

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to SHELLEY R SMITH

LEGAL ENTITY

To operate MCCLLOUD'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, 2013 until May 7, 2014,
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



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

MAR 21 2013

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 (Department) licensing inspection on January 17, 2013 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 Human Services 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 read "Ronald Melusky", with a stylized flourish at the end.

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 14566 - 01/17/2013 - Kurtz, Andrea
 PCH Name: MCCLOUD S PERSONAL CARE

1. **REGULATION 55 Pa.Code §2600**
 2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. **DESCRIPTION OF VIOLATION**
 On 1-17-13 the home's current violation report was not posted in a conspicuous and public place in the home.

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.

The home's current violation report was posted during inspection. In the future, violation reports will be posted immediately upon receipt. The will prevent a similar violation from occurring again. *by the Administrator.*

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Shelley R. Smith*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Shelley R. Smith</i>	Date <i>2/8/13</i>
---	--------------------

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

The above plan of correction is approved as of *2/20/13*
 (Date)

The above plan of correction was approved by *DSM*
 (Initials)

Plan of correction implementation status as of *1/17/13*
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 14566 - 01/17/2013 - Kurtz, Andrea
 PCH Name: MC CLOUD S PERSONAL CARE

1. REGULATION 55 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 1-17-13, at 10:10 am, the water temperature at the 2nd floor bathroom measured 130.9 degrees Fahrenheit.
 -On 1-17-13 at 10:15 am, the water temperature in the kitchen sink was 130.7 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.

The gauge on the hot water tank was lowered during inspection.
 The attached monitoring form has been developed to be completed by the staff weekly. This will prevent a similar violation from occurring again.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Shedey R. Smith*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Shedey R. Smith</i>	Date <i>2/8/13</i>
--	--------------------

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

The above plan of correction is approved as of <u>2/26/13</u> (Date)	Plan of correction implementation status as of <u>2/26/13</u> (Date)
The above plan of correction was approved by <u>CSM</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 14566 - 01/17/2013 - Kurtz, Andrea
 PCH Name: MCCLOUD S PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2a. DESCRIPTION OF VIOLATION
 The front window in the front entry has a large crack in it.

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.

The window on the front porch was replaced on January 30, 2013.
 The receipt and pictures are attached. The staff will monitor monthly
 And report any items needed ^{img} repair to the administrator. This will
 Prevent a similar violation from occurring again.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Shelley R. Smith*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Shelley R. Smith</i>	Date <i>2/5/13</i>
---	--------------------

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

The above plan of correction is approved as of <u>2/26/13</u> (Date)	Plan of correction implementation status as of <u>2/26/13</u> (Date)
The above plan of correction was approved by <u>CRM</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

Violation Report: 14566 - 01/17/2013 - Kurtz, Andrea
 PCH Name: MC CLOUD S PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.126(a) - A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

2a. DESCRIPTION OF VIOLATION
 The last inspection of the furnace was conducted on 12-20-11. The next inspection was conducted on 1-5-13.

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.

The furnace was inspected one day late. The attached form has been developed to be used by the administrator. Use of this form will prevent a similar violation from occurring again.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Shelley R. Smith*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Shelley R. Smith* Date *2/8/13*

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

The above plan of correction is approved as of <u><i>2/26/13</i></u> (Date)	Plan of correction implementation status as of <u><i>2/26/13</i></u> (Date)
The above plan of correction was approved by <u><i>CRM</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented