

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

December 11, 2024

[REDACTED]  
MORRIS-PACE ASSISTED LIVING INC  
[REDACTED]

RE: MORRIS-PACE PERSONAL CARE  
416 READING AVENUE  
WEST READING, PA, 19611  
LICENSE/COC#: 21590

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/13/2024, 11/14/2024 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: MORRIS-PACE PERSONAL CARE License #: 21590 License Expiration: 09/10/2025  
 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: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: Other Date: 08/28/2020 Issued By: Reading Borough

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 55 Waking Staff: 41

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal, Complaint Exit Conference Date: 11/14/2024

**Inspection Dates and Department Representative**

11/13/2024 - On-Site: [REDACTED]  
 11/14/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 63 Residents Served: 55  
 Secured Dementia Care Unit  
 In Home: No Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: 0  
 Number of Residents Who:  
 Receive Supplemental Security Income: 40 Are 60 Years of Age or Older: 28  
 Diagnosed with Mental Illness: 42 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 0 Have Physical Disability: 1

**Inspections / Reviews**

11/13/2024 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/06/2024

12/04/2024 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 12/11/2024  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/11/2024

Inspections / Reviews *(continued)*

12/11/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/11/2024

Reviewer: [REDACTED]

Follow Up Type: *Bypass Document Submission*

12/11/2024 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/11/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

102i - Soap Dispenser

1. Requirements

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

During [redacted] onsite inspection, a bar of soap was found on the sink, of the communal bathroom located in Unit L. The soap was not labeled with a resident's name.

Plan of Correction

Accept [redacted] - 12/04/2024)

102-I

1. Infection control is one of the most important things a PCH can do to prevent illness.
2. A resident left a bar of soap in the shower.
3. Bar soap can not be left in shower or bathroom causing this violation.
4. The bar of soap was removed at the time of inspection.
5. Live-in staff that work at night, as well as day shift are supposed to by checking all restrooms for any items left by a resident and remove them hourly, daily.
6. PCA's are responsible for preventing this from re-occurring.

Licensee's Proposed Overall Completion Date: 12/02/2024

Implemented [redacted] 12/11/2024)

103e - Left Overs

2. 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

During [redacted] onsite inspection, a clear plastic container, filled with unidentifiable liquid, was discovered in the refrigerator of the kitchen located in Unit F. The container did not contain a label.

Plan of Correction

Accept [redacted] - 12/04/2024)

103-E

1. All items in the refrigerators must be labeled & dated.
2. Unlabeled food was left in fridge without dates or labels.
3. The food was unlabeled & undated in the fridge and no way to know if it's eatable/fresh.
4. All of the food was thrown out and the resident was coached on complying with this regulation.
5. On a daily basis, staff, day & night will be checking for any food that is not labeled and remove it for compliance. Also, if we know whom the food belongs, we will encourage the resident to label & date all foods.
6. PCA's are responsible for preventing future violations from re-occurring.

Licensee's Proposed Overall Completion Date: 12/02/2024

Implemented [redacted] - 12/11/2024)

103g Storing Food

3. Requirements

2600.  
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

During [REDACTED] onsite inspection, an opened package of candy corn was found in the pantry of Unit F. The candy corn contents had spilled out of the unsealed package and onto the shelf.

Plan of Correction

Accept [REDACTED] - 12/04/2024)

1. Food safety is vital to health and welfare of residents
2. Resident had candy corn in a cabinet in the kitchenette and some had fallen out onto the shelf.
3. All food must be stored in a sealed container to protect its integrity.
4. Candy corn was thrown out at the time of inspection.
5. The residents that occupy the "F" section have been coached on not having any foods in the fridge or cabinets without it being labeled/dated and in a closed container. I have had them sign the coaching letter for conformation.
6. DCS will be making daily/weekly checks in all areas that have fridges & cabinets to ensure compliance.

Licensee's Proposed Overall Completion Date: 12/02/2024

Implemented [REDACTED] 12/11/2024)

124 Notice to Fire Department

4. 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

During [REDACTED] onsite investigation, it was determined that the home did not notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed for residents to evacuate in the event of an emergency. Additionally, the home did not maintain previous correspondence to determine the date of the last notification.

