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

October 2, 2026

[redacted]
WILMATT INC
[redacted]

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

[redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/13/2026 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**: *07/31/2027*

Address: *7141 MCCALLUM STREET, PHILADELPHIA, PA 19119*

County: *PHILADELPHIA* **Region**: *SOUTHEAST*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *WILMATT INC*

Address: [redacted]

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *Other* **Date**: *02/21/1991* **Issued By**: *City of Philadelphia, L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *35* **Waking Staff**: *26*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Complaint* **Exit Conference Date**: *08/13/2026*

Inspection Dates and Department Representative

08/13/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *48* **Residents Served**: *31*

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**: *23*

Diagnosed with Mental Illness: *18* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *4* **Have Physical Disability**: *0*

Inspections / Reviews

08/13/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *09/18/2026*

09/23/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *09/25/2026*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *09/25/2026*

Inspections / Reviews *(continued)*

10/02/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *09/25/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

23b - Instrumental Activities of Daily Living Assistance

1. Requirements

2600.
23.b. A home shall provide each resident with assistance with IADLs as indicated in the resident's assessment and support plan.

Description of Violation

On [redacted], the Department received a complaint about staffing in the home and resident laundry not being completed in a timely manner. The home has a posted laundry schedule indicating which resident's laundry is supposed to be done on which day of the week. This licensing representative was onsite on Thursday [redacted] and visited the laundry room and spoke with staff person A who stated [redacted] duties include serving meals, washing dishes and doing the residents laundry.
None of the resident's laundry being done at this time was for a regularly scheduled "Thursday" resident.
None of the regularly scheduled "Thursday" residents on the "Weekly Housekeeping/Laundry" list was being completed.
Resident [redacted] stated during an interview, that their laundry, which is scheduled to be completed on Fridays, was completed on Sunday the previous week. Resident [redacted]s support plan, dated [redacted] indicates the resident is unable to do their own laundry and that DCS will collect, wash, dry, fold and return laundry within 24 hours.

Plan of Correction ***Accept [redacted] - 09/22/2026)***

The laundry being done on 8/13/26 by Staff Member A was at the request of residents who asked [redacted] that morning. All Thursday scheduled laundry was completed Thursday by end of day. Resident 1 laundry the previous week was not completed on scheduled Friday and was done one day later and resident was aware of schedule change.
Immediate: (8/13/26) Administrator spoke with laundry staff about completing scheduled laundry days on scheduled day before doing the laundry of other residents asking for theirs done early.
Training: (9/10/26) Laundry Staff was trained on the regulation and completing laundry on scheduled laundry days.
How trained: Inservice by Administrator using Regulatory Compliance Guide
Responsible Staff: Laundry Staff
On-going (9/20126) Administrator will review laundry list weekly to laundry actually being completed using a checklist.

Licensee's Proposed Overall Completion Date: *09/21/2026*

Implemented [redacted] 10/02/2026)

57b - 1 Hour/Day

2. Requirements

2600.
57.b. Direct care staff persons shall be available to provide at least 1 hour per day of personal care services to each mobile resident.

Description of Violation

On [redacted] there were 31 residents in the home, requiring a minimum of 31 hours of direct care service. On this day, only 25 hours of direct care staffing was provided.

Plan of Correction ***Accept [redacted] - 09/22/2026)***

The community has trained direct care staff 24 hours a day with more than enough hours. The discrepancy is a matter of the schedule not being filled out clearly in regard to job responsibilities.
Immediate: (8/13/26) Owner spoke with Administrator to create a new schedule which clearly defines scheduled staff and responsibilities.

57b - 1 Hour/Day (continued)

Training: (9/10/26) Owner trained Administrator on the regulation and to create a clear schedule.
How trained: Inservice by Owner using Regulatory Compliance Guide
Responsible Staff: Administrator
On-going (9/20/26) Administrator will review schedule for enough scheduled care hours and initial schedule if in compliance.

Licensee's Proposed Overall Completion Date: *09/21/2026*

Implemented [redacted] - 10/02/2026)

57c - 2 Hours/Day

3. Requirements

2600.
57.c. Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.

Description of Violation

On [redacted] there were 31 residents in the home, including 4 residents with mobility needs, requiring a total minimum of 35 hours of direct care service. On this date, only 25 hours of direct care staffing was provided.

