



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAR 30 2017

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

RE: Taylor's Personal Care Home
License #: 138540

Dear Ms. Taylor-Barkley:

As a result of the Department of Human Services' annual licensing inspection on December 20, 2016 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 13854 - 12/20/2016 - Colon, Lisette
 PCH Name: TAYLOR S PERSONAL CARE HOME

1. REGULATION 65 Pa.Code §2600
 2600.64(c) - An administrator shall have at least 24 hours of annual training relating to the job duties.

2a. DESCRIPTION OF VIOLATION
 Staff person #A, the home's administrator, did not complete any annual training in the training year January 2016 to December 2016.

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 Sheet

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Tracy Taylor-Barkley Owner-Admin.	Date January 17, 2016
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>1/18/17</u> (Date)	Plan of correction implementation status as of <u>1/18/17</u> (Date)
The above plan of correction was approved by <i>JB</i> (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



DEPARTMENT REPRESENTATIVE: Lissette Colon-Mailing Date of Violation 1/12/17

VIOLATION REPORT WAS EMAILED ON 1/17/16 VIOLATION REPORT: #13854 ON 12/20/2016

PLAN OF CORRECTION- VIOLATION: 2600.187(a)

VIOLATION: 2600.64.(c)- Administrator shall have at least 24 hours of annual training relating to the job duties. #ADMINISTRATOR: Tracy Taylor-Barkley THE HOME'S ADMINISTRATOR, DID NOT COMPLETE ANY ANNUAL TRAINING IN THE TRAINING YEAR JANUARY 2015 TO DECEMBER 2015.

Although the following violation was given, to my defense, I did in fact complete the mandated 24 hours annual administrator training for calendar year 2015. Unfortunately, all of my 2015 administrator training were oddly missed placed during the time of my annual inspection.

In addition, the administrator attended training on April 14, 2015 "BHSL Regional Education Forum" located Sunrise of Abington- Abington, PA where the speaker was Sandy Wooters -BHSL Southeast Regional Director and Roslyn Brewer and Patricia Adams were all in attendance. Who also can verify the administrator attendance. The administrator also attended the Personal Care Home Emergency Preparedness Conference (OEM) held at the Philadelphia Protestant Home 6500 West Tabor Road Philadelphia Pa 19111 on November 12, 2015. Both Mrs. Wooters and Mrs. Brewer were both present.

Training were completed through Northampton Community College Healthcare Education and Pennsylvania Department of Human Services and Temple University Personal Care Home Administrator Continuing Education Courses for calendar year 2015. The home's administrator has contacted both institutions were able to verify my attendance and training dates.

Verification was given by [REDACTED] and [REDACTED] checking the sign in sheet. A copy of 2015 Administrator Training will be mailed out to the PCH. Therefore, violation 2600.64.(c)- should be dismissed.

In the future, the administrator will make additional copies of ALL PCHA TRAINING CERTIFICATES. Copies of the required 24 hours training will be secured in the PCH administrator office in a lock file cabinet for safe guarding. The administrator will also keep a second copy of all trainings in her home to prevent further fraudulence. Lastly, the administrator will ensure that copies are available for the departments request. Please refer to Official Transcripts from Northampton College with training dates. These steps were completed on January 17, 2017

PRIMARY BENEFIT:

- * To remain in compliance with BHSL Regulatory Compliance Guide
- * Ensures that the homes administrator has successfully completed the annual training to develop their knowledge of regulatory requirements and best practices in the Personal Care Home Operation.
- * Having an Administrator who has the wherewithal of managing the home and implementing the facility's procedures and policies.
- * Properly understands the importance of the health, safety, and well-being of the residents who reside in the home

Violation Report: 13854 - 12/20/2018 - Colon, Lissette
 PCH Name: TAYLOR 8 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 #1 was admitted on [redacted] 15. The resident's medical evaluation was completed on 7/28/16.

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 Sheet

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

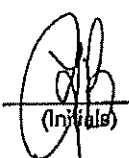
Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Tracy Taylor-Barkley Owner-Admin. Date
 January 17, 2017

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The above plan of correction is approved as of 1/18/17
 (Date)

Plan of correction implementation status as of 7/18/17
 (Date)

The above plan of correction was approved by 
 (Initials)

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

DEPARTMENT REPRESENTATIVE: Lissette Colon

Mailing Date of Violation 1/12/17

VIOLATION REPORT WAS EMAILED ON 1/17/16

VIOLATION REPORT: #13B54 ON 12/20/2016

PLAN OF CORRECTION- VIOLATION: 2600.187(a)

PLAN OF CORRECTION

VIOLATION:

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

Resident #1 [REDACTED] was admitted on [REDACTED] 2015. The resident's medical evaluation (DME) stated that DME was completed on 7/28/15.

Resident #1 came from a [REDACTED] 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 potential 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 20, 2016

PRIMARY BENEFIT:

- To remain in compliance with BHSL 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.