Plan of Correction

Accept [REDACTED] 12/10/2024)

1. Notifying the Fire Department is essential to the safety of all of my residents if there is an emergency and we need to evacuate.
2. I did not send the Fire Chief my letter as required by DHS. Last year I sent the floor plans, Census, and my letter to the Fire Chief as recommended by inspector so I would not have to do every year. I guess that was not accurate.
3. No Letter was sent to Fire Chief as required.
4. I have submitted the floor plans, Census, & Letter to the Fire Chief on 12 /4/24 so the Fire Dept is aware of our location, layout and evacuation numbers as required by DHS.
5. I, the Admin will annually submit my letter to the Fire Chief for compliance in July 2025 which would give the Borough & Fire Dept. the needed information.

124 - Notice to Fire Department (continued)

6. I, as the Admin will be responsible for preventing future violations.

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

Implemented [redacted] - 12/11/2024)

132b - Safety Inspection/Fire Drill

5. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

During [redacted] onsite inspection, it was determined that the home completed their most recent fire safety inspection and supervised fire drill by a fire safety expert on [redacted]. The next most recent inspection and supervised drill was completed on [redacted]

Plan of Correction

Accept [redacted] 12/11/2024)

1. The health, safety, & welfare of our residents are thee most important thing we do everyday.
2. The Fire expert did not make it to our facility within the calendar year of the last visit.
3. I had been emailing [redacted] for months prior to the end of the other letter/inspection and [redacted] gave me a date but did not come out before the letter expired.
4. I ended up calling [redacted] even though [redacted] requested no calls, only emails. [redacted] apologized for the delay and said that [redacted] would be out that week. [redacted] did and I received the inspection & letter.
5. I emailed [redacted] today [redacted] knowing that I'm covered until [redacted] if I do not get a response from [redacted] I will call by the end of the month and continue to call for compliance. I have requested our Borough's local Fire Dept to complete our inspection but I'm not getting any headway, Fire chief does not respond to my request. I called [redacted] today, [redacted] and [redacted] is coming [redacted] to do the Fire inspection/drill.
6. I, as the Admin am responsible for preventing future violations.

Proposed Overall Completion Date: 12/04/2024

**Directed: A fire safety inspection and fire drill will be completed by a fire safety expert prior to 2/23/2025.**

Licensee's Proposed Overall Completion Date: 02/22/2025

Implemented [redacted] 12/11/2024)

133.2 - Exit Signs Direction

6. Requirements

2600.

133.2. Exit Signs - The following requirements apply for a home serving nine or more residents: If the exit or way to reach the exit is not immediately visible, access to exits shall be marked with readily visible signs indicating the direction to travel.

Description of Violation

During [redacted] onsite investigation, it was noted that the home is a two-story building consisting of nine living units that can be accessed from a four season's enclosed porch, spanning the entire building. All units have a first-floor exterior exit door that is not visible from the porch area. The home does not have signage indicating the paths of

133.2 - Exit Signs Direction (continued)

egress from the porch through the units to the exterior exit doors.

Plan of Correction

Accept [redacted] - 12/10/2024)

1. There must be EXIT signs available for all residents to see if the event of emergency/evacuation.
2. There were no EXIT signs on the "outside" of our interior doors that lead to the emergency exits.
3. After all these years no one has ever cited me for this, I didn't know I needed them on those doors.
4. I purchased the exit signs [redacted] and had them installed [redacted] on the outside of our interior doors that lead to the emergency exits.
5. Maintenance [redacted] is responsible for making periodic weekly checks making sure they are on the doors for compliance.
6. Maintenance [redacted] is responsible for preventing future violations.

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

Implemented [redacted] - 12/11/2024)

171b5 - First Aid Kit

7. Requirements

2600.

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

Description of Violation

During [redacted] onsite inspection, it was discovered that the home's van, used to periodically transport residents, did not contain a first aid kit.

Plan of Correction

Accept [redacted] - 12/10/2024)

1. First Aid Kits are required in PCH's/vehicle's in the event of emergencies.
2. New vehicle did not have First Aid Kit.
3. We purchased a vehicle and did not have the First Aid Kit inside as required, I forgot.
4. I purchased the First Aid Kit on 11/29/24 and put inside of the vehicle as required. Also, the kit will be checked annually for expired items and replaced as needed.
5. The First Aid Kit will be left inside of the vehicle in the event of an emergency.
6. Admin is responsible for preventing any future violations.

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

Implemented [redacted] - 12/11/2024)

185a - Implement Storage Procedures

8. 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

During [redacted] onsite inspection, it was noted that Resident [redacted] has an order for blood glucose levels to be measured and documented twice daily at 7:00am and 7:00pm. On [redacted], and [redacted] at 7:00am, the resident's medication administration record did not contain documentation of the resident's blood glucose levels.

