



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to WILMATT INC
LEGAL ENTITY

To operate MCCALLUM ASSISTED LIFE
NAME OF FACILITY OR AGENCY

Located at 7141 MCCALLUM STREET, PHILADELPHIA, PA 19119
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 48
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: _____

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from January 13, 2025 until July 13, 2025,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **144452**

Janette Biderup
ISSUING OFFICER

Juliet Marsala
ACTING DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: January 13, 2025

[REDACTED]
Owner/Administrator
Wilmatt, Inc.

RE: McCallum Assisted Life
7141 McCallum Street
Philadelphia, Pennsylvania 19119
License #: 144452

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspection April 30 and May 1, 2024, and June 25, 2024 of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby issues you a SECOND PROVISIONAL license to operate the above facility. A SECOND PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026 (b)(1) ;(4) and 55 Pa. Code § 20.71(a)(2) ;(3) ;(4) ;(5) ;(6) (relating to conditions for denial, nonrenewal or revocation). Your SECOND PROVISIONAL license is enclosed and is valid from January 14, 2025 to July 14, 2025.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

Pursuant to 62 P.S. 1085-1087 and 55 Pa. Code § 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.



55 Pa. Code Chapter 2600 Section:	Class of Violation	Census at Inspection	Fine Per Resident X Per day	Calculated Fine = Per Day	Mandated Correction Date (to avoid Fine)
89b	III	25	\$3	\$75	15 calendar days from mailing date of this letter
162c	III	25	\$3	\$75	calendar days from mailing date of this letter
190a	III	25	\$3	\$75	calendar days from mailing date of this letter

A fine will be assessed daily beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a SECOND PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35.

[REDACTED]

If you decide to appeal your SECOND PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

[REDACTED], Workload Manager
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120
[REDACTED]

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,



Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc:

[REDACTED]

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

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: *C-3 SP* Date: *02/20/1991* Issued By: *City of Philadelphia*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *25* Waking Staff: *19*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Provisional* Exit Conference Date: *05/01/2024*

Inspection Dates and Department Representative

04/30/2024 - On-Site: [REDACTED]
05/01/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *48* Residents Served: *24*

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: *20*
Diagnosed with Mental Illness: *17* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *1* Have Physical Disability: *1*

Inspections / Reviews

04/30/2024 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/24/2024*

06/03/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/20/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 06/24/2024

08/16/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/20/2024

Reviewer: [REDACTED]

Follow-Up Type: *Enforcement*

52 - Hiring Staff

1. Requirements

2600.

52. Staff Hiring, Retention and Utilization - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.

Description of Violation

Staff person A was hired on [REDACTED]. According to the background check, the staff person was convicted of a prohibitive offense on [REDACTED]. The home did not apply the following steps of the Nixon Decision:

1. Interview the applicant and obtain information from the applicant about the circumstances surrounding the prohibitive offense.
2. Obtain evidence of the applicant's minimum five-year aggregate work history in care-dependent human services, without incident, from either the date of conviction or release from incarceration, whichever is later. Evidence must include third-party documentation, such as pay stubs or W-2 forms.
3. Contact any/all past employers of the applicant and obtain written verification of incident-free employment and to conduct a character reference check.
4. Retain the above information in a confidential file available for review by the Department at any time.

Plan of Correction

Accept ([REDACTED] - 06/03/2024)

Staff member A has been a model employee for eight and a half months. Resident Care Coordinator has already interviewed the employee regarding circumstances of [REDACTED] only offense over [REDACTED] years ago.

Immediate: (5/19/24) Resident Care Coordinator requested minimum five year aggregate work history including documentation from the employee and will contact any and all former employers for a character reference check. Employee has been given two weeks to provide the information.

Training: (5/17/24) The Administrator trained the Resident Care Coordinator to review criminal background checks and to apply the Nixon Decision before hiring.

How trained: Inservice by Administrator using the Regulatory Compliance Guide

Responsible Staff: Resident Care Coordinator

On-going: (5/17/24) Resident Care Coordinator will look for required background requirements during monthly rounds using a checklist and will continue to check files monthly on-going.

