



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

APR 24 2017

Ms. Shelley R. Smith,  
Administrator  
1518 West Haines Street  
Philadelphia, Pennsylvania 19126

RE: McCloud's Personal Care  
License #: 145660

Dear Ms. Smith:

As a result of the Department of Human Services' annual licensing inspection on January 6, 2017 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](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, appearing to read "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



Violation Report: 14566 - 01/06/2017 - Freeman, Sabrina  
 PCH Name: MCCLOUD S PERSONAL CARE

**1. REGULATION 55 Pa.Code §2600**

2600.20(b)(1) - The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

**2a. DESCRIPTION OF VIOLATION**

The home manages the finances for resident #1, but failed to provide a record of financial transactions.

The home manages the finances for resident #2, but failed to provide a record of financial transactions.

The home manages the finances for resident #3, but failed to provide a record of financial transactions.

**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.*

All required info for 2600.20(b)(1) was provided during inspection for residents #1, 2 and 3. The complete record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance was given to the inspector. There was no indication that a violation existed. Financial records will continue to be kept for each resident.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 3/23/17

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

The above plan of correction is approved as of 3/2/17 (Date)

Plan of correction implementation status as of 3/2/17 (Date)

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

The above plan of correction was approved by AS (Initials)

Violation Report: 14566 - 01/06/2017 - Freeman, Sabrina  
 PCH Name: MCCLOUD S PERSONAL CARE

**1. REGULATION 55 Pa.Code §2600**

2600.20(b)(8) - The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

**2a. DESCRIPTION OF VIOLATION**

The home failed to provide documentation that resident # 1 received a quarterly account of financial transactions.

The home failed to provide documentation that resident # 2 received a quarterly account of financial transactions.

The home failed to provide documentation that resident #3 received a quarterly account of financial transactions.

**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 administrator will give the resident an itemized account of financial transactions made on the residents' behalf on a quarterly basis. The attached form is used for this purpose. A copy of the itemized account will be kept in the residents' record. The administrator will maintain all financial records. Records will be reviewed quarterly by the manager to assure continued compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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>3/23/17</i>
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The above plan of correction is approved as of 3/2/17  
 (Date)

Plan of correction implementation status as of 3/2/17  
 (Date)

The above plan of correction was approved by *[Signature]*  
 (Initials)

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

Violation Report: 14566 - 01/06/2017 - Freeman, Sabrina  
 PCH Name: MCCLOUD S PERSONAL CARE

1. REGULATION 55 Pa.Code §2600  
 2600.20(b)(9) - A copy of the itemized account shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION  
 There is no copy of the quarterly financial accounting in the record of resident #1.  
 There is no copy of the quarterly financial accounting in the record of resident #2.  
 There is no copy of the quarterly financial accounting in the record of resident #3.

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 administrator will give the resident an itemized account of financial transactions made on the residents' behalf on a quarterly basis. The attached form is used for this purpose. A copy of the itemized account will be kept in the residents' record. The administrator will maintain all financial records. Records will be reviewed quarterly by the manager to assure continued compliance.

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

*Shelley R. Smith*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Shelley R. Smith</i>	<i>2/23/17</i>

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Violation Report: 14566 - 01/06/2017 - Freeman, Sabrina  
 PCH Name: MCCLOUD 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 1/6/2017, at 9:46 AM, the water temperature in the bathroom on the 1st floor measured 140.7 degrees Fahrenheit.  
 At 12:30 PM, the water temperature in the bathroom on the 2nd floor measured 133.1 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 water temperature has been lowered to 120 degrees Fahrenheit. The attached chart will be used by staff to monitor temperature weekly to prevent reoccurrence.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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>2/23/17</i>
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Violation Report: 14566 - 01/06/2017 - Freeman, Sabrina  
 PCH Name: MCCLOUD S PERSONAL CARE

1. REGULATION 55 Pa.Code §2600  
 2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION  
 The home failed to update resident #1's photograph every two years. Resident #1's photograph was last taken in 2014.  
 The home failed to update resident #2's photograph every two years. Resident #2's photograph was last taken in 2014.

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.*

Pictures for 2017 have been provided for each resident. Pictures will be taken in January every other year by the administrator to assure continued compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):	
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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>2/23/17</i>
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