





**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: JANUARY 30, 2024**

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

RE: McCallum Assisted Life  
7141 McCallum Street  
Philadelphia, Pennsylvania 19119  
License #: 144451

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspection June 26, 2023, September 25, 2023, and October 5, 2023 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 REVOKES your certificate of compliance 144450 dated April 1, 2023 to April 1, 2024 and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. The license dated April 1, 2023 to April 1, 2024 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. § 1026 (b)(1) ;(4) and 55 Pa. Code § 20.71(a)(2) ;(3) ;(4) ;(6) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from January 30, 2024 to July 30, 2024.

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)
141a	2	28	\$5	\$140	5 calendar days from mailing date of this letter
227d	2	28	\$5	\$140	5 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 FIRST 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.

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

  
 Pennsylvania Department of Human Services  
 Bureau of Human Services Licensing  
 Room 631, Health and Welfare Building  
 625 Forster Street  
 Harrisburg, Pennsylvania 17120  
 PH: 717-265-8942

[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]  
[REDACTED]  
[REDACTED]  
[REDACTED]

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

**Facility Information**

Name: *MCCALLUM ASSISTED LIFE* License #: *14445* License Expiration: *04/01/2024*  
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]

**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: *29* Waking Staff: *22*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint* Exit Conference Date: *06/26/2023*

**Inspection Dates and Department Representative**

06/26/2023 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *48* Residents Served: *28*

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

**Inspections / Reviews**

**06/26/2023 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/04/2023*

Inspections / Reviews (*continued*)

## 08/08/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/31/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 08/13/2023

## 08/24/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/31/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 08/31/2023

## 12/18/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/31/2023

Reviewer: [REDACTED]

Follow-Up Type: Enforcement

51 - Criminal Background Check

1. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies 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).

Description of Violation

Staff A completed orientation topics and 40 hour training in the home on [REDACTED]-21. A Pennsylvania state background check was not obtained until 2-16-21.

Plan of Correction

Accept [REDACTED] - 08/08/2023)

Training: (7/10/23) RCC and Asst RCC were trained to make sure criminal background is completed for all new employees. RCC and Asst RCC will review staff records monthly.

Review: (8/1/23) All staff records were reviewed by RCC and Asst RCC.

On-going (8/1/23) RCC and Asst RCC will review staff records monthly.

How trained: Inservice by Administrator

Responsible Staff: RCC and Asst RCC

Licensee's Proposed Overall Completion Date: 08/03/2023

Implemented [REDACTED] - 11/14/2023)

60c - Housekeeping/Maintenance

2. Requirements

2600.

60.c. Additional staff hours, or contractual hours, shall be provided as necessary to meet the laundry, food service, housekeeping and maintenance needs of the home.

Description of Violation

On 6-26-23, the home failed to fulfill the housekeeping tasks for the residents in the home. According to an observation during the department walk through on 6-26-23, the service was not provided due to staff not completing the duties of maintaining sanitary conditions in the resident rooms and bathrooms of the home.

Plan of Correction

Accept ([REDACTED] 08/08/2023)

Immediate: (6/26/23) All resident rooms and bathrooms were cleaned.

Training: (7/10/23) Housekeeping staff were re-trained on cleaning rooms properly.

How trained: Inservice by Resident Care Coordinator

Update: (7/31/23) New Housekeeper was hired and trained

On-Going: (8/5/23) RCC and Asst RCC will double check the resident rooms and bathrooms bi-weekly.

Licensee's Proposed Overall Completion Date: 08/05/2023

Implemented [REDACTED] - 11/14/2023)

85a - Sanitary Conditions

3. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

## 85a - Sanitary Conditions (continued)

**Description of Violation**

On 6-26-23 at 9:15 am, the following unsanitary conditions were observed by the department:

- In the bathroom: A dirty shower floor with stains of feces near the rear area of the floor . A shower chair with brown stains of dirt and grime located in the shower stall.
- Overflowing trash in the room of resident #2
- Soiled sheets on the bed of resident #3
- A dirty floor with particles of rice and crumbs in the room of resident #4
- A strong malodorous smell of urinary incontinence in the room of resident #5

**Plan of Correction**

Accept [REDACTED] - 08/08/2023)

Immediate: (6/26/23) All resident rooms and bathrooms were cleaned.

Training: (7/10/23) Housekeeping staff were re-trained on cleaning rooms properly.

How trained: Inservice by Resident Care Coordinator

Update: (7/31/23) New Housekeeper was hired and trained

On-Going: (8/5/23) RCC and Asst RCC will double check the resident rooms and bathrooms bi-weekly.

Licensee's Proposed Overall Completion Date: 08/03/2023

Not Implemented [REDACTED] - 11/14/2023)

## 88a - Surfaces

**4. 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 was a leak in the ceiling located in the medication room of the home. The ceiling tile was removed exposing the pipe that was no longer in good repair. The water from the ceiling leaked into the medication room sink.

**Plan of Correction**

Accept [REDACTED] - 08/08/2023)

There are many things here that are just not true. The pipe was not leaking and the water in the sink was from the faucet not the pipe in the ceiling. The missing ceiling tile was not above the sink, so this was impossible.

Immediate: (6/26/23) Maintenance replaced the ceiling tile. A plumber had already been called on 6/23/23 regarding the clogged sink which could not be fixed by drano/liquid plumber.

(06/30/23) The plumber unclogged the sink.

Training: (7/10/23) Maintenance was trained to look for and replace damaged, or missing ceiling tiles on weekly rounds.

How trained: Inservice by Administrator

Responsible staff: Maintenance

Licensee's Proposed Overall Completion Date: 08/04/2023

Not Implemented [REDACTED] - 11/14/2023)

## 95 - Furniture and Equipment

## 5. Requirements

2600.