Licensee's Proposed Overall Completion Date: 05/24/2024

Not Implemented ([REDACTED] - 07/08/2024)

57d - Waking Hours

2. Requirements

2600.

57.d. At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

Description of Violation

On 4/23/24, 4/25/24, and 4/27/24, a total of 25 hours of direct care were required on each day. However, only 18 of the required hours, or 72 percent, were provided during waking hours. Repeat Violation Dates: 11/14/23; 9/25/23

Plan of Correction

Accept ([REDACTED] - 06/03/2024)

The community has trained direct care staff 24 hours a day. The housekeeper who is a universal worker stated [REDACTED]

57d - Waking Hours (continued)

works 3-4 hours a day doing care, department considered it three making us short by one hour.
Immediate: (5/17/24) Administrator spoke with Resident Care Coordinator about having universal workers do 4 hours per day of direct care and adjust as census grows. Community will look into bringing in an additional part-time staff if census grows.
Training: (5/17/24) The Administrator trained the Resident Care Coordinator to review the schedule for appropriate awake direct care staff hours before posting the schedule.
How trained: Inservice by Administrator using the Regulatory Compliance Guide
Responsible Staff: Resident Care Coordinator
On-going: (5/17/24) Resident Care Coordinator initial the schedule before posting to show [redacted] has reviewed.

Licensee's Proposed Overall Completion Date: 05/24/2024

Not Implemented ([redacted] - 08/15/2024)

63a - First Aid/CPR Training

3. Requirements

2600.
63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

From 4/22/24 to 4/26/24, between 7:00 pm and 7:00 am, there were 24 residents present in the home. However, during this period, no staff person trained in first aid was on duty.

Plan of Correction

Accept ([redacted] - 06/03/2024)

The staff person in question renewed her CPR/First Aid on 5/5/24.
Immediate: (5/5/24) The staff person in question renewed [redacted] CPR/First Aid.
Training: (5/17/24) Administrator trained Resident Care Coordinator to carefully review the required documents as even though they look nearly identical the first aid was not listed on the CPR training.
How trained: Inservice by Administrator using Regulatory Compliance Guide.
Responsible Staff: Resident Care Coordinator
On-going: (5/17/24) Resident Care Coordinator will review staff files monthly for accurate information using a checklist.

Licensee's Proposed Overall Completion Date: 05/24/2024

Not Implemented ([redacted] - 07/08/2024)

65c - Ancillary Staff Orientation

4. Requirements

2600.
65.c. Ancillary staff persons shall have a general orientation to their specific job functions as it relates to their position prior to working in that capacity.

Description of Violation

Ancillary staff person A, whose first day of work was [redacted], did not have a general orientation to [redacted] specific job functions.

65c - Ancillary Staff Orientation (continued)

Plan of Correction

Accept (█) - 06/03/2024)

The staff person in question received █ job description but did not have a copy in █ file.

Immediate: (5/17/24) The job description was placed in employee's file.

Training: (5/17/24) Administrator trained Resident Care Coordinator to review staff files for required information.

How trained: Inservice by Administrator using Regulatory Compliance Guide.

Responsible Staff: Resident Care Coordinator

On-going: (5/17/24) Resident Care Coordinator will review staff files monthly for accurate information using a checklist.

Licensee's Proposed Overall Completion Date: 05/24/2024

Not Implemented (█) - 07/08/2024)

65f - Training Topics

5. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person B and C did not receive training in medication self-administration during the training year 2023.

Plan of Correction

Accept (█) - 06/03/2024)

Staff person B and C had the training in 2023 but were not in the files.

Immediate: (5/17/24) The Resident Care Coordinator called the certified med trainer and requested a copy of the missing documents. Documents were received and placed in the files.

Training: (5/17/24) Administrator trained Resident Care Coordinator to review staff files for required information.

How trained: Inservice by Administrator using Regulatory Compliance Guide.

Responsible Staff: Resident Care Coordinator

On-going: (5/17/24) Resident Care Coordinator will review staff files monthly for accurate information using a checklist.

