



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

MAY 0 1 2014

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

RE: Taylor's Personal Care Home
License #: 105660

Ms. Taylor Barkley:

As a result of the Department of Public Welfare's licensing inspection on December 18, 2013, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period December 20, 2013 to December 20, 2014 was issued on September 6, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long, sweeping horizontal line extending to the right.

Matthew J. Jones
Director

Enclosure
License Inspection Summary

Violation Report: 13854 - 12/18/2013 - Foulkes, Kimberil
 PCH Name: TAYLOR S PERSONAL CARE HOME

1. REGULATION 85 Pa.Code §2600
 2600.25(a)(1) - Prior to admission, or within 24 hours after admission, a written resident-home contract (contract) between the resident and the home shall be in place.

2a. DESCRIPTION OF VIOLATION
 Resident #1, admitted 8/17/13, did not have a resident-home contract completed until 8/20/13.

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.

Please See Attachment

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Sheresa Logan Administrator* 3/5/14

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *TRACY TAYLOR-BARKLEY - OWNER* Date *3-5-14*

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

The above plan of correction is approved as of <u>3/13/14</u> (Date)	Plan of correction implementation status as of <u>3/13/14</u> (Date)
The above plan of correction was approved by <u>PRM</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

PLAN OF CORRECTION -VIOLATION:

2600.25(a)(1) RESIDENT HOME CONTRACT

Resident #1, admitted on 8/17/13 did not have a resident- home contract completed until 8/20/13.

Resident #1 moved into the home on 8/17/13. After moving in, resident and her representative had to leave immediately for a previously scheduled appointment with her physician and did not return to the home until after office hours. The next opportunity for the Resident and her representative to review, discuss, and sign the resident home contract was 8/20/13.

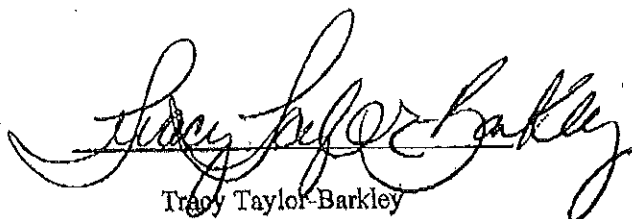
It is the policy of Taylor's Personal Care Home, LLC to prepare, review, and explain the contents of the resident home contract prior to admission or within 24 hours of admission to the facility (see attached policy).

In the future, residents will be advised that the resident home contract must be signed and dated by all parties on the day of admission – without exception. Residents who are accepted will be advised that completion of the resident home contract is mandatory.

These steps were completed on December 18, 2013 at 6pm

PRIMARY BENEFIT:

- Specifies the obligations of the home to the resident and the resident to the home.
- A contract in place and signed by all parties means they have entered into a written agreement.
- Purpose: signing the contract constitutes the pledge by both parties to abide by the specified terms.
- Purpose: guarantees that residents understand the contents of the contract in order to make an informed decision about whether or not to sign.
- This allows the home to stay in compliance with the department of public welfare regulatory compliance guide 55 Pa code 2600.


Tracy Taylor-Barkley

3-5-14
Date

Violation Report: 13854 - 12/18/2013 - Foulkes, Kimberli
 PCH Name: TAYLOR S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (36 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION

- The home did not request the criminal background check for staff member A, hired 8/20/13 until 9/10/13.
- The home did not request the criminal background check for staff member B, hired 3/1/13, until 9/10/13.

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.

Please See Attachment

Repeat Violation: No.	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	Date
<i>Sharon Logan - Administrator</i>	<i>3/5/14</i>

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Leacy Taylor-Baekley - Owner</i>	<i>3-5-14</i>

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

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The above plan of correction was approved by <u><i>DLM</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

PLAN OF CORRECTION

VIOLATION:

2600.51- Criminal history checks and hiring policies shall be in accordance with the Older Act Protective Services Act.

The home did not request the criminal background check for staff member A, hired 8/20/13 until 9/10/13

The home did not request the criminal background check for staff member B, hired 3/1/13, until 9/10/13.