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

**Description of Violation**

*On 6-26-23 at 11:55 am, the sink located in the medication room of the home was clogged and not in good repair with stagnant red water resulting from the ceiling leak.*

**Plan of Correction**

Accept [REDACTED] - 08/24/2023)

*The water in the sink was from the faucet not the pipe in the ceiling. The missing ceiling tile was not above the sink, so this was impossible. A plumber had been called prior to the visit by the state. We do not feel we should be given this non-compliant regulation as a plumber was previously called on 6/23/23 and we should be given adequate time.*

*Immediate: (6/26/23) A plumber had already been called on 6/23/23 regarding the clogged sink which could not be fixed by drano/liquid plumber.*

*(06/30/23) The plumber unclogged the sink.*

*Update (8/8/23) Not sure what else can be done on this one. Recap of events: 6/22/23 staff informed maintenance of clogged sink. Maintenance tried Drano/Liquid Plummer. Plumber was called on 6/23/23 and stated they would get out as soon as possible as their schedule was extremely busy. On 6/30/23 the plumber arrived and unclogged the sink. We acted immediately to remedy the situation and we should be allotted a reasonable amount of time to fix. 08/08/23 The administrator spoke with the maintenance director about finding a second plumber in the event our usual plumber is not able to come out within 24 hours.*

Licensee's Proposed Overall Completion Date: 08/08/2023

Not Implemented ( [REDACTED] 11/14/2023)

## 100a - Exterior - Free of Hazards

## 6. Requirements

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

**Description of Violation**

*On 6-26-23, The exterior handrail leading from the front of the home to the porch leading to the front door was bent at a 45 degree angle toward the treads of the steps with the lower metal support of the rail detached from the handrail and pointing toward the step. Caution tape was wrapped around the railing and the concrete stone pillar of the porch. The broken railing presented a tripping hazard for the residents.*

**Plan of Correction**

Accept [REDACTED] - 08/24/2023)

*We do not feel this is a non-compliant item. A CCT van backed into the handrail causing the damage to the handrail and cement. The community immediately put caution tape on the railing and made phone calls requesting quotes from contractors. The walking area of the cement was not damaged and there is another handrail on the other side of the steps to hold. The contractor was already scheduled at time of the inspection(6/23/23) and the work began on 6/30/23, taking a few days to complete.*

*Update (08/08/23) Maintenance director was trained by the Administrator to immediately place a sign stating to not use damaged rail if it happens again. The training included finding a contractor who could come out to do the repairs in the fastest time possible.*

*The repair was completed 7/7/23.*

100a - Exterior - Free of Hazards (continued)

Licensee's Proposed Overall Completion Date: 08/08/2023

Not Implemented ( [redacted] - 11/14/2023)

187a - Medication Record

7. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

- 13. Date and time of medication administration.

Description of Violation

The followed medication was missing the name and initials of staff administering the medication:

Resident#5 is prescribed Latanoprost solution 0.005%. However, the resident's medication administration record does not indicate the staff initials administering the medication 6-21-23 and 6-23-23 at 8:00pm.

Resident #5 is prescribed Combigan solution 0.2/0.5 %. However, resident's #2's medication administration record does not indicate the staff initials administering the medication on 6-21-23 and 6-23-23 at 8:00pm.

Resident #5 is prescribed Oxybutynin 5mg tablet. However, resident's #2's medication administration record does not indicate the staff initials administering the medication on 6-21-23 and 6-23-23 at 4:00pm.

Plan of Correction

Accept [redacted] - 08/08/2023)

We acknowledge that there were errors, but we would like to point out that four of the violations listed refer to resident number 2, however, are actually meant for resident number 5.

Immediate: (6/26/23) Med Techs were reminded of proper medication administration/documentation procedures by the Resident Care Coordinator.

Training: (7/10/23) Med Techs re-trained on proper medication administration/documentation procedures.

How trained: Inservice by Resident Care Coordinator

Responsible Staff: Med Techs

On-going monitoring: Resident Care Coordinator has been observing staff weekly since 5/1/23 but missed the errors on this record. RCC will continue to observe staff weekly to make sure they are following the proper medication administration procedures.

Licensee's Proposed Overall Completion Date: 08/03/2023

Implemented [redacted] 11/14/2023)

8. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

- 7. Route of administration.

**187a - Medication Record (continued)**

8. Frequency of administration.
9. Administration times.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.

**Description of Violation**

*Resident # 2 is prescribed Gavilyte-N solution flavor packet . However, the medication administration record for resident's #2, does not indicate the following:*

- *Route of administration*
- *Frequency of administration*
- *Administration times*
- *Diagnosis and Purpose*
- *Date and time of administration*

*Repeated Violation: 3/21/23*

**Plan of Correction**

**Accept (████ - 08/08/2023)**

*We acknowledge that there were errors, but we would like to point out that four of the violations listed refer to resident number 2, however, are actually meant for resident number 5.*

*Immediate: (6/26/23) Med Techs were reminded of proper medication administration/documentation procedures by the Resident Care Coordinator.*

*Training: (7/10/23) Med Techs re-trained on proper medication administration/documentation procedures.*

*How trained: Inservice by Resident Care Coordinator*

*Responsible Staff: Med Techs*

*On-going monitoring: Resident Care Coordinator has been observing staff weekly since 5/1/23 but missed the errors on this record. RCC will continue to observe staff weekly to make sure they are following the proper medication administration procedures.*

**Licensee's Proposed Overall Completion Date: 08/03/2023**

**Implemented (████ - 11/14/2023)**

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

**Facility Information**

Name: *MCCALLUM ASSISTED LIFE* License #: *14445* License Expiration: *04/01/2024*  
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: *Other* Date: *02/21/1991* Issued By: *City of Philadelphia*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *31* Waking Staff: *23*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint* Exit Conference Date: *09/25/2023*

**Inspection Dates and Department Representative**

09/25/2023 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *48* Residents Served: *29*

**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: *25*  
Diagnosed with Mental Illness: *22* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *2* Have Physical Disability: *1*

**Inspections / Reviews**

**09/25/2023 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/28/2023*

Inspections / Reviews (*continued*)

## 11/08/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/17/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 11/13/2023

## 11/15/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/17/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 11/18/2023

## 12/18/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/17/2023

Reviewer: [REDACTED]

Follow-Up Type: Enforcement

### 3c - Post Current License

#### 1. Requirements

2600.

- 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

#### Description of Violation

*On 09/25/23, the home's current license, dated from 04/01/23 until 04/01/24, was not posted in a conspicuous and public place in the home.*

#### Plan of Correction

Accept [REDACTED] /08/2023)

*Previous posted license must have been removed by previous resident who routinely took down postings and threw in trash.*

*Immediate: (9/25/23) License was posted*

*On-going: (10/30/23) Administrator will check monthly to make sure license is still posted.*

*Responsible Staff: Administrator*

Licensee's Proposed Overall Completion Date: 10/30/2023

Implemented [REDACTED] - 12/18/2023)

### 5a1 - DHS Access

#### 2. Requirements

2600.

- 5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:

1. Agents of the Department.

#### Description of Violation

*On 09/25/23, at 12:55 PM, an agent of the Department requested access to staff timecards. Staff person A, the Administrator provided three timecards; two direct care staff and one cook. Staff person A stated he had taken the remaining cards home to process payroll and were not available for review.*

#### Plan of Correction

Accept [REDACTED] - 11/08/2023)

*Community has always kept the schedules and not the time sheets in the community. Every previous inspection, the schedule was all that was required. This inspector would not accept the schedule.*

*Immediate: (10/30/23) Owner will start keeping payroll records on site.*

*On-going: (10/30/23) Owner will continue to leave time sheets on site.*

*Responsible Staff: Owner*

Licensee's Proposed Overall Completion Date: 10/30/2023

Implemented [REDACTED] - 12/18/2023)

### 18 - Compliance With Laws

#### 3. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

18 - Compliance With Laws *(continued)***Description of Violation**

The home uses a gas fired hot water heater. The carbon monoxide alarm is in the same room approximately five to seven feet away from the heater. Per the Care Facility Carbon Monoxide Alarms Standards Act of Jun. 23, 2016; Carbon Monoxide alarms must be installed in proximity of, but not less than 15 feet from any fossil-fuel burning device or appliance.

**Plan of Correction**

Accept [REDACTED] - 11/08/2023)

Immediate: (10/26/23) Carbon Monoxide Detector was moved more than 15 feet away from the water heater.

Training: (10/25/23) Maintenance was trained to install Carbon Monoxide Detectors more than 15 feet away from gas heaters.

How trained: Inservice by Administrator

Responsible Staff: Maintenance

On-Going: Maintenance will only install Carbon Monoxide Detectors more than 15 feet away from gas heaters.

Licensee's Proposed Overall Completion Date: 10/30/2023

Implemented [REDACTED] - 12/18/2023)

## 54a - Direct Care Staff

**4. Requirements**

2600.

54.a. Direct care staff persons shall have the following qualifications:

1. Be 18 years of age or older, except as permitted in subsection (b).
2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

**Description of Violation**

Direct care staff person B, whose position is listed as General Maintenance but is scheduled on the 11:00 PM to 7:00 AM shift on Mondays and Fridays as a direct care worker, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

**Plan of Correction**

Accept [REDACTED] - 11/08/2023)

Resident Care Coordinator requested GED from staff member and placed in file.

Immediate: (9/27/23) Staff Member brought in copy of GED for file.

Training: (10/25/23) The Administrator trained the RCC to carefully review files for missing records/qualifications.

How trained: Inservice by Administrator

Responsible Staff: Resident Care Coordinator

On-going: (11/6/23) Resident Care Coordinator will audit employee files monthly to ensure required information is present.

Proposed Overall Completion Date: 11/06/2023

Licensee's Proposed Overall Completion Date: 11/06/2023

Not Implemented [REDACTED] - 12/18/2023)

57a - Designee Present/Age

5. Requirements

2600.

57.a. At all times one or more residents are present in the home a direct care staff person who is 21 years of age or older and who serves as the designee, shall be present in the home. The direct care staff person may be the administrator if the administrator provides direct care services.

Description of Violation

According to the provided timecards, there were no staff present in the building on Monday 09/11/23 from 10:00 PM until 7:30 AM on Tuesday 09/12/23.

Additionally, staff member B, who is listed as working the 11:00 PM to 7:00 AM shift on Mondays and Fridays does not have the required qualifications or required DHS training to be direct care staff.

At these times, residents were present in the home.

Plan of Correction

Accept [redacted] - 11/08/2023)

The community has staff 24 hours a day. The inspector would not accept the schedule and asked for time sheets.

Community has always kept the schedules and not the time sheets in the community. Every previous inspection, the schedule was all that was required. This inspector would not accept the schedule.

Immediate: (10/26/23) Owner will start keeping payroll records on site.

On-going: (10/30/23) Owner will continue to leave time sheets on site.

Responsible Staff: Owner

Licensee's Proposed Overall Completion Date: 10/30/2023

Not Implemented [redacted] - 12/18/2023)

57b - 1 Hour/Day

6. 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 09/25/23, compliance with this regulation could not be determined because staff member A could not provide documentation showing when properly licensed or DHS trained staff were present in the home during a two-week period from 09/10/23 to 09/23/23. Residents were present in the home during this time period.

Plan of Correction

Accept [redacted] - 11/08/2023)

The community has trained direct care staff 24 hours a day. The inspector would not accept the schedule and asked for time sheets. Community has always kept the schedules and not the time sheets in the community. Every previous inspection, the schedule was all that was required. This inspector would not accept the schedule.

Immediate: (10/26/23) Owner will start keeping payroll records on site.

On-going: (10/30/23) Owner will continue to leave time sheets on site.

Responsible Staff: Owner

Licensee's Proposed Overall Completion Date: 10/30/2023

Not Implemented [redacted] - 12/18/2023)

57c - 2 Hours/Day

**7. 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 09/25/23, compliance with this regulation could not be determined because staff member A could not provide documentation showing when properly licensed or DHS trained staff were present in the home during a two-week period from 09/10/23 to 09/23/23. Residents were present in the home during this time period.*

**Plan of Correction**

**Accept** [REDACTED] - 11/08/2023)

*The community has trained direct care staff 24 hours a day. The inspector would not accept the schedule and asked for time sheets. Community has always kept the schedules and not the time sheets in the community. Every previous inspection, the schedule was all that was required. This inspector would not accept the schedule.*

*Immediate: (10/26/23) Owner will start keeping payroll records on site.*

*On-going: (10/30/23) Owner will continue to leave time sheets on site.*

*Responsible Staff: Owner*

Licensee's Proposed Overall Completion Date: 10/30/2023

**Not Implemented** [REDACTED] - 12/18/2023)

**57d - Waking Hours**

**8. 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 09/25/23, compliance with this regulation could not be determined because staff member A could not provide documentation showing when properly licensed or DHS trained staff were present in the home during a two-week period from 09/10/23 to 09/23/23. Residents were present in the home during this time period.*

**Plan of Correction**

**Accept** [REDACTED] 11/08/2023)

*The community has trained direct care staff 24 hours a day with 75% during waking hours. The inspector would not accept the schedule and asked for time sheets. Community has always kept the schedules and not the time sheets in the community. Every previous inspection, the schedule was all that was required. This inspector would not accept the schedule.*

*Immediate: (10/26/23) Owner will start keeping payroll records on site.*

*On-going: (10/30/23) Owner will continue to leave time sheets on site.*

*Responsible Staff: Owner*

Licensee's Proposed Overall Completion Date: 10/30/2023

**Not Implemented** [REDACTED] - 12/18/2023)

**60a - Staff/Support Plan**

**9. Requirements**

2600.