Violation Report: 13854 - 12/20/2016 - Colon, Lisette
 PCH Name: TAYLOR S PERSONAL CARE HOME

1. REGULATION 85 Pa.Code §2600
 2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:
 (1) Resident's name.
 (2) Drug allergies.
 (3) Name of medication.
 (4) Strength.
 (5) Dosage form.
 (6) Dose.
 (7) Route of administration.
 (8) Frequency of administration.
 (9) Administration times.
 (10) Duration of therapy, if applicable.
 (11) Special precautions, if applicable.
 (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
 (13) Date and time of medication administration.
 (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION
 The medication administration record for resident #2 does not include name of medication for Tobramycin 0.3% Sol.

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.

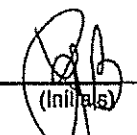
Please See Attach Sheet

Repeat Violation: Yes Date(s) of Previous Violation(s): 12/14/2015

Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Tracy Taylor-Barkley Owner-Admin Date January 17, 2017

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The above plan of correction was approved by  (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

DEPARTMENT REPRESENTATIVE: Lissette Colon,

Mailing Date of Violation 1/12/17

VIOLATION REPORT WAS EMAILED ON 1/17/16

VIOLATION REPORT: #13854 ON 12/20/2016

PLAN OF CORRECTION- VIOLATION: 2600.187(a)

DESCRIPTION OF VIOLATION: The medication administration record MAR on 12/20/16, for Resident #2 [REDACTED] did not include name of medication for Tobramycin 0.3% Solution Instill 1 drop in each eye daily at bedtime for 30 days. Resident #2 was seen by Doctor [REDACTED] on 12/8/16 in his office. He called in a verbal order to the pharmacy they faxed over to the home the new order for resident #2. Thereafter, the Pharmacy Medicare delivered the new medication with the new mar. After discussing with the Pharmacy it was determined that it was an oversight on both ends.

POLICY AND PROCEDURE:

MAR'S PROCEDURE- RECEIVING AND CHECKING RESIDENTS MAR'S for the home. The facility will ensure that the home's administrator (Tracy Taylor-Barkley) and the home's Physician (Dr. [REDACTED]), and med tech shall review all residents information on their MARS for accuracy and completeness. All current MARS that are delivered to the home by facility's Pharmacy (MEDCARE) shall be audit for any inconsistencies such as diagnosis for all PRN Medications. This shall include for all new orders and Discontinued orders as well. All Errors or Discrepancies shall be communicated to the pharmacy within 24 hours after auditing resident's MARS. Discrepancies shall be noted on the resident MAR.

In the future, the home will ensure that the administrator of the PCH will conduct the following procedures. The Audit will consist of a visual inspection of residents MAR 'S by examining all diagnosis for all PRN Medications, OTC & CAM Medications are not missing from residents Medication Administration Record. The home will maintain a drug discrepancy list in order to: Establish a procedure of monitoring and keeping a record of discrepancies which have occur, Assist the pharmacy provider to perfect their service by keeping an organized record of originated from their service and bring problem areas to the attention of the consultant pharmacist for guidance and assistance. The home's administrator and med tech are instructed to enter any problems or discrepancies observed in a discrepancy report and make sure that appropriate action is taken to assure errors are corrected immediately. All discrepancies are sent to the pharmacy. These procedures will assist the home in maintaining compliance with the Department of Human Services Regulatory Compliance Guide Chapter §2600 55 PA Code that will prevent further repeat violations.

PRIMARY BENEFIT:

- Proper MAR use is critical as it creates a record of proper medication administration
- Allows the Administrator, PCP and MED TECH 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.

Violation Report: 13854 - 12/20/2016 - Colon, Lissette
 PCH Name: TAYLOR S PERSONAL CARE HOME

1. REGULATION 65 Pa.Code §2600
 2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION
 The initial assessment for resident #1, admitted [redacted] 15, was completed on 7/28/15.

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.

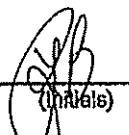
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Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Tracy Taylor-Barkley Owner-Admin Date
 January 17, 2017

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DEPARTMENT REPRESENTATIVE: Lissette Colon,

Mailing Date of Violation 1/12/17

VIOLATION REPORT WAS EMAILED ON 1/17/16

VIOLATION REPORT: #13854 ON 12/20/2016

PLAN OF CORRECTION- VIOLATION: 2600.225(a)

The Initial Assessment form for resident #1 [REDACTED] was completed on 7/25/15. The resident was admitted into the PCH on [REDACTED]/15. Therefore, date of the resident initial assessment was out of compliance.

In the future, all prospective residents must have a completed initial assessment form completed no later than 15 days prior to admission. The home's administrator Tracy Taylor-Barkley and administrator assistant will be responsible for auditing all new residents a week later to ensure that all initial assessments are completed within the timeframe allowed by the department.

These steps were completed on: December 20, 2016.

PRIMARY BENEFIT:

- To stay in compliance with the BHSL 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 residents can be met prior to admission.