



Pennsylvania Department of Human Services

Emailing Date: July 31, 2025

[REDACTED]
[REDACTED]
Wilmatt, Inc.
[REDACTED]
[REDACTED]

RE: McCallum Assisted Life
7141 McCallum Street
Philadelphia, Pennsylvania 19119
License #: 144450

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing (Department), licensing inspections on June 9, 2025, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in cursive script that reads "Juliet Marsala".

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

July 28, 2025

[REDACTED]
WILMATT INC
[REDACTED]

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/09/2025 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: *07/13/2025*
 Address: *7141 MCCALLUM STREET, PHILADELPHIA, PA 19119*
 County: *PHILADELPHIA* Region: *SOUTHEAST*

Administrator

Name: [REDACTED]

Legal Entity

Name: *WILMATT INC*
 Address: [REDACTED]

Certificate(s) of Occupancy

Type: *C-3 SP* Date: Issued By:

Staffing Hours

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

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal, Provisional* Exit Conference Date: *06/09/2025*

Inspection Dates and Department Representative

06/09/2025 - 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: *20*
 Diagnosed with Mental Illness: *17* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *0* Have Physical Disability: *1*

Inspections / Reviews

06/09/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/11/2025*

07/14/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: *07/16/2025*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *07/16/2025*

Inspections / Reviews *(continued)*

07/28/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/16/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

57d - Waking Hours

1. 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 6/7 and 6/8/2025, a total of 26 hours of direct care was required. However, only 19 of the required hours, or 73 percent, were provided during waking hours.

Plan of Correction

Accept [redacted] - 07/14/2025)

The community has trained direct care staff 24+ hours a day. The universal worker does 5 hours of care daily and there is a care giver scheduled 24 hours a day. All employees start 15 min before start of shift and punch out 15 min after. The inspector deducted a half hour break making the hours 7.5 rather than the actual 8 hours worked. The community had 29 per day.

Immediate: (6/9/25) Owner spoke with Administrator about adding the 15 min prior to shift and the 15 after shift to the schedule to make it clear to inspectors.

Training: (6/16/25) The Administrator trained the Resident Care Coordinator to review the schedule for precise hours and for appropriate awake direct care staff hours before posting the schedule.

How trained: Inservice by Owner using the Regulatory Compliance Guide

Responsible Staff: Administrator

On-going: (6/16/25) Administrator will initial the schedule before posting to show she has reviewed.

Licensee's Proposed Overall Completion Date: 07/11/2025

Evidence of Completion

Implemented [redacted] - 07/28/2025)

See attached.

86b - Bathroom

2. Requirements

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

On 6/9/2025, the bathroom in room 303 did not have an operable window or ventilation fan. The exhaust fan was not circulating air.

Plan of Correction

Accept [redacted] - 07/14/2025)

Immediate: (6/9/25) Owner told maintenance director to replace fan. Fan was replaced same day.

Training: (6/16/25) Maintenance was trained to test all fans in all bathrooms

How trained: Inservice by Owner using Regulatory Compliance Guide.

Responsible Staff: Maintenance/Administrator

On-going: (6/16/25) Administrator will check for operable fans while doing weekly room checks.

Licensee's Proposed Overall Completion Date: 07/11/2025

Evidence of Completion

Implemented [redacted] - 07/28/2025)

See attached.

91 - Telephone Numbers

3. Requirements

2600.

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, including the nearest hospital and fire department on or by the telephone in room 303.

Plan of Correction

Accept [REDACTED] 07/14/2025)

Resident removed the previously posted emergency numbers.

Immediate: (6/9/25) The required phone numbers were posted in residents room. The administrator spoke to the resident about not removing the emergency numbers.

Training: (6/16/25) The Administrator was trained to check for emergency numbers by telephones during building walkthroughs.

How trained: Inservice by Owner using Regulatory Compliance Guide.

Responsible Staff: Administrator

On-going: (6/16/25) Administrator will check for emergency phone numbers during weekly room checks using a checklist.

Licensee's Proposed Overall Completion Date: 07/11/2025

Evidence of Completion

Implemented [REDACTED] - 07/28/2025)

See attached.

101j7 - Lighting/Operable Lamp

4. Requirements

2600.

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

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

Description of Violation

On 6/9/2025, resident #1 in room 112 and resident #2 in room 205 did not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept [REDACTED] - 07/14/2025)

Resident moved [REDACTED] lamp to [REDACTED] piano. The Administrator discussed it with the resident and the lamp was placed back on the nightstand.

Immediate: (06/09/25) The Administrator discussed it with the resident and the lamp was placed back on the nightstand.

Training: (06/16/25) The Owner trained the administrator to check for bedside lamps or blown out light bulbs during building walkthroughs.

How trained: Inservice by Owner using Regulatory Compliance Guide.

Responsible Staff: Administrator

On-going: (06/16/25) Administrator will check for operable bedside lamps during weekly room checks using a checklist.

101j7 - Lighting/Operable Lamp (continued)

Licensee's Proposed Overall Completion Date: 07/11/2025

Evidence of Completion

Implemented (█) - 07/28/2025)

See attached.

107b - Emergency Procedures

5. Requirements

2600.