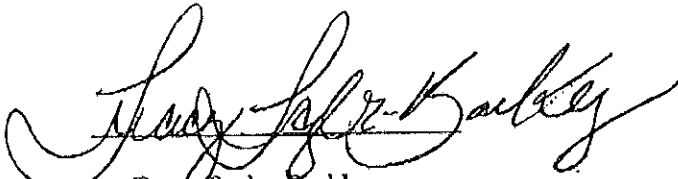
Taylor's Personal Care Home, LLC Owner/Administrator will create a policy that states that employment by Taylor's Personal Care Home LLC will be contingent upon receipt of a "no violations found" criminal history check.

Criminal history background checks will be processed through the PA State Police Request for Criminal Record Check form (SP4-164), or via the e-patch system. All non-PA employees will have an FBI check completed in accordance with the Older Adult Protective Services Act (OAPSA) and DPW.

These steps were completed on: February 26, 2014

PRIMARY BENEFIT:

- To stay in compliance with the DPW Regulatory Compliance Guide 55 PA Code, Chapter §2600*
- Protect the health and wealth of the residents that reside in the facility at all times.*
- To stay in compliance with the Older Adult Protective Services Act (OAPSA) (35 P.S. § 1022.101-1022.5102) and 6 Pa Code Chapter 15 (protective services for older adults).*


Tracy Taylor-Barkley

3-5-14

Date

Violation Report: 13854 - 12/18/2013 - Foulkes, Kimberl

PCH Name: TAYLOR S PERSONAL CARE HOME

1. REGULATION 65 Pa.Code §2600

2600.64(a) - Prior to initial employment as an administrator, a candidate shall successfully complete the following:

- (1) An orientation program approved and administered by the Department.
- (2) A 100-hour standardized Department-approved administrator training course.
- (3) A Department-approved competency-based training test with a passing score.

2a. DESCRIPTION OF VIOLATION

Staff person C, who is the home's administrator, has not successfully completed the Department-approved competency-based training test.

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 Attachment

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Debra Lagan Administrator 3/5/14

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

Tracy Taylor-Barkley - Owner

Date *3-5-14*

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

The above plan of correction is approved as of

3/13/14
(Date)

Plan of correction implementation status as of

3/12/14
(Date)

The above plan of correction was approved by

TRM
(Initials)

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

PLAN OF CORRECTION

VIOLATION:

§2600.64 (a) (b) and (c) Administrator Training and Orientation

Staff person C, who is the home's administrator has not successfully completed the Department-approved competency-based training test.

Staff person C completed the 40-hour administrator training course in 2001 and the 100-hour training course, in 2012. Successful completion of the competency-based test was postponed as Staff person C completed Bachelor of Science Degree at a PA University.

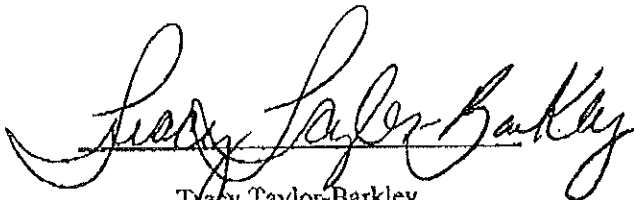
In the interim, a qualified Administrator has been hired. The Administrator has successfully completed: 100-hour standardized Department-approved administrator training course, approved competency-based training test with passing score and orientation. This is in accordance with regulation chapter §2600.64 (a) (b) and (c) of the 55, PA code of Personal Care Homes. The administrator will fulfill the requirements listed in 2600.56 for working in the home.

Staff person C has re enlisted in the 100-hour administrator training course, which is scheduled to start on February 10, 2014.

These steps were completed on December 18, 2013

PRIMARY BENEFIT:

- Ensuring that the home shall continue to meet the Departments Regulations and stays in compliance with the Pennsylvania Code 55, Chapter 2600 Adult Residential Home.
- Having an Administrator who has the wherewithal of managing the home and implementing the facility's procedures and policies.
- Ensures that the administrator will have the basic training to establish and maintain regulatory compliance and meet resident's needs.


Tracy Taylor-Barkley

3-5-14
Date

Violation Report: 13854 - 12/18/2013 - Foulkes, Kimberl
 PCH Name: TAYLOR S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.65(l) - A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

2a. DESCRIPTION OF VIOLATION
 The home's record of direct care staff training does not include the content of the course for the course titled, "Personal Care Home Training"

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.