On [redacted], there were 31 residents in the home, including 4 residents with mobility needs, requiring a total minimum of 35 hours of direct care service. On this date, only 31 hours of direct care staffing was provided.

Plan of Correction ***Accept [redacted] - 09/22/2026)***

The community has trained direct care staff 24 hours a day with more than enough hours. The discrepancy is a matter of the schedule not being filled out clearly in regard to job responsibilities.
Immediate: (8/13/26) Owner spoke with Administrator to create a new schedule which clearly defines scheduled staff and responsibilities.
Training: (9/10/26) Owner trained Administrator on the regulation and to create a clear schedule.
How trained: Inservice by Owner using Regulatory Compliance Guide
Responsible Staff: Administrator
On-going (9/20/26) Administrator will review schedule for enough scheduled care hours and initial schedule if in compliance.

Licensee's Proposed Overall Completion Date: *09/21/2026*

Implemented [redacted] - 10/02/2026)

57d - Waking Hours

4. 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 [redacted] a total of 35 hours of direct care was required. However, only 16.75 of the required hours, or 48 percent, were provided during waking hours.

57d - Waking Hours (continued)

On [redacted] a total of 35 hours of direct care was required. However, only 22.75 of the required hours, or 65 percent, were provided during waking hours.

Plan of Correction ***Accept [redacted] - 09/22/2026)***

The community has trained direct care staff 24 hours a day with more than enough hours. The discrepancy is a matter of the schedule not being filled out clearly in regard to job responsibilities.
Immediate: (8/13/26) Owner spoke with Administrator to create a new schedule which clearly defines scheduled staff and responsibilities.
Training: (9/10/26) Owner trained Administrator on the regulation and to create a clear schedule.
How trained: Inservice by Owner using Regulatory Compliance Guide
Responsible Staff: Administrator
On-going (9/20/26) Administrator will review schedule for enough scheduled care hours and initial schedule if in compliance.

Licensee's Proposed Overall Completion Date: *09/21/2026*

Implemented [redacted] - 10/02/2026)

85a - Sanitary Conditions

5. Requirements

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

Description of Violation

On [redacted] at 10:31 AM, two unmarked bars of soap were observed in the shower of the shared bathroom on the third floor by room [redacted]

The tub in the bathroom by room [redacted] is covered with a black substance, possibly mold or mildew, on the walls, around the handles and in the tub itself.

Repeated Violation - [redacted] et al.

Plan of Correction ***Accept [redacted] 09/22/2026)***

Immediate: (8/13/2626) Bathroom near room [redacted] was cleaned. Tub is worn out, not dirty, and will be repaired with a ceramic coating again. This was done previously on 5/28/26 but wore off. The two bars of soap were the resident in room 306 as [redacted] is the only one who uses the bathroom. The community will place a sign with the name of the resident on the door .
Training: (9/10/26) Administrator trained housekeepers on regulation, cleaning properly, and to notify administrator if worn out.
How trained: Inservice by Administrator using Regulatory Compliance Guide.
Responsible Staff: Housekeeping
On-going: (9/21/26) Administrator will do a walk-through monthly using a checklist.

Licensee's Proposed Overall Completion Date: *09/21/2026*

Implemented [redacted] 10/02/2026)

85e - Trash Outside Home

6. Requirements

2600.
85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

Three mattresses and three box springs were observed outside the home leaning against a railing and a tree on [redacted] at 9:50 AM. When asked, staff person B, an administrator, indicated these items are trash and are to be discarded.

Plan of Correction ***Accept [redacted] - 09/22/2026)***

Community replaced a few resident mattresses and sat old ones outside behind the building waiting for trash pickup of dumpster which was full.
Immediate: (8/14/26) Trash was placed in dumpster.
Training: (9/10/26) Maintenance staff trained on regulation and to place all trash in dumpster. If dumpster is full it will be placed in a closed space in the building until it can be thrown out properly.
How trained: Inservice by Administrator using the regulatory Compliance Guide
Responsible Staff: Maintenance
On-going: (9/21/26) Administrator will do a walk-through of the grounds to make sure there is no trash waiting outside for the dumpster. This will be done monthly using a checklist.

