

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to TAYLORS PERSONAL CARE HOME LLC

LEGAL ENTITY

To operate TAYLOR'S PERSONAL CARE HOME

NAME OF FACILITY OR AGENCY

Located at 2113-15 WEST HUNTING PARK AVE. PHILADELPHIA, PA 19140

(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 32  
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 December 20, 2012 until December 20, 2013,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 138540

*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



DEC 20 2012

Ms. Tracy Taylor Barkley  
Taylor's Personal Care Home, LLC  
2113-15 West Hunting Park Avenue  
Philadelphia, Pennsylvania 19140

Dear Ms. Taylor Barkley:

As a result of the Department of Public Welfare's licensing inspection on November 14, 2012 of the above personal care home, we have found that your personal care home is in substantial compliance with the regulations, set forth in 55 Pa.Code Ch. 2600 (related to Personal Care Homes), that can be adequately assessed at this time.

In accordance with 55 Pa.Code § 2600.11(b) (relating to procedural requirements for licensure or approval of personal care homes) a re-inspection of your newly licensed personal care home will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

Your NEW license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky", written over a white background.

Ronald Melusky  
Director

Enclosures  
License  
Violation Report



Violation Report: 13864 - 11/14/2012 - Grayson, Byron  
 PCH Name: TAYLOR'S PERSONAL CARE HOME LLC

1. REGULATION 65 Pa.Code §2600  
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION  
 On 11/14/12, at 9:50 AM, the water temperature on the 2nd floor at the 2115 side of the home measured 141.6 degrees Fahrenheit. On the same day, it was rechecked at 3:30 PM and measured at 131 degrees Fahrenheit.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Please See Attach Sheets

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Tracy Taylor Bookley*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>TRACY TAYLOR BOOKLEY</i>	Date <i>12-3-2012</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>12/17/12</u> (Date)	Plan of correction implementation status as of <u>12/17/12</u> (Date)
The above plan of correction was approved by <u>TCM</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

**PLAN OF CORRECTION - VIOLATION:**

**2600.89(b) HOT WATER TEMPERATURE**

The administrator will ensure that home shall not have any faucets that allow the water to reach a higher temperature than 120° F. With a 2° degrees varyance. In addition the homes administrator shall create a system that address the current violation. The administrator (*TRACY TAYLOR BARKLEY*) will make sure that all staff is trained in checking the water temperature on an hourly schedule. The Primary Benefit is to protect the health and welfare of the homes residents by eliminating their exposure to harmful water temperatures; The following procedures will be conducted by every staff member who works in the home. These steps were completed on November 15, 2012.

- 1) Hot water temperature survey to be conducted daily.
- 2) Turn on the hot water and place a small container under the running stream. Place thermometer in water and wait for temperature to peak. Record the peak temperature.
- 3) Move to next sampling point and repeat the test.
- 4) Report the results in the comment section of the log sheets

**PRIMARY BENEFIT:**

- Will ensure that no faucets reach a temperature that can scold any of our residents.
- Will ensure that the home's residents water supply is sufficient to meet the resident's needs for hygiene and comfort
- Ensures the water in PCB is safe for use
- Provides documentation that water in homes with private water sources is safe for use

*Tracy Taylor Barkley 12-13-2012*

Violation Report: 13854 - 11/14/2012 - Grayes, Byron  
 PCH Name: TAYLOR'S PERSONAL CARE HOME LLC

1. REGULATION 55 Pa.Code §2600  
 2600.103(j) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION  
 On 11/14/12, there were 15 Boxes of Matzos with 2001 expiration dates, located in the basement storage area.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Please See Attach Sheets.

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Tracy Taylor Backley*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)

TRACY TAYLOR BACKLEY      Date 12-3-2012

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

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The above plan of correction was approved by <u>TRM</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

**PLAN OF CORRECTION - VIOLATION:**

**2600.103(g) OUTDATED OR SPOILED FOOD**

The administrator will ensure that home shall provide safe food for its residents who reside in the home at all times. In addition the home's administrator shall create a system that address the current violation. The administrator (*TRACY TAYLOR BARKLEY*) will evaluate all food purchases from the following risks, foodborne illness, outdated food, dented cans and potentially hazardous food brought into the home. The Primary Benefit is to protect the health and welfare of the home's residents and reduce waste due to early food expiration and contamination. The following procedures will be conducted after every shipment of food to the home. These steps were completed on November 15, 2012

- 1) Complete documentation for food inventory will be documented dated and logged starting on the receiving order that is signed when the food is first delivered.
- 2) DCS employees in charge of receiving must fully check every single delivered order for accurate quantity and usability.
- 3) ALL FOOD PURCHASED must be CHECK AND REVIEWED AND properly STORED AWAY
- 4) ALL foods have optimal storage conditions that must be met to sustain usability.
- 5) All food that is purchased must be put away in a safe manner so the home will ensure that it is providing a safe temperature and humidity range for long-term storage.
- 6) All food cold and dry storage areas shall have labels with the date when it was packaged and its expiration date that is visible and easily read.
- 7) These procedures will allow the receiving of the all purchased food to be controlled and properly manage the flow of food.

