspections / Reviews (*continued*)

05/11/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/12/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 06/01/2023

05/23/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/12/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 3-21-23, at 9:16 am , several medications were unlocked, unattended, and accessible on the medication cart for the following residents:

Resident #1 [redacted] 500 mg contained in a bottle.

Resident #2 [redacted] contained in a pill pack.

Resident #3 [redacted]

Resident #4 unopened pill pack

Resident #5 medications pre-poured.

Plan of Correction

Accept ([redacted] - 04/24/2023)

Immediate: (3/21/23) Med Techs were immediately told not to leave medications unlocked, unattended or accessible on the medication cart.

Training: (4/14/23) Med Techs were trained by Resident Care Coordinator on record confidentiality.

How trained: Inservice by Resident Care Coordinator

Responsible Staff: Med Techs

Licensee's Proposed Overall Completion Date: 04/21/2023

Implemented ([redacted] - 05/23/2023)

101j3 - Bed/Linens/Pillows/Blankets

3. Requirements

2600.

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

3. Pillows, bed linens and blankets that are clean and in good repair.

Description of Violation

The pillow for resident #6, was missing the pillow case.

Plan of Correction

Accept ([redacted] - 05/11/2023)

Immediate: (3/21/23) Pillow case was placed on residents pillow and laundry staff was instructed to replace pillow cases immediately after stripping the beds.

Training: (4/13/23) Laundry staff was trained to immediately replace linens when stripping the beds.

How trained: Inservice by Resident Care Coordinator

Responsible Staff: Laundry/Care Staff

Effective 5/1/23, Resident Care Coordinator will do weekly spot checks to ensure the employees are following the regulation.

Licensee's Proposed Overall Completion Date: 05/01/2023

Implemented ([redacted] - 05/23/2023)

107b - Emergency Procedures

4. Requirements

2600.

107.b. The home shall have written emergency procedures that include the following:

1. Contact information for each resident's designated person.
2. The home's plan to provide the emergency medical information for each resident that ensures confidentiality.
4. Means of transportation in the event that relocation is required.
5. Duties and responsibilities of staff persons during evacuation, transportation and at the emergency location. These duties and responsibilities shall be specific to each resident's emergency needs.

Description of Violation

The home's written emergency procedures do not include the following information:

- *Contact information for each resident's designated person*
- *The home's plan to provide emergency medical information for each resident to ensure confidentiality*
- *Means of transportation*

Plan of Correction

Accept (█) - 05/11/2023)

Immediate: (4/14/23) Administrator updated the emergency procedures to clearly state contact information, homes plan to provide medical information/confidentiality, and means of transportation.

Responsible Staff: Administrator

Effective 5/1/23, the Administrator will do monthly checks to ensure the RCC has added all new residents to emergency binder which contains this information and are following the regulation.

Licensee's Proposed Overall Completion Date: 05/01/2023

Implemented (█) - 05/23/2023)

124 - Notice to Fire Department

5. Requirements

2600.

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The home does not have documentation of written notification to the local fire department of the address of the home, location of the bedrooms, and the assistance needed to evacuate in an emergency.

Plan of Correction

Accept (█) - 05/11/2023)

Immediate: (4/14/23) Administrator sent a letter to the fire department with the address of the home, location of bedrooms, and assistance needed to evacuate in an emergency.

Responsible Staff: Administrator

Effective 5/1/23, Administrator will do monthly checks to ensure current census which shows the address of the home, location of bedrooms, and assistance needed to evacuate in an emergency.

124 - Notice to Fire Department (continued)

Licensee's Proposed Overall Completion Date: 05/01/2023

Implemented () - 05/23/2023

141a 1-10 Medical Evaluation Information

6. 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

The following resident's had missing information from their medical evaluation:

Resident # 3 medical evaluation did not include the height and weight.

Resident # 7 medical evaluation did not include the blood pressure, special health, Immunization and the ability to self administer.

Plan of Correction

Accept () - 05/11/2023

Immediate: (3/21/23) Resident Care Coordinator was reminded to double check the doctors who fill out the DME's to make sure they filled in all required fields.