107.b. The home shall have written emergency procedures that include the following:

1. Contact information for each resident's designated person.
2. The home's plan to provide the emergency medical information for each resident that ensures confidentiality.
3. Contact telephone numbers of local and State emergency management agencies and local resources for housing and emergency care of residents.
4. Means of transportation in the event that relocation is required.
5. Duties and responsibilities of staff persons during evacuation, transportation and at the emergency location. These duties and responsibilities shall be specific to each resident's emergency needs.
6. Alternate means of meeting resident needs in the event of a utility outage.

Description of Violation

The home's written emergency procedures, submitted 1/31/2025, do not include contact information for each resident's designated person.

Plan of Correction

Accept (█) - 07/14/2025)

Immediate: (6/9/25) Administrator updated the emergency procedures to clearly state residents and designated person as part of the communities emergency procedures.

Training: (06/16/25) The Owner trained the administrator to check for updated list of residents and designated person as part of the communities emergency procedures.

How trained: Inservice by Owner using Regulatory Compliance Guide.

Responsible Staff: Administrator

On-going: (06/16/25) Administrator will do monthly checks to ensure all new residents are added to updated list of residents and designated person as part of the communities emergency procedures.

Licensee's Proposed Overall Completion Date: 07/11/2025

Evidence of Completion

Implemented (█) 07/28/2025)

See attached.

121a - Unobstructed Egress

6. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 6/9/2025 at 4:09 pm, the egress door from the second-floor boiler room was triple-locked. The wood of the door had swollen making it difficult to unlock and open.

Plan of Correction

Accept (█) - 07/14/2025)

Immediate: (6/9/25) Administrator directed maintenance to fix door to open easily.

121a - Unobstructed Egress (continued)

Training: (6/19/25) Owner trained Maintenance/Administrator on unobstructed egress using the Regulatory Compliance Guide.

How trained: Inservice by Owner

Responsible Staff: Maintenance/Administrator

On-going: (6/16/25) Administrator will look to make sure the egress of the home emergency exits is clear and locks/handles are functional while doing weekly rounds using a checklist.

Licensee's Proposed Overall Completion Date: 07/11/2025

Evidence of Completion

Implemented (redacted) - 07/28/2025)

See attached.

141a 1-10 Medical Evaluation Information

7. 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's medical evaluation, dated (redacted)/2024, did not include the resident's body positioning and movement.

Resident #3's assessment and support plan, dated (redacted)/2025, states that the resident uses a rollator for ambulation.

Plan of Correction

Accept (redacted) - 07/14/2025)

Immediate: (6/9/25) Resident 3 medical evaluation was updated.

Training: (6/16/25) 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 Regulatory Compliance Guide.

Responsible Staff: Administrator

On going: (6/16/25) 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: 07/11/2025

Evidence of Completion

Implemented (redacted) - 07/28/2025)

See attached.

143b - Residents Medical Information

8. Requirements

2600.

143.b. The following current emergency medical and health information shall be available at all times for each resident and shall accompany the resident when the resident needs emergency medical attention:

1. The resident's name and birth date.
2. The resident's Social Security number.
3. The resident's medical diagnosis.
4. The resident's physician's name and telephone number.
5. Current medication, including the dosage and frequency.
6. A list of allergies.
7. Other relevant medical conditions.
8. Insurance or third party payer and identification number.
9. The power of attorney for health care or health care proxy, if applicable.
10. The resident's designated person with current address and telephone number.
11. Personal information and related instructions regarding advance directives, do not resuscitate orders or organ donation, if applicable.

Description of Violation

The home's emergency medical plan has not been updated since 2013 and is missing the names, face sheets, and all required contents for 13 current residents, including resident #4.

Plan of Correction

Accept [redacted] 07/14/2025)

Immediate: (6/9/25) Administrator updated the emergency medical plan to clearly state residents designated persons, face sheets and all required content as part of the communities emergency medical plan.

Training: (06/16/25) The Owner trained the administrator to check for updated list of residents and designated person as part of the communities emergency medical plan.

How trained: Inservice by Owner using Regulatory Compliance Guide.

Responsible Staff: Administrator

On-going: (06/16/25) Administrator will do monthly checks using a checklist to ensure the emergency medical plan clearly states residents designated persons, face sheets and all required content as part of the communities emergency medical plan.

Licensee's Proposed Overall Completion Date: 07/11/2025

Evidence of Completion

Implemented [redacted] - 07/28/2025)

See attached.

181c - Self-administration Assessment

9. Requirements

2600.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

Resident #1 self-administers blood sugar tests four times daily with the supervision of staff. However, resident #1's assessment, dated [redacted] 2024, and medical evaluation, dated [redacted] 25, both indicate the resident cannot self-administer medications.

181c - Self-administration Assessment (continued)**Plan of Correction****Accepted ([REDACTED] - 07/14/2025)**

Immediate: (6/9/25) Administrator updated assessment and doctor updated medical evaluation to indicate the resident can self-administer with staff supervision.

Training: (6/16/25) Owner trained Administrator on regulation using the Regulatory Compliance Guide.

How trained: Inservice by Owner

Responsible Staff: Administrator

On-going: (6/16/25) Administrator will audit assessments and medical evaluations monthly using a checklist to ensure accuracy of information.

Licensee's Proposed Overall Completion Date: 07/11/2025

Evidence of Completion**Implemented ([REDACTED] 07/28/2025)**

See attached.