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

Signature of Legal Entity Representative (Required on EVERY Page) Doreen Logan Administrator 3/5/14

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) TRACY TAYLOR-BARTLEY Owner Date 3-5-14

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

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PLAN OF CORRECTION VIOLATION:

2600.65(i) A RECORD OF TRAINING INCLUDING THE STAFF PERSON TRAINED, DATE, SOURCE, CONTENT, LENGTH OF EACH COURSE & COPIES OF ANY CERTIFICATES RECEIVED SHALL BE KEPT.

The home's record of direct care staff training does not include the content of the course for the course titled "Personal Care Home Training"

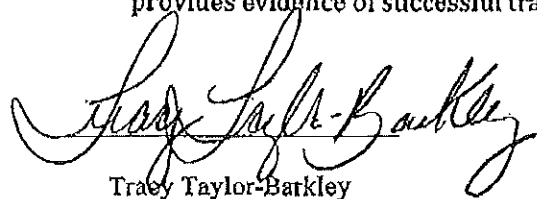
Taylor's Personal Care Home LLC, Owner/Administrator and administrative staff has revised the orientation first day training course to meet the requirements of the Regulatory Compliance Guide. These topics consist of:

- Staff Duties/Responsibilities (Personal Care/Ancillary)
- Emergency Telephone Numbers
- Tour Of The Facility
- Review Of Home Policies
 - Smoking safety procedures
- Fire/Emergency Evacuation
 - General Fire Safety
 - Evacuation Procedures
 - Location and use of fire extinguishers
 - Smoke detectors and Fire Alarms
 - Staff Duties During Fire Drills
 - Transportation
 - Emergency Location
 - Designated Meeting Place
- Residents Rights
- Emergency Medical Plan
- Reportable Incidents and conditions
- Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (OAPSA)
- Emergencies/Miscellaneous
 - Fall Risk
 - CPR /First Aid
 - Infection Training
 - Hand Cleaning/Hand Washing
 - Proficiency In Heimlich Maneuver
- DPW Direct Care Staff Competency Test

These steps were completed on December 18, 2013

PRIMARY BENEFIT:

- These procedures will allow the home to stay in compliance with the DPW Regulatory Compliance Guide Chapter §2600 55 PA Code.
- Allows the administrator to track each staff person's training throughout the year and provides evidence of successful training completion.


Tracy Taylor-Barkley

3-5-14
Date

Violation Report: 13854 - 12/18/2013 - Foulkes, Kimberli
 PCH Name: TAYLOR S PERSONAL CARE HOME

1. REGULATION 85 Pa.Code §2600
 2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

2a. DESCRIPTION OF VIOLATION
 The home's notification of resident evacuation needs to the local fire department does not include the location of the bedrooms and the assistance needed to evacuate in an emergency.

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 Attachment

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Doreen Logan Administrator* 3/5/14

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Tracey Taylor Backley - Owner* Date 3-5-14

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The above plan of correction is approved as of <u>3/13/14</u> (Date) The above plan of correction was approved by <u><i>DM</i></u> (Initials)	Plan of correction implementation status as of <u>3/13/14</u> (Date) <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
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PLAN OF CORRECTION

VIOLATION:

2600.124 NOTIFY LOCAL FIRE DEPARTMENT OF HOMES LOCATION OF BEDROOMS

The homes notification of resident evacuation needs to the local fire department does not include the location of the bedrooms and the assistance needed to evacuate in an emergency.

The notification letter was completed; however, it did not specify the location of the resident's bedrooms.

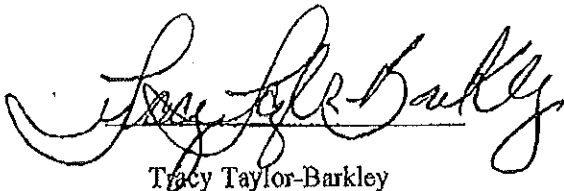
The letter was revised and mailed to the local authorities notifying them of the location of the resident bedrooms.

In the future, the home will update this letter if changes occur with the building structure or the mobility of the residents.