Licensee's Proposed Overall Completion Date: *09/21/2026*

Implemented [redacted] 10/02/2026)

87 - Lighting

7. Requirements

2600.
87. Lighting - The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

Description of Violation

On [redacted], at approximately 10:40 AM, the second floor hall light by room 201 was not in working order leaving this area of the second floor very dark and hazardous.

Plan of Correction ***Accept [redacted] - 09/23/2026)***

Immediate: (8/13/26) Bulb was replaced by the maintenance director.
Training: (9/10/26) The Administrator trained the housekeeping and maintenance staff on the regulation and to notify management and maintenance of any issues with dim or out bulbs so they can be replaced.
How trained: Inservice by Administrator using the Regulatory Compliance Guide
Responsible Staff: Maintenance and housekeeping
On-going: (9/21/26) Maintenance Director will look for blown out bulbs and/or missing lamps during weekly rounds using a checklist and will continue to look for blown out bulbs weekly on-going.

Licensee's Proposed Overall Completion Date: *09/21/2026*

87 - Lighting *(continued)*

Implemented [redacted] - 10/02/2026)

88a - Surfaces

8. Requirements

2600.
88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

There is a bubble on the ceiling of the second floor bathroom by room [redacted]. This could be due to a possible leak as there appears to be some additional water marks around the bubble.

Plan of Correction ***Accept [redacted] 09/23/2026)***

Immediate: (8/14/26) Maintenance director found a very minor dripping leak which was easily repaired.
Training: (9/10/26) The Administrator trained the maintenance director on the regulation using the Regulatory Compliance Guide and to make sure surfaces are clean, in good repair and free of hazards.
How trained: Inservice by Administrator using the Regulatory Compliance Guide.
Responsible Staff: Maintenance Director
On-going: (9/21/26) Maintenance Director will make sure surfaces are clean, in good repair and free of hazards during weekly rounds using a checklist

Licensee's Proposed Overall Completion Date: *09/21/2026*

Implemented [redacted] - 10/02/2026)

95 - Furniture and Equipment

9. Requirements

2600.
95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

Several pieces of furniture in the home are stained (two chairs in the library), torn (couch cushions in library, both seat cushions on living room loveseat) and worn (arm on loveseat in living room).

The cushions on the lawn chairs for the back patio have puddled water, are dirty and have burn holes from cigarettes. This is not the homes designated smoking area.

There is a broken electrical box with exposed wires by the fire exit in the basement. The keypad on the front of the electrical box has a green light, a red light and a series of numerical buttons. The red light is illuminated, indicating the box has an active electrical current.

On [redacted], at approximately 10:31 AM, the toilet in the bathroom by room 306 was not in working order.

Plan of Correction ***Accept [redacted] 09/23/2026)***

The community will clean any any stained furniture and has begun looking for replacement furniture for worn out furniture.
Immediate: (9/10/26) Damaged furniture was replaced as needed. Temporary chairs have been added until the community finds a better alternative.

95 - Furniture and Equipment (continued)

Training: (10/25/23) The Administrator trained the housekeeping and maintenance staff on the regulation and to notify management and maintenance of any issues with furniture in disrepair.
How trained: Inservice by Administrator using the Regulatory Compliance Guide
Responsible Staff: Maintenance and housekeeping
On-going: (9/21/26) Maintenance will look for furniture in disrepair during weekly rounds using a checklist.

Licensee's Proposed Overall Completion Date: *09/21/2026*

Implemented [redacted] - 10/02/2026)

105g - Lint Removal and Duct Cleaning

10. Requirements

2600.
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 [redacted] there was an accumulation of lint in the lint trap of one of the two dryers in the laundry room. There were no clothes in the dryer at the time. The other dryer was in use.

Plan of Correction ***Accept [redacted] - 09/23/2026)***

Immediate: (8/13/26) Lint was removed by laundry person.
Training: (9/10/26) Laundry staff were trained by Administrator on regulation and to make sure lint is removed from dryer after each load.
How trained: Inservice by Administrator using the Regulatory Compliance Guide.
Responsible Staff: Laundry Staff
On-going: (9/21/26) Administrator will check the dryers weekly to ensure staff is removing lint as trained using a checklist.

