

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

January 26, 2024

[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 12/19/2023 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: 09/10/2024  
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: 08/07/0007 Issued By: Borough of West Reading

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 57 Waking Staff: 43

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
Reason: Renewal, Incident Exit Conference Date: 12/19/2023

**Inspection Dates and Department Representative**

12/19/2023 - On-Site: [Redacted]

**Resident Demographic Data as of Inspection Dates**

General Information

License Capacity: 63 Residents Served: 57

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 38 Are 60 Years of Age or Older: 26  
Diagnosed with Mental Illness: 40 Diagnosed with Intellectual Disability: 0  
Have Mobility Need: 0 Have Physical Disability: 1

**Inspections / Reviews**

12/19/2023 - Full

Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 01/15/2024

01/19/2024 - POC Submission

Submitted By: [Redacted] Date Submitted: 01/26/2024  
Reviewer: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 01/17/2024

Inspections / Reviews (*continued*)

## 01/26/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/26/2024

Reviewer: [REDACTED]

Follow-Up Type: *Bypass Document  
Submission*

## 01/26/2024 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/26/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

65b - Rights/Abuse 40 Hours

1. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

Description of Violation

Staff Member A completed first day training by initialing the training document but the document was not dated and unable to confirm if it was completed timely.

Plan of Correction

Accept (█ - 01/26/2024)

65-B

1. The Department needs to see that the new staff members had the 40 hours of training when they started working here by signing/initialing and have a date indicating so.
  2. My staff member signed all the pages with a signature line and dated them however █ initialed the other pages that did not have a signature line but did not date them as required.
  3. Signatures and dates are a mainstay in this business, they give an accurate account of when things are done and completed, and this staff member did not give a date on the pages without signature lines.
  4. I went over all pages again with my staff member and had █ date the entire packet. I will make sure that all new staff members sign, Initial & date every page for future compliance.
  5. I, as the Administrator will check every page for signatures/initials & dates for compliance.
  6. I, as the Administrator, am responsible for not allowing this to happen again.
- See attached.

Licensee's Proposed Overall Completion Date: 01/22/2024

Implemented (█ - 01/26/2024)

81b - Resident Personal Equipment

2. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

Resident #1 has bed rails attached to their bed. The bed rails measure 4.25 inches by 12 inches and the rails are not covered.

Plan of Correction

Accept (█ - 01/26/2024)

81-B

1. The health and safety of our residents remain our responsibility & highest standards.
2. Resident had Dr order a hospital bed due to █ having C-PAT machine to assist with █ breathing when laying down, to lift █ head slightly.
3. The side railing on the beds MUST be covered with something to prevent █ from hurting █ when getting up out of bed and we did not have the coverings. This is a new regulation started in October after █ received the bed.
4. Coverings have been ordered for the side railings and when they come in, we will attach them to the railings as required for compliance. We also have the side railings removed for compliance.
5. If a resident has an order for a hospital bed, we will contact the Dr and have █ order the coverings or send a bed without side railings.

81b - Resident Personal Equipment (continued)

6. All staff are responsible for this not recurring again by notifying Admin of any new hospital bed deliveries. See attached.

Licensee's Proposed Overall Completion Date: 01/22/2024

Implemented (█) - 01/26/2024)

85e - Trash Outside Home

3. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

The dumpsters located outside the home are overflowing with garbage. The lid was unable to close, enabling rodents to access the garbage in the dumpster.

Plan of Correction

Accept (█) - 01/26/2024)

85-E

1. This violation is important for the health and safety of the facility, keeping the lids closed will help with keeping rodents/insects out of the dumpster.
2. The trash removal company, which comes two time a week has not been coming on time for a while for the pick ups and the trash bags prevented the lids from being closed properly.
3. There were trash bags that were piled high in the dumpster and the lids did not close, our pickup was due on Monday and I had to call them on Tuesday again to find out why we were not serviced.
4. I have spoken to the trash removal company again and requested a letter of why we are having so many problems with our service and that they will make every effort to be here on time for trash removal.
5. The only way for us to prevent future violations is to have the trash removal company come on a timely basis. I've spoken to them several times about their tardiness. Other trash removal companies are out of our budget so we have to continue to request better service. I will be sending them our violation report of this issue so they are ACUTELY aware of it. They come two times a week however the days are supposed to be Monday & Thursday's. We can not place the bags on the ground around the dumpsters so they must go inside for sanitary/infectious reasons.
6. I, as the Admin am responsible for preventing future violations. See attached letter from trash removal. See attached.

Licensee's Proposed Overall Completion Date: 01/22/2024

Implemented (█) - 01/26/2024)

101j7 - Lighting/Operable Lamp

4. Requirements

2600.

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

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Residents in rooms B3 and F3 did not have an operable lamp or other source of lighting that could be turned on at bedside.

101j7 - Lighting/Operable Lamp (continued)

Plan of Correction

Accept (█) - 01/26/2024

101-J-7

1. Lighting is very important for residents to see where they are going at night, and have the light source near/next to their beds.
2. The lamp in the room was not next to the bed.
3. The resident re-designs their rooms and move our lamps to where they want them.
4. The lamp was return to the night table and we also have purchased a "light source" to attach to their beds so if they move the lamp again there is still a light source near the bed.
5. Staff are required to check the rooms when they are clean weekly and report to the office if there are no lighting sources next to their beds, we then can adjust the lighting for compliance.
6. I as the Administrator am responsible for preventing future violations.  
See attached.

Licensee's Proposed Overall Completion Date: 01/22/2024

Implemented (█) - 01/26/2024

103i - Outdated Food

5. Requirements

2600.  
103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

Located in the refrigerator in the kitchen was a 1-pound package of sliced cheese that was not dated when it was opened. Located in the freezer in the kitchen was a package of chicken tenders that did not have an expiration date or the date the item was received.

Plan of Correction

Accept (█) - 01/26/2024

See a103-i

1. Food is a necessity and must be freshly kept for cooking and eating.
2. There was a package of Chicken fingers in the freezer that the sticker fell off and a package of cheese that did not have a date on it.
3. The chicken finger package had a sticker with the date & description on it but it fell off from the cold of the freezer, and our kitchen staff did not place a date on the cheese as required by Morris-Pace when it was opened.
4. We will continue to use the stickers, and also tape the sticker down after wiping off the packaging to assist us with compliance. Also coach the kitchen staff on making sure they are marking the packaging with the date of opening.
5. When the pre-packaged packaging comes in we will wipe off the packaging with a paper towel and tape the sticker on to it. This should assist with the sticker not falling off of packaging.
6. Dietary Dir is responsible for preventing future violations.  
ttached.

Licensee's Proposed Overall Completion Date: 01/22/2024

Implemented (█) - 01/26/2024

121a - Unobstructed Egress

6. Requirements

121a - Unobstructed Egress (continued)

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 side emergency exit had an ironing board and an umbrella sitting in front of the exit, blocking immediate egress in the event of an emergency.

Repeat Violation 9/13/2022.

Plan of Correction

Accept ( ) - 01/26/2024)

1. All emergency/Fire exits must be clear and free of debris.
  2. There was an umbrella and small ironing board against the wall in the exit area.
  3. My new live in staff was bringing in items/Christmas gifts and left the items in the exit area to prop open the door so wouldn't be locked out.
  4. I had to coach again about not leaving anything in those areas, also remind when is checking the exits prior to shift, make sure that you open the door from the room and look outside to see it is all clear.
  5. We are checking several times a day for compliance, staff at the beginning of their shifts walk and check each exit for compliance.
  6. I as the Administrator am responsible for ensuring that this violation is not repeated.
- See attached.

Licensee's Proposed Overall Completion Date: 01/22/2024

Implemented ( ) - 01/26/2024)

125a - Combustible Storage

7. Requirements

2600.

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

Description of Violation

Department Representative observed a sheet behind the dryer in the laundry room near the exhaust hose.

Repeat Violation 9/13/2022.

Plan of Correction

Accept ( ) - 01/26/2024)

125-A

1. The Dryer room is a very dangerous place and easy for fire to start if debris is behind them and the lint filter is not kept clean.
  2. I believe that the staff was folding linen on top of the dryer and it fell behind it.
  3. Staff is not supposed to folding linen on top of the dryer and did it anyway and something fell behind the dryer.
  4. There is a posted note on top of the dryers to "NOT FOLD ANYTHING" on top of dryers, also I will have the maintenance man check when makes rounds periodically, check the room and behind the dryers.
  5. I posted on our APP for all staff to NEVER fold anything on top of the dryers, this way with the APP everyone get the message all at once. Also have them govern their peers will go a long way in preventing this from reoccurring.
  6. Maintenance is responsible for checking behind the dryers on and daily/weekly basis to be compliant with regulation 125-A.
- See attached.

Licensee's Proposed Overall Completion Date: 01/22/2024

Implemented ( ) - 01/26/2024)

## 125a - Combustible Storage (continued)

## 144c1 - Smoking Area Guidelines

**8. Requirements**

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

**Description of Violation**

*Cigarette butts were scattered on the ground in the mulch along the walkway to the home, creating a fire hazard since mulch is highly flammable.*

**Plan of Correction**

Accept (█) - 01/26/2024

S144-C

1. *Throwing cigarettes in the mulch is a fire hazard and very dangerous.*
2. *Some residents have not been using the cigarette container for disposal.*
3. *Staff that are responsible for sweeping up the cigarettes at night did not get the butts out of the mulch, it is very difficult to see them in the dark. I will have them switched to day shift so this issue doesn't continue and I am in compliance.*
4. *Day shift went out and got up all the butts out of the mulch and also in the surrounding areas.*
5. *I'm having a meeting with the residents on 1/12/24 to discuss the possibility of ending our smoking policy at Morris-Pace. If they refuse to cooperate, I will change the policy to NON SMOKING FACILITY!! They will also have the option of taking turns picking up the butts to continue to smoke here. I can make that a new rule if this continues and for those who don't want to do this they can smoke off property.*
6. *I, as the Administrator is responsible to prevent this from happening again. ee attached.*

**Licensee's Proposed Overall Completion Date: 01/22/2024**

Implemented (█) - 01/26/2024

## 187a - Medication Record

**9. Requirements**

2600.

