

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

May 2, 2024

[REDACTED]
WILMATT INC
[REDACTED]

RE: MCCALLUM ASSISTED LIFE
7141 MCCALLUM STREET
PHILADELPHIA, PA, 19119
LICENSE/COC#: 14445

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/20/2024 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: 07/30/2024
 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: Other Date: 08/06/2012 Issued By: City of Philadelphia

Staffing Hours

Resident Support Staff: Total Daily Staff: 27 Waking Staff: 20

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint, Provisional, Monitoring Exit Conference Date: 03/20/2024

Inspection Dates and Department Representative

03/20/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 48 Residents Served: 26

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: 21
 Diagnosed with Mental Illness: 18 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 1 Have Physical Disability: 1

Inspections / Reviews

03/20/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/08/2024

04/09/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 04/23/2024
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/12/2024

Inspections / Reviews *(continued)*

04/18/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/23/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 05/01/2024

05/02/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/23/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

64c - Annual Training

1. Requirements

2600.

64.c. An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.

Description of Violation

Staff person A, the home's administrator, completed only 14.5 hours of Department-approved training in training year 2023.

Plan of Correction

Accept [REDACTED] - 04/18/2024)

Administrator had 29 hours of Department Approved training in calendar year 2023. The additional 14.5 hours were in the community at the time of the survey. The administrator was on vacation during the BHS visit to the community. The administrator sent [REDACTED] vacation dates to BHS prior but they came out anyway. The licensing inspector told the Resident Care Coordinator [REDACTED] would not mark as noncompliant if [REDACTED] found it and faxed to [REDACTED] same business day. [REDACTED] left the community at 2:15 PM. [REDACTED] emailed the inspector at 2:38PM that [REDACTED] found it and immediately faxed it over. [REDACTED] responded at 3:59PM "I got it". Although we feel we should not have been given a violation, we will take the following steps to correct it in the future.

Immediate: (4/11/24) Resident Care Coordinator placed the additional 14.5 hours in the administrator's file.

Training: (4/11/24) The Administrator trained the Resident Care Coordinator to look for the required 24 hours of yearly training in the Administrators file during her monthly file audit.

How trained: Inservice by Administrator using the Regulatory Compliance Guide

Responsible Staff: Resident Care Coordinator

On-going: (4/12/24) Resident Care Coordinator will look for required Administrator training hours during monthly rounds using a checklist and will continue to check files monthly on-going.

Proposed Overall Completion Date: 04/12/2024

Licensee's Proposed Overall Completion Date: 04/12/2024

Implemented [REDACTED] - 05/02/2024)

87 - Lighting

2. Requirements

2600.

87. Lighting - The home's hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

Description of Violation

On 3/20/2024 at 1:09pm, room [REDACTED] was dimly lit with all the lights on. There was at least one burnt out lightbulb.

Plan of Correction

Accept [REDACTED] - 04/18/2024)

Immediate: (3/21/24) Bulb was replaced by the maintenance director.

Training: (4/1/24) The Administrator trained the housekeeping and maintenance staff to notify management and maintenance of any issues with dim or out bulbs so they can be replaced.

How trained: Inservice by Administrator using the Regulatory Compliance Guide

Responsible Staff: Maintenance and housekeeping

On-going: (4/8/24) Maintenance Director will look for blown out bulbs and/or missing lamps during weekly rounds

87 - Lighting (continued)

using a checklist and will continue to look for blown out bulbs weekly on-going.

Proposed Overall Completion Date: 04/12/2024

Licensee's Proposed Overall Completion Date: 04/12/2024

Implemented [redacted] - 05/02/2024)

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

On 3/24/2024 at 10:56 am, there was a strip of hardwood missing from the kitchen floor, exposing an off-white space of approximately four feet by one foot.

At 12:29 pm, there was a missing piece of ceiling, several inches wide, from a corner of tile above the medicine room.

Plan of Correction

Directed [redacted] - 04/18/2024)

Immediate: (4/1/24) Maintenance director is looking into best options, including best type of tiles, to replace the missing floor tiles in kitchen. Maintenance replaced the broken ceiling tile.

Training: (4/1/24) The Administrator trained the maintenance director to look for missing tiles(floor and ceiling) and replace upon finding.

How trained: Inservice by Administrator using the Regulatory Compliance Guide.

Responsible Staff: Maintenance Director

On-going: (4/8/24) Maintenance Director will look for missing or broken floor and ceiling tiles during weekly rounds using a checklist and will continue to look for missing or broken tiles weekly on-going.

Proposed Overall Completion Date: 04/12/2024

Directed plan of correction 4/18/24 [redacted]

Within 10 days of the receipt of the accepted plan of correction, the administrator shall ensure that the missing floor and ceiling tiles are replaced or repaired and are safe from hazards.

Upon identification of surfaces in disrepair, the administrator shall ensure that the surface is secured, free of hazards, and repaired or replaced immediately.

Directed Completion Date: 04/30/2024

Implemented [redacted] - 05/02/2024)

101r - Bedroom - shades/drapes/window covering

4. Requirements

2600.

101r - Bedroom - shades/drapes/window covering (continued)

101.r. There must be drapes, shades, curtains, blinds or shutters on the bedroom windows. Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

Description of Violation

On 3/20/2024 at 9:10 am, the blinds in room [REDACTED] were cracked and bent, particularly the bottom third of the slats on the left side.

Plan of Correction

Directed [REDACTED] - 04/18/2024)

The metal blinds were slightly bent and not cracked.

Immediate: (4/1/24) Resident Care Coordinator bent back the metal blinds and they are completely fine. They were not cracked and only slightly bent and went back into place no problem.

Training: (4/1/24) The Administrator trained the housekeeping and maintenance staff to notify management and maintenance of any issues with damaged or missing window coverings.

How trained: Inservice by Administrator using the Regulatory Compliance Guide.

Responsible Staff: Maintenance and housekeeping

On-going: (4/8/24) Maintenance Director will look for missing or damaged blinds on weekly rounds using a checklist and will continue to look for missing or broken window coverings weekly on-going.

Proposed Overall Completion Date: 04/12/2024

Directed Plan of Correction 4/18/24 [REDACTED]

Within 10 days of the receipt of the acceptable plan of correction, the administrator shall ensure that all window coverings are in good repair and free of hazards.

Upon identification of window blinds, coverings, drapes or shutters in disrepair, the administrator shall ensure that the surface is secured, free of hazards, and repaired or replaced immediately.

Directed Completion Date: 04/30/2024

Implemented [REDACTED] - 05/02/2024)

103e - Left Overs**5. Requirements**

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

There were unlabeled, undated containers of sliced peaches and other foods in the refrigerator at 10:57 am on 3/20/2024.

Plan of Correction

Accept [REDACTED] - 04/18/2024)

All of these items were just placed in the refrigerator at 10:30AM as the cook completed preparing that days meals.

Immediate: (3/20/24) The cook was told that even though he just prepared the meal that day, all items in refrigerator must be labeled and dated.

Training: (4/1/24) The Resident Care Coordinator (has serv safe training), trained the cooks to make sure all food is dated and labeled using the RCG.

103e - Left Overs (continued)

How trained: Inservice by Resident Care Coordinator using the Regulatory Compliance Guide.

Responsible Staff: Cooks

On-going: (4/8/24) Resident Care Coordinator will look for missing labeled and dated items in refrigerator on weekly rounds using a checklist and will continue to look for missing labels and dated items weekly on-going.

Proposed Overall Completion Date: 04/12/2024

Licensee's Proposed Overall Completion Date: 04/12/2024

Implemented [REDACTED] - 05/02/2024)