Licensee's Proposed Overall Completion Date: 05/24/2024

Not Implemented (█) - 07/08/2024)

85a - Sanitary Conditions

6. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On 4/30/24, there was no paper towel or any form of hand drying available in the third-floor shared bathroom next to Room 301.

On 5/1/24, a pack of cigarettes belonging to Resident 1 and another pack wrapped with a dollar bill, secured with a rubber band and belonging to Resident 2, were found in the medication cart, specifically in a section designated for storing other medications.

Plan of Correction

Accept () - 06/03/2024

Paper towels were replaced, and the resident's cigarettes were removed from the cart.
Immediate: (4/30/24) Paper towels were replaced, and the resident's cigarettes were removed from the cart.
Training: (5/17/24) Administrator trained housekeepers and med techs on immediately replacing paper towels and not to keep resident cigarettes on the cart.
How trained: Inservice by Administrator using Regulatory Compliance Guide.
Responsible Staff: Housekeeping and Med Techs
On-going: (5/17/24) Resident Care Coordinator will review cart and bathrooms weekly using checklist.

Licensee's Proposed Overall Completion Date: 05/24/2024

Not Implemented () - 07/08/2024

89b - Hot Water Temperature

7. Requirements

2600.
89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 4/30/24 at 1:55pm, the hot water temperature in Room 108 measured 126.8 degrees Fahrenheit.

Plan of Correction

Repeat Violation Date: 11/14/23

Accept () - 06/03/2024

Immediate: (4/30/24) The temperature on the hot water heater was turned down below 120 degrees.
Training: (5/17/24) The Resident Care Coordinator was trained to check random/different water temperatures weekly until a new maintenance director is hired.
How trained: Inservice by Administrator using Regulatory Compliance Guide.
Responsible Staff: Resident Care Coordinator/Maintenance
On-going: (5/17/24) Resident Care Coordinator or Maintenance Director will check water temperatures weekly using a checklist.

Licensee's Proposed Overall Completion Date: 05/24/2024

Not Implemented () - 07/08/2024

91 - Telephone Numbers

8. Requirements

2600.

91 - Telephone Numbers (continued)

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in the nurse station.

Plan of Correction

Directed (████ - 06/03/2024)

Immediate: (4/30/24) The required phone numbers were posted by nurses station telephone.

Training: (5/17/24) The Resident Care Coordinator was trained to check for emergency numbers by telephone during building walk-throughs.

How trained: Inservice by Administrator using Regulatory Compliance Guide.

Responsible Staff: Resident Care Coordinator

On-going: (5/17/24) Resident Care Coordinator will check for required numbers using a checklist.

Directed Plan of correction:

In addition to the above plan of correction, beginning as stated above, the Resident Care Coordinator will check for posted phone numbers in all required areas monthly using a checklist.

Proposed Overall Completion Date: 05/24/2024

Directed Completion Date: 05/24/2024

Not Implemented (████ - 07/08/2024)

103e - Left Overs

9. 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

An unlabeled and undated container of leftover cheese slices was found in the main kitchen refrigerator.

Plan of Correction

Accept (████ - 06/03/2024)

Immediate: (4/30/24) The unlabeled food was trashed.

Training: (5/17/24) The Resident Care Coordinator (has serv safe training), trained the cooks to make sure all food is dated and labeled using the RCG.

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

Responsible Staff: Cooks

On-going: (5/17/24) 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.

Licensee's Proposed Overall Completion Date: 05/24/2024

Not Implemented (████ - 07/08/2024)

105g - Lint Removal and Duct Cleaning

10. Requirements

2600.

105g - Lint Removal and Duct Cleaning (continued)

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer’s instructions.

Description of Violation

On 4/30/24 at 9:55am, there was an approximate 1-inch accumulation of lint in the lint trap of the two clothes dryers. There were no clothes in the dryers at the time.

Plan of Correction

Accept () - 06/03/2024)

Immediate: (4/30/24) Lint was removed by housekeeper.

Training: (5/17/24) Housekeeping was trained by Administrator to make sure lint is removed from dryer after each load.

