

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to SHELLEY R. SMITH

LEGAL ENTITY

To operate MCCLOUD'S PERSONAL CARE

NAME OF FACILITY OR AGENCY

Located at 1518 WEST HAINES STREET, PHILADELPHIA, PA 19126

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 8
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa. Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from May 1, 2010 until May 1, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 145660

Robert E. Robinson

ISSUING OFFICER

Kevin T. Casey

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

APR 29 2010

PHONE: (717) 783-3670
FAX: (717) 783-5662

Ms. Shelley R. Smith, Administrator
McCloud's Personal Care
1518 West Haines Street
Philadelphia, Pennsylvania 19126

Dear Ms. Smith:

As a result of the Department of Public Welfare's licensing inspection on April 2, 2010, and the corrections you have made after our inspection, we have found the above personal care home to be in compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey
Deputy Secretary

Enclosure
License

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME McCloud's Personal Care 1518 West Haines Street, Philadelphia, PA 19126		CURRENT LICENSE NUMBER 145660	
INSPECTION DATE(S) (Include all dates of the inspection) April 2, 2010		REGIONAL REPRESENTATIVE Chevon Mitchell and Michelle Morton	
SIGNATURE OF LEGAL ENTITY <i>Shelly R. Smith</i>	DATE 4/30/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Laura H. [Signature]</i>	DATE 4/22/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
187b The information in subsections 187a13 and 187a14 shall be recorded at the time the medication is administered.	The home's medication administration records were observed the morning of 4-2-10. The medication administration record for resident #1 was not initialed by staff for the administration of medications Seroquel 200mg at 4pm on 4-1-10 and Seroquel 400mg at 6pm on 4-1-10.	4/30/10	Staff have been reminded to initial MARs at time of Administration. Daily reviews of MARs by another staff/manager administrator will be done to prevent recurrence.	4/23/10 LHM