60a - Staff/Support Plan (continued)

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

**Description of Violation**

*On 09/25/23, at 10:05 AM, staff member C was escorting agents of the Department through the home, At the same time, staff member D was on break in the Resident Care Coordinator's office. When asked, these were the only two direct care staff in the building, meaning there were no direct care staff available to meet the resident's needs. According to the provided timecards, there were no staff present in the building to meet the needs of the residents on Monday 09/11/23 from 10:00 PM until 7:30 AM on Tuesday 09/12/23. Additionally, staff person B, who is listed as working the 11:00 PM to 7:00 AM shift on Mondays and Fridays does not have the required qualifications or required DHS training to be direct care staff. Showing again that there are no direct care staff available to meet the needs of the residents during this time.*

**Plan of Correction**

**Accept** [redacted] - 11/08/2023)

*The community has trained direct care staff 24 hours a day with 75% during waking hours. The inspector would not accept the schedule and asked for time sheets. Community has always kept the schedules and not the time sheets in the community. Every previous inspection, the schedule was all that was required. This inspector would not accept the schedule.*

*Immediate: (10/26/23) Owner will start keeping payroll records on site.*

*On-going: (10/30/23) Owner will continue to leave time sheets on site.*

*Responsible Staff: Owner*

**Licensee's Proposed Overall Completion Date: 10/30/2023**

**Not Implemented** [redacted] - 12/18/2023)

63a - First Aid/CPR Training

**10. 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**

*On 09/25/23, compliance with this regulation could not be determined because staff member A could not provide documentation showing when properly licensed or DHS trained staff, with First Aid/CPR certification were present in the home during a two-week period from 09/10/23 to 09/23/23. Residents were present in the home during this time period.*

**Plan of Correction**

**Accept** [redacted] - 11/08/2023)

*The community has one staff member trained on cpr present in the home at all times. The inspector would not accept the schedule and asked for time sheets. Community has always kept the schedules and not the time sheets in the community. Every previous inspection, the schedule was all that was required. This inspector would not accept the schedule.*

*Immediate: (10/26/23) Owner will start keeping payroll records on site.*

*On-going: (10/30/23) Owner will continue to leave time sheets on site.*

*Responsible Staff: Owner*

**Licensee's Proposed Overall Completion Date: 10/30/2023**

63a - First Aid/CPR Training (continued)

Not Implemented [redacted] - 12/18/2023)

65d - Initial Direct Care Training

11. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

1. Training that includes a demonstration of job duties, followed by supervised practice.
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.
3. Initial direct care staff person training to include the following:
  - i. Safe management techniques.
  - ii. ADLs and IADLs
  - iii. Personal hygiene.
  - iv. Care of residents with dementia, mental illness, cognitive impairments, an intellectual disability and other mental disabilities.
  - v. The normal aging-cognitive, psychological and functional abilities of individuals who are older.
  - vi. Implementation of the initial assessment, annual assessment and support plan.
  - vii. Nutrition, food handling and sanitation.
  - viii. Recreation, socialization, community resources, social services and activities in the community.
  - ix. Gerontology.
  - x. Staff person supervision, if applicable.
  - xi. Care and needs of residents with special emphasis on the residents being served in the home.
  - xii. Safety management and hazard prevention.
  - xiii. Universal precautions.
  - xiv. The requirements of this chapter.
  - xv. Infection control.
  - xvi. Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

Description of Violation

Staff person B is listed as working the 11:00 PM to 7:00 AM shift on Mondays and Fridays. Staff person B does not have the required qualifications or required DHS training to be direct care staff.

Plan of Correction

Accept [redacted] - 11/08/2023)

Staff person B took the required direct care training again to replace the missing paperwork.

Immediate: (10/1/23) Staff Member B completed direct care training.

Training: (10/25/23) The Administrator trained the RCC to carefully review files for missing records/qualifications.

How trained: Inservice by Administrator

Responsible Staff: Resident Care Coordinator

On-going: (11/6/23) Resident Care Coordinator will audit employee files monthly to ensure required information is present.

Licensee's Proposed Overall Completion Date: 11/06/2023

Not Implemented [redacted] - 12/18/2023)

85a - Sanitary Conditions

**12. Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

**Description of Violation**

On 09/25/23, during a physical onsite inspection between 9:00 AM to 1:15 PM, a black substance, thought to be mold, was observed in the following areas;

- on the walls and windowsills in the front stairwell,
- on the ceiling and floor in the bathroom by bedroom #201,
- on the ceiling, steps and walls of the fire tower stairs,
- in the ceiling tiles above the third floor bathroom outside bedroom #306,
- in and around the bathtub in the bathroom outside bedroom #306,
- on the screen and window in the home's kitchen.

There were three hand towels, a full body towel and a wash cloth in the common bathroom by bedroom 102. None of these items were labeled.

There was an unlabeled wash cloth in the bathroom by bedroom 301.

**Plan of Correction**

Accept (████) - 11/15/2023)

Bathrooms by room 201 and 306 are in the process of being renovated, and the other mentioned walls, stairs, window sills, screen and ceilings were cleaned. Shared bathrooms have been labeled.

Immediate: (9/29/23) Called an environmental services company to come out and get a quote for necessary repairs.

Approved quote and they started doing repairs the following week.

Training: (10/25/23) 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 areas found that are beyond their ability so the community can contract out the repairs.