How trained: Inservice by Administrator

Responsible Staff: Housekeeping

On-going: (5/17/24) Resident Care Coordinator will check the dryers weekly to ensure staff is removing lint as trained. Administrator placed sign in laundry room to remind staff on the removal of lint from the dryers.

Licensee's Proposed Overall Completion Date: 05/24/2024

Not Implemented () - 07/08/2024)

141a 1-10 Medical Evaluation Information

11. 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 3 relies on a wheelchair for mobility. However, Resident 3's medical evaluation, dated () did not include body positioning and movement for the resident.

Repeat Violation dates: 2/22/24, 11/14/23, 9/25 3; 3/21/23 et al

Plan of Correction

Accept () - 06/03/2024)

Immediate: (4/30/24) Resident 3 medical evaluation was updated.

Training: (5/17/24) Resident Care Coordinator was trained to make sure all required boxes and fields are filled out completely by the physician completing the DME and to give back to them if not filled out completely. Will also check for accuracy and add any changes to the care plan.

How trained: Inservice by Administrator using the RCG.

Responsible Staff: RCC

On going: (5/17/24) RCC will do monthly audits of all resident files to ensure the medical evaluations are filled out

141a 1-10 Medical Evaluation Information (continued)

completely and on time. Audit will be done using a checklist.

Licensee's Proposed Overall Completion Date: 05/24/2024

Not Implemented (█) - 08/15/2024)

162c - Menus Posted

12. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

On 4/30/24, the home's weekly menus from 3/27/24 to 4/24/24 were posted. However, the menus for the current and upcoming weeks were not displayed in a conspicuous and public place in the home.

Plan of Correction

Repeat Violation Dates: 11/14/23, 9/25/23

Accept (█) - 06/03/2024)

Menus were posted by the Resident Care Coordinator previous day but █ forgot to change dates.

Immediate: (4/30/24) Administrator directed Resident Care Coordinator to post the set of current menus.

Training: (5/17/24) Administrator trained Resident Care Coordinator to post current menus at least one week in advance with correct dates.

How trained: Inservice by Administrator

Responsible Staff: Kitchen staff

On-going: (5/17/24) Resident Care Coordinator will spot check weekly to make sure current menus are posted using a checklist.

Licensee's Proposed Overall Completion Date: 05/24/2024

Not Implemented (█) - 07/08/2024)

184a - Resident's Meds Labeled

13. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

The directions for Resident 4's Ammonium Lactate 12% lotion were changed from "apply a small amount to affected area once daily for dry skin" to "apply a small amount to affected area as needed for dry skin". However, this change was not indicated on the lotion container.

Plan of Correction

Directed (█) - 06/03/2024)

Immediate: (4/30/24) Resident 4 label was corrected.

184a - Resident's Meds Labeled (continued)

Training: (5/17/24) Resident Care Coordinator was trained to make sure all changes to medications are updated on the label.

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

Responsible Staff: Resident Care Coordinator

On going: (5/17/24) Resident Care Coordinator will do monthly audits of med carts to ensure the accuracy of the medications and labels.

Directed POC:

In addition to the above plan of correction, the Resident Care Coordinator shall complete weekly cart audits for 4 weeks beginning within 5 calendar days of the receipt of this POC, then continue monthly there after. Any areas of non-compliance identified during the weekly audits shall be identified on the audit list, and correction and follow up education shall be noted and kept with the completed audits. Documentation shall be provided to the Department upon request.

Proposed Overall Completion Date: 05/24/2024

Directed Completion Date: 05/24/2024

Not Implemented (████) - 07/08/2024)

185a - Implement Storage Procedures

14. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

On 5/1/24 at 9:17am, Resident 5's glucometer was not calibrated to the correct date and time. The glucometer was set to 4/30/24 at 4:45pm.

On 5/1/24 at 9:29am, Resident 1's glucometer was not calibrated to the correct date and time. The glucometer was set to 5/30/24 at 6:27am.

Plan of Correction

Accept (████) - 06/03/2024)

Immediate: (4/30/24) Med Techs were immediately told by administrator to make sure glucometers are calibrated for correct time and that they are recording the blood sugar logs immediately and accurately. Glucometers were recalibrated by Resident Care Coordinator.