Training: (4/14/23) Resident Care Coordinator was trained to double check the doctors who fill out the DME's to make sure they filled in all required fields.

How trained: Inservice by Administrator

Responsible Staff: Resident Care Coordinator

Effective 5/1/23, the RCC will do monthly checks to ensure the medical forms have all the required information filled into the form.

Licensee's Proposed Overall Completion Date: 05/01/2023

Implemented () - 05/23/2023

141b1 - Annual Medical Evaluation

7. Requirements

2600.

141b1 - Annual Medical Evaluation (*continued*)

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

Description of Violation

Resident #8's most recent medical evaluation was completed on [REDACTED]-[REDACTED]-22.

Plan of Correction

Accept ([REDACTED] - 05/11/2023)

Immediate: (3/21/23) RCC and Asst RCC were trained to make sure medical evaluation is filled out completely by physician or registered nurse with ALL required information filled out at least annually.

Training: (4/14/23) RCC and Asst RCC were trained to make sure medical evaluation is filled out completely by physician or registered nurse with ALL required information filled out at least annually.

On-going monitoring: Administrator will double check resident files quarterly to ensure medical evaluation is filled out at least annually.

Beginning 5/1/23, Administrator will do quarterly audits to ensure the medical evaluations are completed on time.

Note: Even with constant phone calls and faxing of DME's months prior to due date, the Veterans Administration and other resident physicians are not responsive, tying the hands of our community.

Licensee's Proposed Overall Completion Date: 05/01/2023

Implemented ([REDACTED] - 05/23/2023)

171b4 - Staff Training

8. Requirements

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

4. At least one staff member transporting or accompanying the residents shall have completed the initial new hire direct care staff person training as specified in § 2600.65 (relating to direct care staff training and orientation).

Description of Violation

On 3-21-23 at 3:36 pm, it was identified staff person A, transported residents to the bank and pharmacy. However, staff person A has not completed the initial new hire direct care staff person training, nor has any staff person who accompanied residents on the trip.

Plan of Correction

Accept ([REDACTED] - 05/11/2023)

Employee was off duty when [REDACTED] took the resident out. The community cannot control what employees do on personal time. This employee does not have direct care training because [REDACTED] is a cook. No other staff accompanied them on this trip.

Immediate: (3/21/23) Staff member was instructed by the Administrator not to take any resident in personal vehicle whether they are on or off duty.

Training: (4/14/23) Administrator trained staff member not to take any resident in personal vehicle whether they are on or off duty.

All staff will be trained in the May 2023 monthly training, exact date not yet determined.

Resident families, public transportation, Taxi's, Lyft and Uber are to be used by residents for transportation. RASPS's will be updated by Assistant Resident Care Coordinator by end of May.

Licensee's Proposed Overall Completion Date: 05/31/2023

171b4 - Staff Training *(continued)**Implemented (CM - 05/23/2023)*

182c - Medication Administration

9. Requirements

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

1. Identify the correct resident.

Description of Violation

On 3-21-23 at 9:16am , Resident #5's medication was unattended and sitting in a cup on the medication cart. The medication administration protocol was not followed. The administrator identified that staff person B pre-poured the medication prior to identifying the resident.

Plan of Correction**Accept (█ - 05/11/2023)**

Immediate: (3/21/23) Staff member responsible for error was reminded by the Resident Care Coordinator of proper medication administration procedures.

Training: (4/14/23) Med Techs trained on proper medication administration procedures.

How trained: Inservice by Resident Care Coordinator

Responsible Staff: Med Techs

On-going monitoring: Effective 5/1/2023, Resident Care Coordinator will observe staff weekly to make sure they are following the proper medication administration procedures as written in regulation 2600.182(c)

Licensee's Proposed Overall Completion Date: 05/01/2023

Implemented (█ - 05/23/2023)

187a - Medication Record

10. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.

Description of Violation

Resident #9 is prescribed █. This medication has not been administered. However, it is not included on resident #9 's medication administration record.

Plan of Correction**Accept (█ - 05/11/2023)**

Immediate: (3/21/23) Med Techs were reminded of proper medication administration/documentation procedures by the Resident Care Coordinator.