How trained: Inservice by Administrator

Responsible Staff: Housekeeping and Maintenance

On-going: (11/6/23) Resident Care Coordinator will spot check rooms and common areas weekly looking for cleanliness and damage to building.

11/9/23 Update: Repairs are on-going and are expected to be completed by 11/30/23.

Licensee's Proposed Overall Completion Date: 11/30/2023

Not Implemented (████) 12/18/2023)

**85b - Infestation****13. Requirements**

2600.

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

**Description of Violation**

On 09/25/23, at 9:53 AM, mice droppings were found in the basement and first floor handrails.

On 09/25/23, at 10:25 AM, several bugs, including moths and stink bugs, were found in room 112.

On 09/25/23, at 11:19 AM, several gnats were found in the third-floor bathroom by bedroom 301. Gnats were also seen flying around the basement by the dining area.

## 85b - Infestation (continued)

**Plan of Correction**

Accept [REDACTED] - 11/08/2023)

The community has used [REDACTED] Pest Control for the last three years. They provide monthly service to the community. Immediate: (9/29/23) Called [REDACTED] Pest Control to come out for an additional service. The last came to the community on 10/20/23.

Training: (10/25/23) 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: (11/6/23) Resident Care Coordinator will spot check rooms and common areas weekly looking for cleanliness, damage to building, and signs of insects/rodents.

Licensee's Proposed Overall Completion Date: 11/06/2023

Not Implemented [REDACTED] J - 12/18/2023)

## 88a - Surfaces

**15. 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**

On 09/25/23, during a physical inspection between 9:00 AM and 1:15 PM, the following violations were observed:

- The 2nd and 3rd floor hallways are on a slant towards the front of the home suggesting foundation issues.
- The ceiling was collapsing in one of the basement storage areas.
- There was a leak in the basement ceiling from the staff bathroom on the first floor.
- The floor in the bathroom by bedroom #301 was very weak and unstable.
- The electrical panel for the home is attached to a wall in the basement that is eroding due to water damage.
- Water was present on the floor by the electrical panel.
- The wall under the air conditioning unit in the dining room was warped from water damage and a hole was present above the radiator.
- Electrical boxes for the elevator and for an electronic lock by the back door (code box) did not have lids leaving the wires exposed.
- The ceiling of the fire tower had been damaged by water. The home has attempted to patch the area with dry wall but has not completed the job. Water is still leaking from this area and a black like substance, possibly mold, is visible on the new dry wall.
- Water was leaking from the ceiling in the kitchen creating a puddle on the floor. The source of the leak is unknown.
- Dirt and grime build up is visible on the walls under/behind the sinks in the kitchen. The paint on the baseboard radiator was chipped in several areas.
- The ceiling in the laundry room had several tiles that are stained with water. Also, several tiles were missing exposing pipes, electrical wires and fiberglass insulation was hanging down past the drop ceiling. This area is used by residents.
- The walls in the laundry room are heavily damaged with several holes along the base of the wall, and a large crack and partial hole on one wall. Outside the laundry room, the baseboard is not attached to the wall, merely leaning against it.
- The janitor's closet is unfinished with the walls stopping approximately 3 feet above the floor leaving pipes exposed.

88a - Surfaces (continued)

- The bathroom behind the first-floor med station has water damage to the ceiling causing pieces to hang from the ceiling and other pieces to fall to the floor. Water stains are visible inside the light fixture. The toilet in this bathroom leaks through to the basement (see 3rd item at the top of this list).
- The resident care coordinator's (RCC) office has a substantial leak. The walls show severe water damage, the windows are also damaged. water was visible leaking through the window, dripping onto the windowsill and down the wand of the blinds used for opening and closing the blinds to a large puddle on the floor.
- The exterior of the RCC's office is stained by the trail of dirt and water leaking into the office. The frame inside the window is also stained as well as the siding next to and beneath the window as well as the brick under the window.

Plan of Correction

Accept [redacted] - 11/15/2023)

The community is addressing these issues, and many are already completed or in the process of being completed. We are in the process of finding a new maintenance director and have hired [redacted] Environmental Services to take care of things in the meantime. Repairs are on-going until completed.

Immediate: (9/29/23) Called an environmental services company to come out and get a quote for necessary repairs. Approved quote and they started doing repairs the following week. Also placed an ad for a new maintenance director but have had no luck as of 10/26/23.

Training: (10/25/23) The Administrator trained the housekeeping and maintenance staff to clean and repair any dirty or damaged areas of the building immediately upon finding.

How trained: Inservice by Administrator

Responsible Staff: Maintenance and Housekeeping

On-going: (11/6/23) Resident Care Coordinator will spot check rooms and common areas weekly.

11/9/23 Update: Repairs are on-going and are expected to be completed by 11/30/23.

Licensee's Proposed Overall Completion Date: 11/30/2023

Not Implemented [redacted] - 12/18/2023)

92 - Windows

16. Requirements

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

There was no screen in the bedroom window in room 112. This window was open during the inspection.

The windows and screen in the RCC's office are stained with dirt and grime.

One of the windows in the main kitchen is soiled with dirt, grease, dust and a black substance, possibly mold.

The other window in the kitchen is covered with a sheet of hard plastic. This cover is broken in the middle which could allow insects into the kitchen.

Plan of Correction

Accept [redacted] - 11/08/2023)

All missing screens will be replaced as needed. Existing screens will be cleaned as needed.

92 - Windows (continued)

Immediate: (10/26/23) Administrator directed maintenance to replace any missing screens as needed. The window and screen in the RCC office was cleaned after the gutter was cleared above which was causing the problem. The kitchen windows were cleaned and the cracked piece of plastic was removed.

Training: (10/25/23) The Administrator trained maintenance, housekeeping, and kitchen staff to clean the entire kitchen, including windows regularly.

How trained: Inservice by Administrator

Responsible Staff: Maintenance, housekeeping, and kitchen staff.

On-going: (11/6/23) Maintenance will check for unclean or damaged windows on rounds.

Licensee's Proposed Overall Completion Date: 11/06/2023

Not Implemented (█) - 12/18/2023)

95 - Furniture and Equipment

17. 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 the home's furniture were in disrepair;

The leather on the couch in the TV room was worn down exposing the layers underneath.