Training: (5/17/24) Med Techs were trained by administrator to make sure glucometers are calibrated for correct time and that they are recording the blood sugar logs immediately and accurately in accordance with regulation.

How trained: Inservice by Administrator

Responsible Staff: Med Techs

On-Going: (5/17/24) Resident Care Coordinator will do random spot checks of carts, MAR's, and blood sugar logs to make sure glucometers are calibrated, and resident information is being logged correctly. This will be done weekly, on various shifts to make sure the staff is complying with the regulations using a checklist.

Licensee's Proposed Overall Completion Date: 05/24/2024

Not Implemented (████) - 07/08/2024)

187b - Date/Time of Medication Admin.

15. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident 1 is prescribed Humalog Kwikpen 100/ml, inject 4 units subcutaneously three times daily before meals at 8:00am, 2:00pm, and 8:00pm. On 5/1/24 at 9:20am, Resident 1's medication administration record did not include the initials of the staff person who administered medications at 8:00am.

Plan of Correction

Directed () - 06/03/2024

Immediate: (4/30/24) Resident Care Coordinator verbally spoke with all med techs regarding proper documentation of MAR including initials

Training: (5/17/24) Resident Care Coordinator trained Med Techs on proper documentation of MAR including initials

How trained: Inservice by Resident Care Coordinator using RCG

Responsible Staff: Med Techs

On-Going: (5/17/24) Resident Care Coordinator will audit the MAR monthly using a checklist to ensure proper documentation in an effort to prevent recurrence.

Directed POC:

In addition to the above plan of correction, the Resident Care Coordinator shall complete weekly MAR audits for 4 weeks beginning within 5 calendar days of the receipt of this POC, then continue monthly there after. Any areas of non-compliance identified during the weekly audits shall be identified on the audit list, and correction and follow up education shall be noted and kept with the completed audits. Documentation shall be provided to the Department upon request.

Proposed Overall Completion Date: 05/24/2024

Directed Completion Date: 05/24/2024

Not Implemented () - 07/08/2024

187d - Follow Prescriber's Orders

16. Requirements

2600.

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

Description of Violation

Resident 1 is prescribed Humalog Kwikpen 100/ml, inject subcutaneously three times daily per sliding scale with meals. If blood sugar is less than 200= 4 units; 200-250= 6 units; 251-300= 8 units; if it's greater than 300= 10 units.

However, on 4/25/24 before dinner, the blood sugar reading was 200, which required 6 units of insulin, but 8 units were administered to the resident.

Resident 5 is prescribed to check their blood sugar level daily before breakfast. However, resident's blood sugar level was checked after breakfast on most days in April, including 4/25/24 through 4/30/24.

Plan of Correction

Repeat Violation Dates: 11/14/23; 3/21/23 et al

Accept () - 06/03/2024

Immediate: (4/30/24) Resident Care Coordinator verbally spoke with all med techs regarding following directions of the prescriber and paying close attention.

Training: (5/17/24) Med techs were trained to follow the directions of the prescriber and pay close attention.

How trained: Inservice by Resident Care Coordinator

187d - Follow Prescriber's Orders (continued)

Responsible Staff: Med Techs

On-Going: (5/17/24) Resident Care Coordinator will audit the resident charts weekly to ensure proper documentation and to ensure staff is following the directions of the prescribing physicians to prevent recurrence using a checklist.

Licensee's Proposed Overall Completion Date: 05/24/2024

Not Implemented (█) - 07/08/2024)

190a - Completion Medication Course

17. Requirements

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person B, who has not successfully completed the Department-approved medications administration course, administered medications to residents on 4/30/24 and 5/1/24 from 7:00am to 7:00pm.

Repeat violation date: 9/25/23.

Plan of Correction

Accept (█) - 06/03/2024)

The community had the required training, but it was not in the file and not sure what happened to it.

Immediate: (5/17/24) Administrator directed the RCC to make sure all med trainings are current and in the employee files. The Resident Care Coordinator called the certified med trainer and requested a copy of the missing documents. Documents were received and placed in the files.