**PRIMARY BENEFIT:**

- REVIEW AND TEACH APPROPRIATE DPW AND FDA POLICIES BY REDUCING RESIDENTS' EXPOSURE TO POTENTIALLY HAZARDOUS CANNED OR BOX FOODS TO ALL DCS EMPLOYEES
- AWARE OF OUTDATED FOODS, HOW TO DO INVENTORY, AND CROSS-CONTAMINATION OF FOODS IN THE PCBH.
- IDENTIFY ALL FOOD AND SAFETY POLICY AND PROCEDURES
- NUTRITION AND HEALTH TO ALL RESIDENTS IN THE HOME
- BE AWARE OF HOW FOOD BECOMES UNSAFE, PURCHASING FOOD FROM UNSAFE SOURCES
- HOLDING FOOD FOR A LONG LENGTH OF TIME OR IMPROPER TEMPERATURES.
- ASSURE THAT ALL RESIDENT OF TAYLOR'S PERSONAL CARE HOME WILL HAVE THE BASIC NUTRITIONAL NEEDS AND ARE BEING MET IN THE HOME.

<b>Violation Report: 13854 - 11/14/2012 - Grayes, Byron</b> <b>POH Name: TAYLOR'S PERSONAL CARE HOME LLC</b>	
<b>1. REGULATION 65 Pa.Code §2600</b> <b>2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:</b> <ol style="list-style-type: none"> <li>(1) Resident's name.</li> <li>(2) Drug allergies.</li> <li>(3) Name of medication.</li> <li>(4) Strength.</li> <li>(5) Dosage form.</li> <li>(6) Dose.</li> <li>(7) Route of administration.</li> <li>(8) Frequency of administration.</li> <li>(9) Administration times.</li> <li>(10) Duration of therapy, if applicable.</li> <li>(11) Special precautions, if applicable.</li> <li>(12) Diagnosis or purpose for the medication, including pro re nata (PRN).</li> <li>(13) Date and time of medication administration.</li> <li>(14) Name and initials of the staff person administering the medication.</li> </ol>	
<b>2a. DESCRIPTION OF VIOLATION</b> The medication administration record for resident #1 does not include the exact time PRN medication ibuprofen 600 mg was administered on 11/2/12, 11/4/12, 11/7/12, & 11/8/12.	
<b>3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)</b> <i>Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.</i>	
Repeat Violation: No	Date(s) of Previous Violation(s)
Signature of Legal Entity Representative <i>(Required on EVERY Page)</i>	
Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i>	Date
Tracy Taylor Backley	
12-3-2012	
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>	
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**PLAN OF CORRECTION****VIOLATION:****2600.187(a)PRN MEDICATIONS**

THE ADMINISTRATOR WILL REVIEW ALL INFORMATION ON EACH RESIDENT MAR FOR ACCURACY AND COMPLETENESS. IN ADDITION CONDUCT THE FOLLOWING PROCEDURES: These steps were completed on November 15, 2012

- 1) ALL PRN MEDICATION SHALL BE DOCUMENTED WITH THE FOLLOWING : DATE, TIME, DOSAGE, REASON WHY PRN MEDICATION IS NEEDED AND RESULT.
- 2) PRN MEDICATIONS IS TO BE STOCKED AND LOOK FOR ANY DISCONTINUED MEDICATION.
- 3) THE ADMINISTRATOR AND ONLY DESIGNATED DCS EMPLOYEES WHO HAVE BEEN CERTIFIED TO ADMINSTRED MEDICATION WILL DOCUMENT RESIDENTS MARS BY ENTERING THE DATE, TIME, DOGASE AND THE REASON WHY THE (RESIDENT ) HE OR SHE ARE REQUESTING THEIR PRN MEDICATION.
- 4) DISCREPANCIES SHALL BE COMMUNICATED TO THE ADMINISTRATOR, PCP, AND THE PHARMACY BY THE 7<sup>TH</sup> OF THE MONTH.
- 5) COMPLETE THE HOA COLUMN FOR ALL SPECIAL TIMES WHICH ARE NOT AUTOMATICALLY PRINTED BY THE COMPUTER.
- 6) PRN MEDICATIONS AND OTHER BUILK MEDICATION SUCH AS, (LIQUIDS, IBUPROFEN, TRAMDOL, OINTMENTS, EYE DROPS INJECTIONS, ETC) MUST ORDERD BY THE RESIDENT'S PCP AND OORDED BY USING THE OFFICAL REFILL FORM FROM THE PHARMACY OR PCP ORDER FORM.
- 7) OF THE RESIDENT DOESN'T USE OR REFUSES TO TAKE PRN MEDICATIONS WITHIN THE 7 OR 30 DAY OF THE MONTH PERIOD, CONTACT THE HIS OR HER PCP OF THE RESIDENT REFUSAL .

**PRIMARY BENEFIT:**

- *Proper MAR use is critical as it creates a record of proper medication administration*
- *Allows the Administrator and PCP to know when a medication was last administered.*
- *Creates a system to account for medications, especially controlled substances.*
- *Dose that were, missed, Refused, split out or otherwise not taken by the resident shall be documented by DCS by initialing the proper date/time square on the MAR.*
- *This allows the home to establish a procedure for monitoring all PRN MEDICATIONS by keeping a record of each resident who are taking PRN MEDICATIONS, any discrepancies that might occur.*
- *Lastly, this system allows the home to check on a regular basis to insure that appropriate medication administration is being conducted and correct any errors.*