These steps were completed on December 18, 2013

PRIMARY BENEFIT:

- *To remain in compliance with DPW Regulatory Compliance Guide*
- *To protect the safety and welfare of the residents*
- *To prepare local authorities in event of an emergency*



Tracy Taylor-Barkley

3-5-14

Date

Violation Report: 13854 - 12/18/2013 - Fouikes, Kimberli
 PCH Name: TAYLOR S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION
 The fire drill record for the drills conducted in September and October 2013 do not include the days the drills occurred on.

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 Attachment

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Keres Logan Administrator</i>	Date <i>3/5/14</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	<i>TRACY Taylor Backley - Owner</i>	Date <i>3-5-14</i>
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The above plan of correction is approved as of <u><i>3/13/14</i></u> (Date)	Plan of correction implementation status as of <u><i>3/13/14</i></u> (Date)
The above plan of correction was approved by <u><i>TRM</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

PLAN OF CORRECTION

VIOLATION:

2600.132(c) --A WRITTEN FIRE DRILL RECORD MUST INCLUDE THE DAYS THE DRILL OCCURRED ON

The fire drill record for the drills conducted in September and October 2013 do not include the days the drills occurred on.

The fire drill record was filled out in its entirety. Liquid was spilled on the document and an error was made transferring the information to the new form.

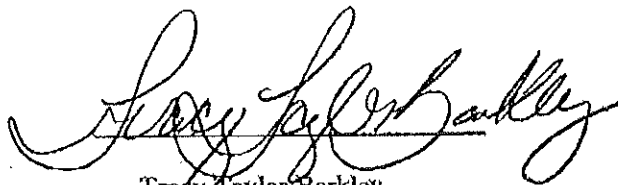
Taylor's Personal Care Home LLC, Owner/Administrator and administrative staff will ensure that each section of the monthly fire log is filled out completely. In order to prevent errors and a repeat of the current violation, administrator and staff will audit the fire drill records monthly. This audit will consist of a visual review of the form; checking to ensure that the form is not missing the following information: day, date, time, exit route, number of residents present, number of residents that evacuated, participating staff, alarm activation, alarm operation, problems/resolutions connected with the drill.


These procedures will assist the home in maintaining compliance with the DPW Regulatory Compliance Guide Chapter §2600 55 PA Code.

These steps were completed on December 18, 2013

PRIMARY BENEFIT:

- *To remain in compliance with DPW Regulatory Compliance Guide*
- *To protect the safety and welfare of the residents*
- *To prepare the residents to evacuate in a timely fashion in event of an emergency*
- *To prove that the home is completing the required fire drills monthly*
- *To familiarize residents with monthly fire drills in order to prevent panic and dependency on any one route or any specific time.*


Tracy Taylor-Barkley


Date

Violation Report: 13864 - 12/18/2013 - Foulkes, Kimberll
 PCH Name: TAYLOR S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - 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.

2a. DESCRIPTION OF VIOLATION

Resident #2 was admitted on 8/17/13. The resident's medical evaluation did not have the date on it stating when the medical evaluation was completed and the home did not have a way to demonstrate the resident had a medical evaluation completed timely.

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 Attachment

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Shereen Logan Administration</i>	Date	<i>3/5/14</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	<i>TRACY Taylor-Barkley - OWNER</i>	Date	<i>3-5-14</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *3/13/14*
 (Date)

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

Plan of correction implementation status as of *3/13/14*
 (Date)

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

PLAN OF CORRECTION

VIOLATION:

2600.141(a)(1) DOCUMENTATION OF THE MEDICAL EVALUATION

Resident #2 was admitted on 8/17/13. The resident's medical evaluation did not have the date on it stating when the medical evaluation was completed and the home did not have a way to demonstrate the resident had a medical evaluation completed timely.

Resident #2 came from a personal care home closure. Resident did not have a current medical evaluation and Resident's representative wanted to use their personal physician to complete the evaluation. Evaluation was submitted to the home with missing information.

In the future, all prospective residents must have a completed medical evaluation no later than 60 days prior to admission or 30 after admission. In the event that the form is not completed by their primary PCP, the home will contact their PCP and shall notify the resident and/or the resident's designee that admission to the home is not permitted without the required medical documentation. The home will be responsible for checking on a weekly basis to ensure that the resident has a current medical evaluation.