Training: (5/17/24) Administrator trained the RCC to make sure all med trainings are current and in the employee files.

How trained: Inservice by Administrator

Responsible Staff: Resident Care Coordinator

On-going: (5/17/24) Resident Care Coordinator will audit employee files monthly to make sure all required information is present using a checklist.

Licensee's Proposed Overall Completion Date: 05/24/2024

Not Implemented (█) - 07/08/2024)

190c - Record of Training

18. Requirements

2600.

190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

Description of Violation

The home's medication administration training record for Staff person C does not include the supporting documentation that the course was successfully completed for medication record review and medication

190c - Record of Training (continued)

administration observation in the year 2022 and 2023.

Plan of Correction

Accept (████) - 06/03/2024)

The community had the required training, but it was not in the file and not sure what happened to it.

Immediate: (5/17/24) Administrator directed the RCC to make sure all med trainings are current and in the employee files. The Resident Care Coordinator called the certified med trainer and requested a copy of the missing documents. Documents were received and placed in the files.

Training: (5/17/24) Administrator trained the RCC to make sure all med trainings are current and in the employee files.

How trained: Inservice by Administrator

Responsible Staff: Resident Care Coordinator

On-going: (5/17/24) Resident Care Coordinator will audit employee files monthly to make sure all required information is present using a checklist.

Licensee's Proposed Overall Completion Date: 05/24/2024

Not Implemented (████) - 07/08/2024)

227d - Support Plan Medical/Dental

19. 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

On 4/29/24, a bedside mobility device was present on Resident 3's bed for turning and repositioning. Resident's assessment and support plan, dated █████, does not indicate the resident's need for such a device and how this need will be addressed.

Resident 6 uses glasses for vision and has a dietary need for no added sodium, as indicated on the preadmission screening form and the medical evaluation completed on █████. However, the resident's assessment and support plan, dated █████, does not include glasses for vision needs and fails to address how to meet their dietary requirements.

Resident 7 uses glasses for vision, as noted on the preadmission screening form completed on █████. However, the resident's assessment and support plan, dated █████, does not indicate this device for vision needs.

Plan of Correction

Repeat Violation dates: 2/22/24; 9/25/23

Directed (████) - 06/03/2024)

Immediate: (4/30/24) Resident 7 support plan was updated.

Training: (5/17/24) Administrator trained the Resident Care Coordinator to compare the pre-admission and to carry over the information to the support plan.

How trained: Inservice by Administrator using the Regulatory Compliance Guide

Responsible Staff: Resident Care Coordinator

On-going: (5/17/24) Resident Care Coordinator will audit employee files monthly to make sure all required information is present using a checklist.

227d - Support Plan Medical/Dental (continued)

Directed POC:

In addition to the above plan of correction, beginning as stated above, the administrator or designee shall audit 10% of Resident files monthly to ensure proper documentation of resident needs on current RASP's and make addendums or complete new assessments as needed. Documentation of audits, areas of non-compliance identified and correction and/or additional in-services shall be made available to the Department for review upon request.

Proposed Overall Completion Date: 05/24/2024

Directed Completion Date: 05/24/2024

Not Implemented (█) - 08/15/2024)

252 - Record Content

20. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

Description of Violation

Resident 1 and Resident 8's record do not include a photograph of the resident that is no more than 2 years old.

Plan of Correction

Accept (█) - 06/03/2024)

Immediate: (4/30/24) Assistant Resident Care Coordinator added missing photos to resident records.

Training: (5/17/24) Resident Care Coordinator was trained to make sure all sections of resident record including updated photos are completed fully.

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

Responsible Staff: Resident Care Coordinator

On-going: (5/17/24) Resident Care Coordinator will audit resident files monthly to make sure all required information is present using a checklist.