Licensee's Proposed Overall Completion Date: *09/21/2026*

Implemented [redacted] - 10/02/2026)

144d - Smoking Outside

11. Requirements

2600.
144.d. Smoking outside of the smoking room is prohibited.

Description of Violation

On [redacted] the following violations of the home's smoking policy were noted:

- *over a dozen cigarette butts were observed under the lawn chairs on the home's back patio*
- *staff person C was smoking while standing at one of the side door fire exits*
- *resident [redacted] was smoking in their room*

None of these locations are the designated smoking area for the home.

144d Smoking Outside *(continued)*

Plan of Correction ***Accept [redacted] - 09/23/2026)***

Cigarette butts were cleaned up on property. Staff person C was told to only smoke in designated area. Resident [redacted] claims [redacted] was not smoking in [redacted] room and that [redacted] was using an air freshener after just coming back in from smoking.
Immediate: (8/13/26) Administrator was told by Owner to start giving a written warning for violation of house rules to residents and staff who are non compliant with designated smoking area.
Training: (9/10/26) Administrator was trained on the regulation and to start giving a written warning for violation of house rules to residents who are non compliant with designated smoking area.
How trained: Inservice by Owner using the Regulatory Compliance Guide
Responsible Staff: Administrator
On going: (9/21/26) Administrator will do a walk through of the building to ensure residents are not smoking in the building or anywhere outside that is not the designated smoking area using a checklist.

Licensee's Proposed Overall Completion Date: *09/21/2026*

Implemented [redacted] - 10/02/2026)

223b - Service Procedures

12. Requirements

2600.
223.b. The home shall develop written procedures for the delivery and management of services from admission to discharge.

Description of Violation

On [redacted], at 8:12 AM, a trouble alert went off on the home's fire alarm system. According to the home's Alarm System Malfunction policy and procedures; additional staff persons will be called in... to be on constant fire patrol, Staff will monitor all rooms on each floor every 30 minutes and report to the Administrator or designee, Documentation of checks completed every 30 minutes shall be completed by designated staff and given to the Administrator or designee. Upon arrival, licensing representative (LR) was told a fire watch had been initiated starting at 9:00 AM but not documented. LR contacted Department Supervisor who inquired if any additional staff had been called in, LR confirmed no staff had been contacted and Supervisor stated the Administrator needs to call in additional support staff. Additional staff arrived at approximately 2:00 PM.
The home was late starting the fire watch, did not document initial fire watch round until indicated by LR that documentation is required and did not call for assistance until required by the Department.

Plan of Correction ***Accept [redacted] - 09/23/2026)***

The fire alarm panel was fixed same day. Staff was half hour late in documenting walk through and additional staff did not arrive until 2 PM
Immediate: (8/13/26) Administrator was told by Owner to make sure building checks are done every half hour and documented if there is ever a problem with the fire panel. Also told to call in additional staff if needed.
Training: (9/10/26) Administrator was trained on the regulation and reviewed the policy in the homes policy and procedure binder.
How trained: Inservice by Owner using the Regulatory Compliance Guide and the Policy and Procedure binder.
Responsible Staff: Administrator
On going: (9/21/26) Administrator will review Policy and follow company protocol in regards to Service Procedures.

223b - Service Procedures *(continued)*

Licensee's Proposed Overall Completion Date: *09/21/2026*

Implemented [redacted] - 10/02/2026)

251c - Standardized Forms

13. Requirements

2600.
251.c. The home shall use standardized forms to record information in the resident's record.

Description of Violation

Resident [redacted] Documentation of Medical Evaluation (DME), dated [redacted] was not completed on the Department's current standardized form. The home has been using the DME for Assisted Living Residences instead of the Personal Care Home DME.

Plan of Correction ***Accept [redacted] - 09/23/2026)***

The Document of Medical Evaluation form changed and the community was given the wrong form.
Immediate: (8/13/26) Administrator secured the correct form and is asking the doctors to fill out the correct form for the residents that used the incorrect form.
Responsible Staff: Administrator
On going: (9/21/26) Administrator will use the correct version of the Document for Medical Evaluation meant for Personal Care Homes. Charts are being updated as physicians return the correct form. Administrator is using a list to keep track of residents who need the form changed in their charts.

Licensee's Proposed Overall Completion Date: *09/21/2026*

Implemented [redacted] 10/02/2026)