185a - Implement Storage Procedures (continued)

Resident [REDACTED] has an order for blood glucose levels to be measured and documented twice daily at 7:00am and 7:00pm. On [REDACTED] at 7:00am, the resident's Medication Administration Record documents a blood glucose measurement of [REDACTED], however the resident's glucometer for the corresponding date/time, records [REDACTED].

Plan of Correction

Accept [REDACTED] - 12/04/2024)

1. Blood sugars are a very important measure of health and welfare for our residents.
2. There were blanks on the blood sugar chart.
3. Staff did write down the blood sugars on our chart however they did not document when the resident refused, OOF, or Hospital.
4. Staff has started documenting at every med pass what the numbers are, if the resident was OOF, in the hospital, or refused moving forward.
5. Admin does Med Cart audits weekly and will make sure all are documented correctly as required
6. Admin is responsible for preventing future violation.

Licensee's Proposed Overall Completion Date: 12/03/2024

Implemented [REDACTED] - 12/11/2024)

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:

4. Strength.
6. Dose.

Description of Violation

During [REDACTED] onsite inspection, it was noted that Resident [REDACTED] has an order for [REDACTED], one tablet by mouth twice a day. However, the resident's Medication Administration Record documents [REDACTED], take two tablets by mouth ([REDACTED]) twice daily.

Plan of Correction

Accept [REDACTED] 12/10/2024)

1. A Dr's orders are to be followed as written on the medication & MAR's for the safety, health, & welfare of each resident.
2. Upon reordering, the [REDACTED] were not delivered. The [REDACTED] was delivered.
3. I, as the Admin, did not change the orders on the MAR to reflect the new order received.
4. I, as the Admin D/c'd the previous orders on 11/15/24 and inserted the new order to reflect the new dose & strength.
5. All med staff will be conducting med cart audits of all residents meds on a weekly basis, so every month every resident's meds will be audited and verified. I (Admin) will be checking the meds that don't come in planners weekly for compliance and correct any/all discrepancies.
6. I, as the Admin am responsible for preventing future violations. Med staff will gave me their check list once they have completed their audits, this way I can see if there are any issues. Our Med Check book holds all audits for verification weekly.

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

Implemented [REDACTED] - 12/11/2024)

187d - Follow Prescriber's Orders

10. Requirements

2600.

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

Description of Violation

Resident [redacted] had an order for [redacted] one tablet daily at 7:00am. During [redacted] onsite inspection, it was determined that the resident did not receive the medication on [redacted] at 7:00am, nor was the medication available onsite.

Resident [redacted] has an order for [redacted], one capsule nightly. During [redacted] onsite inspection, it was determined that the resident did not receive the medication [redacted] through [redacted], nor was the medication available onsite.

Resident [redacted] has an order for [redacted], one tablet every morning. During [redacted] onsite inspection, it was determined that the resident did not receive the medication [redacted] through [redacted], nor was the medication available onsite.

Resident [redacted] has an order for [redacted], one tablet at 7:00am and 7:00pm. During [redacted] onsite inspection, it was determined that the resident did not receive the medication [redacted] through 7:00am on [redacted].

Plan of Correction

Accept [redacted] - 12/04/2024)

1. Medications are the backbone of this business and are a necessary requirement for the health & welfare of the residents.
2. Resident would not allow staff to assist with [redacted] getting [redacted] meds on time. [redacted] has the right of refusal and did not want the Admin involved in the process.
3. When the staff reordered [redacted] meds [redacted] would not go and pick them up and would not allow staff to pick up either. [redacted] had no insurance and Tower Health was filling [redacted] meds and paying [redacted] rent. [redacted] was trying to move but did not have any resources to make that happen and use it to be hospitalized and force them to move [redacted].
4. I had [redacted] speak with the Inspector and explain why [redacted] meds were not ordered or picked up. [redacted] convinced [redacted] to allow [redacted] to reorder and pick up [redacted] meds if he couldn't. Tower Health's Pharmacy spoke to [redacted] and myself to co-ordinate [redacted] medication ordering and pickup, [redacted] meds were picked up [redacted]. My cell number was given so when [redacted] meds were ready for pickup I would be notified.
5. I, Admin will be reordering [redacted] meds and will pick them up when they are ready without [redacted] interference/blocking. My cell number was given to Tower Health Pharmacy to ensure I'm aware of any issues reordering or picking up meds. PCP emailed me so if I had any issues with [redacted] meds I could contact [redacted] to resolve the issues.
6. I, as the Admin, is responsible for preventing future violations.

Licensee's Proposed Overall Completion Date: 12/03/2024

Implemented [redacted] - 12/11/2024)