Licensee's Proposed Overall Completion Date: 05/24/2024

Not Implemented (█) - 08/15/2024)

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

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: *C-3 SP* Date: *02/20/1991* Issued By: *City of Philadelphia*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *26* Waking Staff: *20*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Monitoring* Exit Conference Date: *06/25/2024*

Inspection Dates and Department Representative

06/25/2024 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *48* Residents Served: *25*

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: *16* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *1* Have Physical Disability: *1*

Inspections / Reviews

06/25/2024 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/18/2024*

Inspections / Reviews (*continued*)

07/22/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/26/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 08/02/2024

08/16/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/26/2024

Reviewer: [REDACTED]

Follow-Up Type: *Enforcement*

85a - Sanitary Conditions

1. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On 6/25/24, there was no paper towels or any form of hand drying available in the third-floor shared bathroom next to Room 301.

Plan of Correction

Accept () - 07/22/2024)

Paper towels were replaced immediately. We are having a problem with the residents on this floor removing the paper towels as soon as they are replaced. We are looking into purchasing commercial hand dryers as an alternative. Immediate: (6/25/24) Paper towels were replaced.

(7/10/24) Commercial Hand Dryers were ordered. Dryers have not yet arrived as of date of this submission.

Training: (7/15/24) Administrator trained housekeepers to check common area bathrooms first thing each morning for paper towels.

How trained: Inservice by Administrator using Regulatory Compliance Guide.

Responsible Staff: Housekeeping

On-going: (7/15/24) Administrator will check common bathrooms for paper towels weekly using checklist.

Licensee's Proposed Overall Completion Date: 07/18/2024

Not Implemented () - 08/16/2024)

89b - Hot Water Temperature

2. Requirements

2600.
89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 6/25/24 at 9:30am, the hot water temperature in Room 108 measured 123.4 degrees Fahrenheit.

Repeat Violation Date: 11/14/2023

Plan of Correction

Accept () - 07/22/2024)

Immediate: (6/25/24) The temperature on the hot water heater was turned down below 120 degrees.

Training: (7/15/24) The Administrator was trained to check random/different water temperatures weekly until a new maintenance director is hired.

How trained: Inservice by Owner using Regulatory Compliance Guide.

Responsible Staff: Administrator/Maintenance

On-going: (7/15/24) Administrator or Maintenance Director will check water temperatures weekly using a checklist.

Licensee's Proposed Overall Completion Date: 07/18/2024

Not Implemented () - 08/16/2024)

141a 1-10 Medical Evaluation Information

3. Requirements

141a 1-10 Medical Evaluation Information (continued)

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], did not include body positioning and movement for the resident and their health status. Repeat Violation dates: 2/22/24, 11/14/23, 9/25/23; 3/21/23 et al.

Plan of Correction

Accept [REDACTED] - 07/22/2024)

Immediate: (6/25/24) Resident 1 medical evaluation was updated.

Training: (5/17/24) Administrator was trained to make sure all required boxes and fields are filled out completely by the physician completing the DME and to give back to them if not filled out completely. Will also check for accuracy and add any changes to the care plan.

How trained: Inservice by Owner using the RCG.

Responsible Staff: Administrator

On going: (5/17/24) Administrator will do monthly audits of all resident files to ensure the medical evaluations are filled out completely and on time. Audit will be done using a checklist.

Licensee's Proposed Overall Completion Date: 07/18/2024

Not Implemented [REDACTED] - 08/16/2024)

162c - Menus Posted

4. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

On 6/25/24, the home's weekly menus from 5/26/24 to 6/22/24 were posted. However, the menus for the current and upcoming weeks were not displayed in a conspicuous and public place in the home.

Repeat Violation Dates: 11/14/23, 9/25/23

Plan of Correction

Accept [REDACTED] - 07/22/2024)

Menus expired previous day and were immediately replaced on-site.

Immediate: (6/25/24) Administrator posted current menus.

162c - Menus Posted (continued)

Training: (7/15/24) Owner trained Administrator to post current menus at least one week in advance with correct dates.

How trained: Inservice by owner

Responsible Staff: Administrator

On-going: (7/15/24) Administrator will spot check weekly to make sure current menus are posted using a checklist.

Licensee's Proposed Overall Completion Date: 07/18/2024

Not Implemented (█) - 08/16/2024)

185a - Implement Storage Procedures

5. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident 3 is prescribed to check their blood sugar level four times a day: before breakfast, at lunch, before supper, and at bedtime.

