



Pennsylvania Department of Human Services

Sent via e-mail [REDACTED]
May 6, 2025

[REDACTED], Owner
Wilmatt, Inc.

[REDACTED]
[REDACTED]

RE: McCallum Assisted Life
7141 McCallum Street
Philadelphia, Pennsylvania 19119
License #: 14445

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing (Department) review on February 21, 2025 and May 6, 2025 of the above facility, we have determined that your submitted plan of correction for the January 30, 2025 inspection is not implemented. Correction of these violations in accordance with the specified plan of correction is required. Continued compliance must be maintained.

Sincerely,

[REDACTED]

Enclosure
Licensing Inspection Summary

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

Facility Information

Name: *MCCALLUM ASSISTED LIFE* License #: *14445* License Expiration: *07/13/2025*
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: *27* Waking Staff: *20*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Fine* Exit Conference Date: *01/30/2025*

Inspection Dates and Department Representative

01/30/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *48* Residents Served: *27*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *4* Are 60 Years of Age or Older: *23*
Diagnosed with Mental Illness: *16* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0* Have Physical Disability: *1*

Inspections / Reviews

01/30/2025 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/20/2025*

Inspections / Reviews (*continued*)

02/21/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/07/2025

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 02/25/2025

02/26/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/07/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 03/07/2025

05/06/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/07/2025

Reviewer: [REDACTED]

Follow-Up Type: Exception

85b - Infestation

1. Requirements

2600.

85.b. There may be no evidence of infestation of insects or rodents in the home.

Description of Violation

On 01/30/25, during the bathroom inspection of room #117, a roach was observed crawling on the toilet paper.

Plan of Correction

Accept (█ - 02/21/2025)

The community has used █ Pest Control for the last five years. They provide monthly service to the community.

Immediate: (1/30/25) Checked to see when █ Pest Control last came out for service and it was on 1/27/25.

Called to schedule another service(1/30/25) but they did not come out to the community until 2/4/25.

Training: (2/1/25) The Administrator trained the housekeeping and maintenance staff to clean and repair any dirty or damaged areas of the building immediately upon finding. They are also to report any problems of insects or rodents immediately to management so the pest control company can come out immediately.

How trained: Inservice by Administrator

Responsible Staff: Housekeeping and Maintenance

On-going: (2/1/25) Administrator will spot check rooms and common areas weekly looking for cleanliness, damage to building, and signs of insects/rodents using a checklist.

Licensee's Proposed Overall Completion Date: 02/20/2025

Evidence of Completion

Not Implemented (█ - 05/06/2025)

See attached.

101j1 - Mattress Fire Retardant

2. Requirements

2600.

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

1. A bed with a solid foundation and fire retardant mattress that is in good repair, clean and supports the resident. A legal entity with a personal care home license for the home as of October 24, 2005, shall be exempt from the requirement for a fire retardant mattress.

Description of Violation

The mattress belonging to Resident #1 has a hole along edge and is damaged. The mattress was in poor condition.

Plan of Correction

Accept (█ - 02/21/2025)

Resident 1 never mentioned the damaged mattress and mattress was not damaged the last time █ sheets were changed.

Immediate: (1/30/25) Mattress was put in the trash and replaced with new mattress.

Training: (2/1/25) The Administrator trained housekeeping staff to notify management and maintenance of any issues with damaged or stained mattresses.

How trained: Inservice by Administrator

Responsible Staff: Housekeeping

On-going: (2/1/25) Administrator will spot check rooms and common areas weekly looking for damaged mattresses or furniture using a checklist.

Licensee's Proposed Overall Completion Date: 02/20/2025

101j1 - Mattress Fire Retardant (continued)

Evidence of Completion

Not Implemented (█ - 05/06/2025)

See attached.

101j3 - Bed/Linens/Pillows/Blankets

3. Requirements

2600.

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

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

Description of Violation

The bed for resident #1 does not have any bed linens.

Plan of Correction

Accept (█ - 02/21/2025)

The resident removed █ bed linens and never notified staff.

Immediate: (1/30/25) Resident 1 bed linens were replaced. The administrator spoke to resident 1 about the need to notify staff if █ removed █ linens.

Training: (2/1/25) The Administrator trained housekeeping staff to replace missing bed linens and notify management upon finding missing bed linens.

How trained: Inservice by Administrator

Responsible Staff: Housekeeping

On-going: (2/1/25) Housekeeping will look for soiled sheets/linens/blankets and replace them immediately.

Administrator will spot check rooms and common areas weekly using a checklist.