The countertop in the dining room was missing pieces and molding along the left edge.

A heat detector in the basement was broken off from the mount and hanging by the attached and exposed wiring.

The carpeting on the front stairs was worn and dirty.

The sofa and chairs in the main sitting area were stained with dirt and grime.

The drawer in room 102 was missing a cover/handle on the drawer second from the bottom.

The drawer in room 201 was missing a whole drawer,

Plan of Correction

Accept (█) - 11/08/2023)

Immediate: (10/26/23) Damaged furniture was replaced as needed.

Training: (10/25/23) The Administrator trained the housekeeping and maintenance staff to notify management and maintenance of any issues with furniture in disrepair.

How trained: Inservice by Administrator

Responsible Staff: Maintenance and housekeeping

On-going: (11/6/23) Maintenance will look for furniture in disrepair during weekly rounds.

Licensee's Proposed Overall Completion Date: 11/06/2023

Not Implemented (█) - 12/18/2023)

100a - Exterior - Free of Hazards

18. Requirements

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

The patio roof off the first floor back exit has two large holes; one where the roof is supposed to attach to the building

**100a - Exterior - Free of Hazards (continued)**

and the other at the left corner stanchion. The roof also appears to be buckling.

**Plan of Correction**

Accept [REDACTED] - 11/15/2023)

*Immediate: (10/23/23) Called the environmental services company to come out and get a quote for necessary repairs. Approved quote and they started doing replacement/removal next week.*

*Training: (10/25/23) The Administrator trained maintenance staff to walk the grounds and notify management and maintenance of any issues with exterior hazards.*

*How trained: Inservice by Administrator*

*Responsible Staff: Maintenance*

*On-going: (11/6/23) Maintenance will look for exterior hazards during weekly rounds.*

*11/7/23 Update: The back patio roof was removed on 11/7/23.*

**Licensee's Proposed Overall Completion Date: 11/13/2023**

Not Implemented [REDACTED] - 12/18/2023)

**101j1 - Mattress Fire Retardant****19. 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 in room 102 is soiled and has a large yellow stain in the middle of the mattress.*

**Plan of Correction**

Accept [REDACTED] 11/08/2023)

*Immediate: (9/25/23) Mattress was put in the trash and replaced with new mattress with a cover*

*Training: (10/25/23) 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: (11/6/23) Housekeeping will look for stained or damaged mattresses while making beds and report to maintenance and management.*

**Licensee's Proposed Overall Completion Date: 11/06/2023**

Not Implemented [REDACTED] - 12/18/2023)

**101j7 - Lighting/Operable Lamp****20. 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 09/25/23, at 10:52 AM, the bedside lamp in room 102 was not working.*

101j7 - Lighting/Operable Lamp (continued)

On 09/25/23. at 11:45 AM, no lights in room 201 were in working order.

Plan of Correction

Accept [redacted] - 11/08/2023)

Immediate: (10/26/23) Administrator directed maintenance to replace the bulbs in room 201.

Training: (10/25/23) The Administrator trained the housekeeping and maintenance staff to notify management and maintenance of any issues with blown out bulbs or missing lamps.

How trained: Inservice by Administrator

Responsible Staff: Maintenance and housekeeping

On-going: (11/6/23) Maintenance will look for blown out bulbs and/or missing lamps during weekly rounds.

Licensee's Proposed Overall Completion Date: 11/06/2023

Not Implemented [redacted] - 12/18/2023)

101r - Bedroom - shades/drapes/window covering

21. Requirements

2600.

101.r. There must be drapes, shades, curtains, blinds or shutters on the bedroom windows. Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

Description of Violation

The window blinds in room 102 were broken and in disrepair.

Plan of Correction

Accept [redacted] - 11/08/2023)

Immediate: (10/25/23) Administrator directed maintenance to replace the blinds in room 102

Training: (10/25/23) The Administrator trained the housekeeping and maintenance staff to notify management and maintenance of any issues with damaged or missing window coverings.

How trained: Inservice by Administrator

Responsible Staff: Maintenance and housekeeping

On-going: (11/6/23) Maintenance will look for missing or damaged blinds on weekly rounds.

Licensee's Proposed Overall Completion Date: 11/06/2023

Not Implemented [redacted] - 12/18/2023)

102f - Towel/Washcloth/Soap

22. Requirements

2600.

102.f. An individual towel, washcloth and soap shall be provided for each resident.

Description of Violation

There were three hand towels, a full body towel and a wash cloth in the common bathroom by bedroom 102. None of these items were labeled.

There was an unlabeled wash cloth in the bathroom by bedroom 301.

Plan of Correction

Accept [redacted] - 11/08/2023)

Many of the residents keep their own towels and wash cloths in their rooms.

102f - Towel/Washcloth/Soap (continued)

Immediate: (10/25/23) Administrator directed RCC to make sure each resident has a labeled towel, labeled wash cloth, and own soap.

Training: (10/25/23) The Administrator trained the RCC to make sure each resident has a labeled towel, labeled wash cloth, and own soap.

How trained: Inservice by Administrator

Responsible Staff: Resident Care Coordinator

On-going: (11/6/23) Resident Care Coordinator will spot check rooms and bathrooms weekly to make sure each resident has a labeled towel, labeled wash cloth, and own soap.

Licensee's Proposed Overall Completion Date: 11/06/2023

Implemented ( ) - 12/18/2023)

102i - Soap Dispenser

23. 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

There was an unlabeled used bar of soap in the bathroom by bedroom 301.

There were two unlabeled used bars of soap in the second-floor hall bathroom.

Plan of Correction

Accept ( ) - 11/08/2023)

Immediate: (10/25/23) Administrator directed RCC to make sure a dispenser with soap is provided within reach of each bathroom sink.

Training: (10/25/23) The Administrator trained the RCC to make sure a dispenser with soap is provided within reach of each bathroom sink.

How trained: Inservice by Administrator

Responsible Staff: Resident Care Coordinator

On-going: (11/6/23) Resident Care Coordinator will spot check rooms and bathrooms weekly to make sure a dispenser with soap is provided within reach of each bathroom sink.

Licensee's Proposed Overall Completion Date: 11/06/2023

Not Implemented ( ) - 12/18/2023)

104c - Condiments

24. Requirements

2600.

104.c. Condiments shall be available at the dining table.