On 6/9/24 at 7:47am, Resident 2's blood glucose reading was 197. However, it was documented as 151 on the Medication Administration Record.

On 6/18/24 at 9:13pm, Resident 3's blood glucose reading was 155. However, it was documented as 87 on the Medication Administration Record.

On 6/25/24 at 10:27am, Resident 3's blood glucose reading was 266. However, it was not documented on the Medication Administration Record.

Plan of Correction

Accept (█) - 07/22/2024)

Immediate: (6/25/24) Med Techs were immediately told by administrator to make sure glucometers are calibrated for correct time and that they are recording the blood sugar logs immediately and accurately. Glucometers were recalibrated by Resident Care Coordinator.

Training: (7/15/24) Med Techs were trained by administrator to make sure glucometers are calibrated for correct time and that they are recording the blood sugar logs immediately and accurately in accordance with regulation.

How trained: Inservice by Administrator

Responsible Staff: Med Techs

On-Going: (7/15/24) Administrator will do random spot checks of carts, MAR's, and blood sugar logs to make sure glucometers are calibrated, and resident information is being logged correctly. This will be done weekly, on various shifts to make sure the staff is complying with the regulations using a checklist.

Licensee's Proposed Overall Completion Date: 07/18/2024

Not Implemented (█) - 08/16/2024)

187d - Follow Prescriber's Orders

6. Requirements

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

Description of Violation

Resident 3 is prescribed to check their blood sugar level four times a day: before breakfast, at lunch, before supper, and at bedtime. On 6/23/24 at lunch, Resident 3's glucometer did not register a reading. However, a blood glucose level of 233 was documented on the Medication Administration Record.

Repeat Violation date: 11/14/23; 3/21/2023 et al.

Plan of Correction

Accept () - 07/22/2024)

Immediate: (6/25/24) Administrator verbally spoke with all med techs regarding following directions of the prescriber and paying close attention.

Training: (7/15/24) Med techs were trained to follow the directions of the prescriber and pay close attention.

How trained: Inservice by Administrator

Responsible Staff: Med Techs

On-Going: (7/15/24) Resident Care Coordinator will audit the resident charts weekly to ensure proper documentation and to ensure staff is following the directions of the prescribing physicians to prevent recurrence using a checklist.

Licensee's Proposed Overall Completion Date: 07/18/2024

Not Implemented () - 08/16/2024)

190a - Completion Medication Course

7. Requirements

2600.
190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person A, who has not successfully completed the Department-approved medications administration course, administered medications to residents on 6/2/24, 6/8/24, 6/9/24, 6/15/24, 6/16/24, 6/22/24, 6/23/24, and 6/29/24 from 7:00pm to 7:00am. Repeat Violatio Dates: 9/25/23

Plan of Correction

Accept () - 07/22/2024)

The community had the required training, but it was not in the file and not sure what happened to it.

Immediate: (6/25/24) Owner directed the Administrator to make sure all med trainings are current and in the employee files. The Administrator called the certified med trainer and requested a copy of the missing documents. (7/5/24) Documents were received and placed in the file.

Training: (7/15/24) Owner trained the administrator to make sure all med training is current and in the employee files.

How trained: Inservice by Owner

Responsible Staff: Administrator

On-going: (7/15/24) Administrator will audit employee files monthly to make sure all required information is present using a checklist.

190a - Completion Medication Course (continued)

Licensee's Proposed Overall Completion Date: 07/18/2024

Not Implemented (█ - 08/16/2024)

227a - Support Plan 30 Days

8. 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 1 was admitted on █ however, the resident's initial support plan was not completed.

Plan of Correction

Accept (█ - 07/22/2024)

Immediate: (6/25/24) Resident 1 support plan was updated.

Training: (7/15/24) Owner trained the Administrator to complete a support plan within 30 days of admission.

How trained: Inservice by Owner using the Regulatory Compliance Guide

Responsible Staff: Administrator

On-going: (7/15/24) Administrator will audit resident files monthly to make sure all required information is present using a checklist.

Licensee's Proposed Overall Completion Date: 07/18/2024

Not Implemented (█ - 08/16/2024)