Licensee's Proposed Overall Completion Date: 02/20/2025

Evidence of Completion

Not Implemented (█ - 05/06/2025)

See attached.

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 1/30/25 the home did not have a menu posted for 1 week in advance in a conspicuous location. The home's menu for the week of January 26 to February 1 was posted.

Repeat Violation 06/25/24, 4/30/24

Plan of Correction

Accept (█ - 02/21/2025)

Menus posted were current but did not have an additional week in advance. This is the first time the community has ever been listed as non-compliant by an inspector when in the current week. Additional week was added on site same day.

Immediate: (1/30/25) Administrator posted additional menu.

Training: (1/30/25) Owner trained Administrator to post current menus at least one week in advance with correct dates.

162c - Menus Posted (continued)

How trained: Inservice by owner

Responsible Staff: Administrator

On-going: (1/30/25) Administrator will spot check weekly to make sure current menus with at least one week in advance are posted using a checklist.

Licensee's Proposed Overall Completion Date: 02/20/2025

Evidence of Completion

Not Implemented (█ - 05/06/2025)

See attached.

190a - Completion Medication Course

5. 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, B, C and D, who has not successfully completed the Department-approved medications administration course, administered medications to multiple residents on various dates in the home.

Repeat Violation: 06/25/24, 4/30/24.

Plan of Correction

Do Not Accept (█ - 02/21/2025)

All staff persons listed have had multiple department approved medication administration trainings and observations. Staff person A was a previous employee who passed meds for years with all the required trainings. Staff person A came back to work for the community with full med training from previous employer but was missing the information on █ trainer. Staff person B should not be listed on this report as we were told on date of inspection █ information was correct. Staff Persons C and D had observations in December 2024 but department wanted full re-certification.

Immediate: (1/30/25) Owner directed the Administrator to make sure all med trainings are current and in the employee files. All staff members missing requested documentation completed the department approved medication management course and the Train the Trainer certificate is on file in the community.

Training: (1/30/25) 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: (1/30/25) Administrator will audit employee files monthly to make sure all required information is present using a checklist.

Licensee's Proposed Overall Completion Date: 02/20/2025

Update: 02/21/2025

In order for medication training to be considered compliant, the forms used to document the trainings must be filled out correctly and signed by the appropriate trainer. The listed completion dates and the dates of the observations/MAR reviews for the documentation for the cited staff were incorrect making the annual practicums invalid. Additionally some of the documentation was only signed by a practicum observer and not a certified

190a - Completion Medication Course (continued)

trainer. A certified practicum observer and a certified medication trainer are not the same thing. A practicum observer may complete the observations and MAR Reviews for each staff person and they may fill out the associated forms however, a certified medication trainer must sign the document indicating that they have reviewed the documentation of observations by the practicum observer, certifying that all observations are compliant and complete. Documentation signed only by a practicum observer is not acceptable and therefore not compliant. Annual practicum observations and MAR reviews are to be completed at least once every 6 months for a practicum to be compliant, and the date of completion must a date that is AFTER the completed observations and MAR reviews.

It is recommended that as part of your plan of correction, all medication staff receive remediation training by a certified trainer as indicated in the Medication Training Guidelines established by the Office of Developmental Programs to bring the medication staff training into full compliance. A certified medication trainer will have information regarding remediation training.

Please update your POC to include information to bring the current medication staff into full compliance.

Plan of Correction

Accept (█ - 02/26/2025)

Immediate: (1/30/25) Owner directed the Administrator to make sure all med trainings are current and in the employee files. All staff members missing requested documentation completed the department approved medication management course and the Train the Trainer certificate is on file in the community.

Training: (1/30/25) Owner trained the administrator to make sure all med training is current and in the employee files. All staff members missing requested documentation completed the department approved medication management course and the Train the Trainer certificate is on file in the community.

Update: (2/21/25) All staff members missing requested documentation completed the department approved medication management course again, and the Train the Trainer certificate is on file in the community with the exception of staff person d who is no longer employed by the community.

How trained: Administrator trained from Inservice by Owner, Med Techs trained by a certified train the trainer.

Responsible Staff: Administrator and Certified Med Trainer

On-going: (1/30/25) Administrator will audit employee files monthly to make sure all required information is present using a checklist.

Licensee's Proposed Overall Completion Date: 02/25/2025

Update: 02/26/2025

Provide all related medication training documentation for all mediation staff currently employed in the home along with an updated list of current employees with job titles and dates of hire.

Evidence of Completion

Not Implemented (█ - 05/06/2025)

See attached.