Description of Violation

At lunch time, on 09/25/23, condiments were not available at the dining tables.

Plan of Correction

Accept ( ) /08/2023)

Immediate: (10/25/23) Administrator directed RCC to make sure condiments are available at the dining table.

104c - Condiments (continued)

Training: (10/25/23) The Administrator trained the RCC to make sure condiments are available at the dining table.  
How trained: Inservice by Administrator  
Responsible Staff: Resident Care Coordinator  
On-going: (11/6/23) Resident Care Coordinator will spot check to make sure condiments are available at the dining table.

Licensee's Proposed Overall Completion Date: 11/06/2023

Implemented [redacted] - 12/18/2023)

121a - Unobstructed Egress

25. 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 09/25/23, at 9:25 AM, a file cabinet, supply boxes, an old wheelchair and a broken piece of furniture blocked egress from the home's basement storage emergency exit door.

On 09/25/23, at 10:00 AM, trash, wet leaves and moss prevented safe egress from the basement's side emergency exit door.

Plan of Correction

Accept [redacted] - 11/08/2023)

Immediate: (10/25/23) Administrator directed maintenance to clear the egress of the home emergency exits.  
Training: (10/25/23) Administrator trained maintenance to clear the egress of the home emergency exits.  
How trained: Inservice by Administrator  
Responsible Staff: Maintenance  
On-going: (11/6/23) Maintenance will look to make sure the egress of the home emergency exits is clear while doing weekly rounds.

Licensee's Proposed Overall Completion Date: 11/06/2023

Implemented [redacted] - 12/18/2023)

125a - Combustible Storage

26. Requirements

2600.  
125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

Dozens of cardboard boxes, old furniture and supply items were packed, almost to the ceiling in some areas, in various storage rooms of the basement presenting several combustible hazards.

Plan of Correction

Accept [redacted] - 11/08/2023)

Immediate: (10/6/23) Administrator directed maintenance to clear the storage area of the old furniture and cardboard boxes.  
Training: (10/25/23) Administrator trained maintenance to make sure there are no flammable materials near heat

125a - Combustible Storage (continued)

or hot water sources.

How trained: Inservice by Administrator

Responsible Staff: Maintenance

On-going: (11/6/23) Maintenance will look to make sure there are no flammable materials near heat or hot water sources on weekly rounds.

Licensee's Proposed Overall Completion Date: 11/06/2023

Implemented ( [redacted] 12/18/2023)

141a 1-10 Medical Evaluation Information

27. 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 #1's medical evaluation, dated [redacted]/23, does not include medical information pertinent to diagnosis and treatment in case of an emergency.

Repeat Violation: 03/21/23.

Plan of Correction

Accept [redacted] - 11/08/2023)

Immediate: (9/25/23) Resident Care Coordinator and Asst RCC were told by Administrator to make sure all required boxes and fields are filled in by doctors on the DME.

Training: (10/25/23) Resident Care Coordinator and Asst Resident Care Coordinator were 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.

How trained: Inservice by Administrator

On going: (11/6/23) RCC and Asst RCC will do quarterly audits of all resident files to ensure the medical evaluations are filled out completely and on time.

Responsible Staff: RCC and Asst RCC

Proposed Overall Completion Date: 11/06/2023

Licensee's Proposed Overall Completion Date: 11/06/2023

141a 1-10 Medical Evaluation Information (continued)

Not Implemented [redacted] - 12/18/2023)

162c - Menus Posted

28. 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 09/25/23, at 9:08 AM, the home had four menus posted. The posted menus were dated from July 23 to July 29, July 30 to Aug 5, Aug 6 to Aug 12, and Aug 13 to Aug 19. The Year written on each menu was 2023.

Plan of Correction

Accept ( [redacted] - 11/08/2023)

Immediate: (10/6/23) Administrator directed kitchen staff to post the set of current menus.

Training: (10/25/23) Administrator trained kitchen staff to post current menus at least one week in advance.

How trained: Inservice by Administrator

Responsible Staff: Kitchen staff

On-going: (11/6/23) Resident Care Coordinator will spot check weekly to make sure current menus are posted.

Licensee's Proposed Overall Completion Date: 11/06/2023

Not Implemented [redacted] - 12/18/2023)

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## 185a - Implement Storage Procedures

## 30. 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 09/25/23, at 11:50 AM, Several loose pills and two packets of medications were observed on top of resident #2's dresser in ■ bedroom.

## Plan of Correction

Accept ■ - 11/15/2023)

Immediate: (9/25/23) Med Techs were immediately told by Resident Care Coordinator to make sure they are practicing safe storage, access, security, distribution and use of medications.

Training: (10/6/23) Med Techs were trained by Resident Care Coordinator on practicing safe storage, access, security, distribution and use of medications.

How trained: Inservice by Resident Care Coordinator

Responsible Staff: Med Techs

On-going: (11/6/23) RCC will do random observations of the med pass. This will be done on various shifts to make sure the staff is complying with safe practices.

11/9/23 Update: The medications were disposed of upon discovery on 9/25/23.

Licensee's Proposed Overall Completion Date: 11/13/2023

Implemented ■ - 12/18/2023)

## 190a - Completion Medication Course

## 31. 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 D, who has not successfully completed the annual requirements for the Department-approved medications administration course, administered medications to residents on 09/25/23 at 8:00 AM.

## 190a - Completion Medication Course (continued)

**Plan of Correction****Accept** [REDACTED] - 11/08/2023)

*The community had the required training, but it was not in the file.*

*Immediate: (10/6/23) Administrator directed the RCC to make sure all med trainings are current and in the employee files.*

*Training: (10/25/23) 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: (11/6/23) Resident Care Coordinator will audit employee files monthly to make sure all required information is present.*

**Licensee's Proposed Overall Completion Date: 11/06/2023**

**Not Implemented** [REDACTED] - 12/18/2023)

## 190c - Record of Training

**32. 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 D does not include any additional training since passing the Initial Training on November 10, 2020.*

**Plan of Correction****Accept** [REDACTED] - 11/08/2023)

*The community had the required training, but it was not in the file.*

*Immediate: (10/6/23) Administrator directed the RCC to make sure all med trainings are current and in the employee files.*

*Training: (10/25/23) 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: (11/6/23) Resident Care Coordinator will audit employee files monthly to make sure all required information is present.*

**Licensee's Proposed Overall Completion Date: 11/06/2023**

**Not Implemented** [REDACTED] 12/18/2023)

## 225a - Assessment 15 Days

**33. Requirements**

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

## 225a - Assessment 15 Days (continued)

**Description of Violation**

Resident #1 was admitted on [REDACTED]/23; however, the date the resident's assessment was completed cannot be determined because the assessment is not dated.