Training: (4/14/23) Med Techs trained on proper medication administration/documentation procedures.

How trained: Inservice by Resident Care Coordinator

Responsible Staff: Med Techs

187a - Medication Record (continued)

On-going monitoring: Beginning 5/1/23 the Resident Care Coordinator will observe staff weekly to make sure they are following the proper medication administration procedures.

Licensee's Proposed Overall Completion Date: 05/01/2023

Implemented [redacted] - 05/23/2023)

187d Follow Prescriber's Orders

11. Requirements

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

Description of Violation

Resident # 9 is prescribed [redacted]. However, this medication has not been administered to resident # 9, from [redacted] through [redacted], 2023 because the medication was not available in the home.

Plan of Correction

Accept [redacted] - 05/11/2023)

Resident [redacted] is not given in the home as [redacted] designated person, takes [redacted] to get [redacted] at a pharmacy and should not have been listed on the MAR. 4/28/23 Resident Care Coordinator was told by Administrator to provide a training to the med techs at the month of May training stating: Only medication given in the home will be documented on the MAR, and any medications given by a source outside the home will be documented in the residents record for reference purposes. On-going monitoring: Effective 5/1/23 the Resident Care Coordinator will observe staff weekly to make sure they are following the proper medication administration procedures.

Licensee's Proposed Overall Completion Date: 05/31/2023

Implemented [redacted] - 05/23/2023)

188b Medication Error Reporting

12. Requirements

2600. 188.b. A medication error shall be immediately reported to the resident, the resident s designated person and the prescriber.

Description of Violation

Resident # 9 is prescribed [redacted]. However, resident # has not received the [redacted] the months of January and March. The medication error has not been reported to the designated person and/or prescriber.

Plan of Correction

Accept [redacted] 05/11/2023)

Resident [redacted] is not given in the home as [redacted] designated person, takes [redacted] to get [redacted] designated person is the one who told our community that [redacted] refused the injection. The community should not have put the medication on the MAR. We do acknowledge that we did not inform the prescriber. Immediate: (3/21/23) RCC was verbally told by administrator to properly notify the prescriber if resident refuses medications. Training: (4/14/23) RCC was re-trained to properly notify the prescriber if resident refuses medications. How trained: Inservice by Administrator

188b - Medication Error Reporting (continued)

Responsible Staff: Resident Care Coordinator

4/28/23 Resident Care Coordinator was told by Administrator to provide a training to the med techs at the month of May training stating: Only medication given in the home will be documented on the MAR, and any medications given by a source outside the home will be documented in the residents record for reference purposes.

On-going monitoring: Effective 5/1/23 the Resident Care Coordinator will observe staff weekly to make sure they are following the proper medication administration procedures.

Licensee's Proposed Overall Completion Date: 05/01/2023

Implemented () - 05/23/2023)

227d Support Plan Medical/Dental

13. 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

The assessment for resident # 9, dated [redacted]-[redacted]-22, does not indicates the resident has a need for [redacted]. The resident's support plan, dated [redacted]-[redacted]-22, does not document how this need will be met.

The assessment for resident # 10 , dated [redacted]-[redacted]-23, does not indicates the resident has a need for [redacted]. The resident's support plan, dated [redacted]-[redacted]-23, does not document how the needs will be met.

Plan of Correction

Accept () - 05/11/2023)

Support Plan Medical/Dental

Immediate: (3/21/23) RCC and Asst RCC were reminded by Administrator to make sure the support plan

Medical/Dental is filled out completely with ALL required information filled out at least annually or upon change of condition.

Training: (4/14/23) RCC and Asst RCC were trained by Administrator to make sure the support plan Medical/Dental s filled out completely with ALL required information filled out at least annually or upon change of condition.

How trained: Inservice by Administrator

Responsible Staff: Resident Care Coordinator

5/1/23 The RCC and assistant RCC will begin to review all RASPs to ensure they are updated with all current nformation. This will continue until they are all reviewed for accuracy.

Licensee's Proposed Overall Completion Date: 05/31/2023

Implemented () - 05/23/2023)