These steps were completed on December 18, 2013

PRIMARY BENEFIT:

- *To remain in compliance with DPW Regulatory Compliance Guide*
- *The signature and date by the physician on the Medical Evaluation is proof that a physician is seeing the resident regularly.*
- *To be able to provide adequate care to the resident as it relates to their physical and psychological needs as well as dietary.*
- *To be cognizant of current medications the resident is taking.*



Tracy Taylor-Barkley

3-5-14

Date

Violation Report: 13854 - 12/18/2013 - Foulkes, Kimberli
 PCH Name: TAYLOR S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

-The medical evaluation for resident #1, dated 8/27/13, did not have the resident's medications listed or attached.
 -The medical evaluation for resident #2, signed by the physician on 12/3/13 but date of evaluation unknown, does not include the ability of the resident to self administer medications or the mobility assessment.

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.

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Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		3/5/14
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date: 3-5-14

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The above plan of correction was approved by <u>[Signature]</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

PLAN OF CORRECTION

VIOLATION:

2600.141(a)(2) MEDICAL EVALUATION MUST INCLUDE THE FOLLOWING (1) THRU (10)

The medical evaluation for resident #1, dated 8/27/13, did not have the resident's medications listed or attached.

The medical evaluation for resident #2, signed by the physician on 12/3/13 but date of evaluation unknown, does not include the ability of the resident to self-administer medications or the mobility assessment.

Taylor's Personal Care Home LLC, Owner/Administrator will review all information on each resident medical evaluation form for accuracy and completeness. In addition, will assure that a list of medications will be attached to the evaluation.

These steps were completed on December 18, 2013

PRIMARY BENEFIT:

- *The list of medications is critical as it creates a record of proper medication administration*
- *The list of medications is critical as it creates an efficient medical evaluation form*
- *Accurate medical information helps the home decide if a resident's needs can be met at the home, helps the home develop accurate assessments and support plans, and ensures that resident's medical needs will be met.*


Tracy Taylor-Barkley

3-3-14

Date

Violation Report: 13854 - 12/18/2013 - Foulkes, Kimberli
 PCH Name: TAYLOR S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION
 -The preadmission screening form for resident #1, admitted 8/17/13, which includes the determination that the home can meet the resident's service needs, is dated 8/20/13.
 -The preadmission screening form for resident #2, admitted 8/17/13, which includes the determination that the home can meet the resident's service needs, is dated 8/20/13.

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.

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Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Doreen Logan Administrator* 3/5/14

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *TRACY Taylor - Backley - Owner* Date *3-5-14*

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PLAN OF CORRECTION

VIOLATION:

2600.224(a) – Preadmission Screening

The preadmission screening form for resident #1, admitted 8/17/13, which includes the determination that the home can meet the resident's service needs, is dated 8/20/13.

The preadmission screening form for resident #2, admitted 8/17/13, which includes the determination that the home can meet the resident's service needs, is dated 8/20/13.

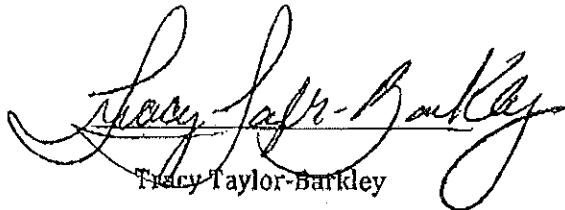
Resident #1 and Resident #2 were placed in home as a result of a personal care home closure. Residents did not have the required documentation upon admission. Previous Personal Care Home Administrator was not able to locate resident records.

In the future, Taylors Personal Care Home, LLC Owner/Administrator review and confirm that residents have the required documentation prior to entering into the home. This information will be reviewed for accuracy and completeness by the Owner/Administrator or designee prior to accepting the resident.

These steps were completed on: December 18, 2013

PRIMARY BENEFIT:

- *To stay in compliance with the DPW Regulatory Compliance Guide 55 PA Code. Chapter §2600*
- *To make sure residents are properly assessed.*
- *This allows the home to appropriately assess whether or not the needs of the needs of the resident can be met prior to admission.*


Tracy Taylor-Barkley

3-15-14

Date