**Plan of Correction**

Accept [REDACTED] 11/08/2023)

Immediate: (10/6/23) Administrator directed the RCC to make sure all assessments are completed and dated on time.

Training: (10/25/23) Administrator trained the RCC to make sure all assessments are completed and dated on time.

How trained: Inservice by Administrator

Responsible Staff: Resident Care Coordinator

On-going: (11/6/23) Resident Care Coordinator will audit resident files monthly to make sure all required information is present.

Licensee's Proposed Overall Completion Date: 11/06/2023

Not Implemented [REDACTED] /18/2023)

## 227d - Support Plan Medical/Dental

**34. 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**

Resident #1's documentation of medical evaluation (DME) dated [REDACTED]/12/23 indicates a dietary restriction of "No Added Sodium". Resident #1's support plan, dated 04/19/23, states "No known issues currently" under the Dietary Need section.

Repeat Violation: 03/21/23.

**Plan of Correction**

Accept [REDACTED] 11/08/2023)

Immediate: (10/6/23) Administrator directed the RCC to make sure to pay attention to the DME and to carry over the information to the support plan.

Training: (10/25/23) Administrator trained the RCC to make sure to pay attention to the DME and to carry over the information to the support plan.

How trained: Inservice by Administrator

Responsible Staff: Resident Care Coordinator

On-going: (11/6/23) Resident Care Coordinator will audit resident files monthly to make sure all required information is present.

Licensee's Proposed Overall Completion Date: 11/06/2023

Not Implemented [REDACTED] 12/18/2023)

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

**Facility Information**

Name: *MCCALLUM ASSISTED LIFE* License #: *14445* License Expiration: *04/01/2024*  
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: *5* Total Daily Staff: *35* Waking Staff: *26*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Monitoring* Exit Conference Date: *10/05/2023*

**Inspection Dates and Department Representative**

*10/05/2023 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *48* Residents Served: *29*

**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: *24*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *1* Have Physical Disability: *1*

**Inspections / Reviews**

**10/05/2023 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/22/2023*

Inspections / Reviews (*continued*)

## 10/31/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/18/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 11/05/2023

## 11/15/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/18/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 11/19/2023

## 12/18/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/18/2023

Reviewer: [REDACTED]

Follow-Up Type: Enforcement

## 95 - Furniture and Equipment

### 1. Requirements

2600.

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

#### Description of Violation

*The ceiling in the medication room/nursing station is continually sustaining water damage. On 10/5/2023, two tiles on the right rear corner from the entrance were smattered with several dozen brown stains, while another panel was replaced at around 10:10 am after developing a thick gray ring.*

*On 10/5 at 10:16 am, the shower in room 115 was spurting some of its water from the neck of the shower nozzle, causing a stream to shoot backwards against the wall.*

#### Plan of Correction

**Directed** [REDACTED] - 11/15/2023)

*Immediate: (10/5/23) Resident Care Coordinator spoke with housekeeping about notifying management and maintenance regarding any leaks or plumbing/faucet issues. Maintenance ordered ceiling tiles.*

*Training:(10/23/23) The Resident Care Coordinator will do a quick training with housekeeping to report any plumbing/faucet issues to management and maintenance.*

*10/16/23 Maintenance changed the shower head in room 115.*

*10/23/23 Housekeeping will change the old, stained ceiling tiles in the corner of the med room.*

*How trained: Inservice by Resident Care Coordinator*

*Responsible Staff: Maintenance and Housekeeping*

*On-Going: (10/23/23) Housekeeping will look for stained ceiling tiles and any plumbing/maintenance issues while cleaning the building and report to management upon discovery during daily cleaning of the community.*

*Update: (10/23/23) The RCC trained housekeeping to report any plumbing/faucet/incoming water issues to management and maintenance. The community has three housekeepers and all three were trained. (9/29/23) Called an environmental services company to come out and get a quote for necessary repairs throughout the building including the ceiling in med room. Approved the quote and they started doing repairs the following week. Repairs are ongoing until they are completed but as of 11/5/23 we are not aware of any leaks in the community.*

#### **Directed Plan of Correction 11/15/23** [REDACTED]:

*Within 3 days of the receipt of the accepted plan of correction, the administrator shall ensure that all repairs to the plumbing systems throughout the home are completed. Documentation of completed repairs shall be provided to the Department.*

**Directed Completion Date: 11/18/2023**

**Not Implemented** [REDACTED] - 11/21/2023)

## 185a - Implement Storage Procedures

### 2. 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

*The record of resident #1's blood sugar readings contained two transcription errors and a missed entry. At 7:40 pm on 10/1/2023, the resident's glucometer read 214 mg/dL, but 114 was written in the log. A result of 183 was measured*

185a - Implement Storage Procedures (continued)

on 10/2 at 7:33pm but logged as 193. The log showed no reading for the morning of 10/1, but the glucometer recorded a result of 230.

**Plan of Correction**

**Accept** [REDACTED] - 11/15/2023)

*Immediate: (10/5/23) Med Techs were immediately told by Resident Care Coordinator to make sure glucometers are calibrated for correct time and that they are recording the blood sugar logs immediately and accurately.*

*Training: (10/6/23) 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 Resident Care Coordinator*

*Responsible Staff: Med Techs and Resident Care Coordinator*

*On-going: RCC 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 on various shifts to make sure the staff is complying with the regulation.*

*Update: (11/7/23) Medicare Pharmacy will audit all Glucometers and calibrate them all as necessary. (11/7/23) RCC will do weekly 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 on various shifts to make sure the staff is complying with the regulation. RCC will audit carts, MAR's, and blood sugar logs weekly. Audits will be ongoing with no end date.*

**Licensee's Proposed Overall Completion Date:**

**Not Implemented** [REDACTED] - 11/21/2023)