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

12. *Diagnosis or purpose for the medication, including pro re nata (PRN).*

**Description of Violation**

*Resident #2 's MAR's for the month of December 2023 had the following medications that did not have a diagnosis listed on the resident's MAR or on the pharmacy label. Amlodipine 1 mg tab by mouth daily. Benztrapine MES 2 mg tabs. By mouth 1 time daily. Clonidine 0.1 mg./24hour 1 patch weekly. Clozapine 100 mg tab1 tab by mouth at bedtime. Latanoprost 0.005% solution in both eyes at bedtime. Levothyroxine Sodium 125 mcg. Tabs take 6 days a week not on Sunday. Lithium Carbonate ER 450 MG tabs by mouth each night.*

**Plan of Correction**

Accept (█) - 01/26/2024

S187-A

1. *Diagnosis' are a very important part of Medication administration.*
2. *When we receive our Medi-Planners there is supposed to be Diagnosis' on every medication.*
3. *During our inspection the DHS worker noticed that some of the medications did not have a diagnosis.*

187a - Medication Record (continued)

- 4. I contact the owner of [REDACTED] and reporter that the meds don't have a diagnosis and they all need to. I received a email from the owner stating that they are working on it and it will be a couple of days however I think it's going to be a little longer due to 9,000 meds we administer daily.
- 5. When our Med staff are completing our Med-planner checks weekly they will be not only checking for the medications but also the diagnosis for compliance. If they find any missing they will contact the Pharmacy for a new medication list with the diagnosis added.
- 6. I, as the Admin will be responsible for prevention of future violations.  
ee attached.

Licensee's Proposed Overall Completion Date: 01/22/2024

Implemented ([REDACTED] - 01/26/2024)

225a - Assessment 15 Days

10. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

The assessment plan for Resident 2 was not dated to indicate when it was completed.

Plan of Correction

Accept ([REDACTED] - 01/26/2024)

225-A

- 1. Dates are very important on knowing when paperwork is done/finalized.
- 2. The "finalized" box was blank at the time of inspection.
- 3. When completing the RASP I did not put the date in the "finalized box" as required.
- 4. I put the date on the document as required, I've attached the last page of the RASP for conformation of actual date signed.
- 5. I as the Administrator I need to slow down and eye ball the whole document, then have my other Administrator look over it prior to signing. This would go a long way in preventing mistakes.
- 6. The Administrator's of this facility will be responsible for preventing future violations.  
See attached.

Licensee's Proposed Overall Completion Date: 01/22/2024

Implemented ([REDACTED] - 01/26/2024)

227a - Support Plan 30 Days

11. Requirements

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident #2 's RASP initial support plan was not dated when completed. It cannot be determined that the resident's support plan was completed timely.

227a - Support Plan 30 Days (continued)

Plan of Correction

Accept (█) - 01/26/2024

227-A

1. Dates are very important on knowing when paperwork is done/finalized.
  2. The "finalized" box was blank at the time of inspection.
  3. When completing the RASP I did not put in the date in the "finalized box" as required.
  4. I put the date on the document as required, I've attached the last page of the RASP for conformation of actual date signed.
  5. I as the Administrator I need to slow down and eye ball the whole document, then have my other Administrator look over it prior to signing. This would go a long way in preventing mistakes.
  6. The Administrator's of this facility will be responsible for preventing future violations.
- See attached.

Licensee's Proposed Overall Completion Date: 01/22/2024

Implemented (█) - 01/26/2024

252 - Record Content

12. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.

Description of Violation

Resident 3's case record did not address if the resident had any identifiable marks.

Plan of Correction

Accept (█) - 01/26/2024

227-A

1. Dates are very important on knowing when paperwork is done/finalized.
  2. The "finalized" box was blank at the time of inspection.
  3. When completing the RASP I did not put in the date in the "finalized box" as required.
  4. I put the date on the document as required, I've attached the last page of the RASP for conformation of actual date signed.
  5. I as the Administrator I need to slow down and eye ball the whole document, then have my other Administrator look over it prior to signing. This would go a long way in preventing mistakes.
  6. The Administrator's of this facility will be responsible for preventing future violations.
- See attached.

Licensee's Proposed Overall Completion Date: 01/22/2024

Implemented (█) - 01/26/2024