

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 7, 2012 until May 7, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 145660

Robert E. Robinson

ISSUING OFFICER

R. C. King

DIRECTOR

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 - 01/11



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

ADULT RESIDENTIAL LICENSING

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

MAR 22 2012

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 February 15, 2012 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to be "R. Melusky".

Ronald Melusky
Director

Enclosures
License
Violation Report

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 DATES (Include all dates of the inspection) 02/15/2012		REGIONAL REPRESENTATIVE Christine McHale, Amy Scharpf	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Shelley R. Smith, Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Shelley R. Smith</i>	DATE <i>3/2/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Emswiler</i>	DATE <i>3-5-12</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
63a 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.	On 2/13/12 and 2/14/12, from 8:30am to 5:00pm, 8 residents were present in the home. During this time there was no staff persons were present in the home who were certified in obstructive airway techniques and CPR.	<i>2/15/12</i>	<i>I have developed a form for tracking expiration dates of CPR + 1st Aid for all staff. The form will be posted in 2 locations in the PCH. This will prevent future violations of this regulation. Upon completion of CPR + 1st Aid the staff will write in the expiration date on the form. With verbal reminders from the staff, I will be responsible for checking the form periodically + scheduling CPR + 1st Aid when needed, well in advance of the expiration date. The new form is attached.</i>	<i>3-5-12</i> <i>SE</i>

The Administrator will ensure that sufficient numbers of staff with 1st Aid + CPR are present in the home at all times. -SE

Steps have been taken to correct violation; full compliance is not verifiable

Date: *3-5-12* Initials (DPW): *SE*