



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: SEP 26 2017**

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

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

Dear Ms. Taylor-Barkley:

As a result of the Department of Human Services' licensing inspection on May 31, 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.

Sincerely,

A handwritten signature in black ink, appearing to read 'Patricia Adams', written over a horizontal line.

Patricia Adams  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary



Violation Report: 13854 - 05/31/2017 - Thomas, Tahesia  
PCH Name: TAYLOR S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.5(a)(1) - The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to: Agents of the Department.

2a. DESCRIPTION OF VIOLATION

On 05/31/17, at 9:00 am, the department requested access to residents' records. However, staff advised that they are unable to access information until the business office opens at 10:30 am. At 10:15 am, the administrator provided the Department with access to residents' records.

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)

*Tracy Taylor-Barkley*

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

TRACY TAYLOR-BARKLEY Owner-Admin Date 7-17-2017

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

The above plan of correction is approved as of 7/20/17  
(Date)

Plan of correction implementation status as of 7/21/17  
(Date)

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

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

DEPARTMENT REPRESENTATIVE: Tahesia Thomas

Mailing Date of Violation 7/13/17

VIOLATION REPORT WAS EMAILED ON 7/13/17

VIOLATION REPORT: #13854 ON 7/13/2017

PLAN OF CORRECTION- VIOLATION: §2600.5(a)(1)

## PLAN OF CORRECTION

### VIOLATION:

2600.5 (a)(1) - On 05/31/17, at 9 am the department requested access to residents records. However, the staff advised the departments representative Ms. Tahesia that they are unable to access information until the business office opens at 10:30 am. At 10:15 am, the administrator provided the department with access to residents records.

I, Tracy Taylor-Barkley has acknowledged the following violation §2600.5 (a)(1) ACCESS: found on May 31, 2017 at approximately 9 am was given by the Department of BHSL Representative Ms. Tahesia Thomas. The home was in violation of access to residents records which was locked in the administrator's office.

#### (a) Access to Residents Records

In the future homes administrator Tracy Taylor-Barkley will ensure that department of BHSL Representatives will have immediate access to All Residents Records. The administrator has given the home's Supervisor [REDACTED] a set of keys to the office. So in the event representatives from the Department BHSL needs immediate access to residents records the homes supervisor will be able to grant access on the spot. [REDACTED] lives less than 15 minutes away from the home. The home has created written policies and procedures allowing representatives from BHSL immediate access to the home, resident and residents records.

These steps were completed on: July 13,2017

#### PRIMARY BENEFIT:

- To stay in compliance with the BHSL Regulatory Compliance Guide 55 PA Code. Chapter §2600
- Allows the Department of BHSL to measure compliance with all regulations.
- Provides advocates with the access necessary to protect the Rights of Residents with Disabilities
- Allows Area Agency on Aging the ability to fulfill their legal mandate to protect All Residents in the PCH.
- Provides Ombudsmen with the access necessary to promote and protect Residents Rights.
- Allows service organization to provide information to Residents who may benefit from their services, and allows the home to ensure compliance with Regulatory Compliance Guide (RCG) §2600.222

Violation Report: 13864 - 05/31/2017 - Thomas, Tahesia  
PCH Name: TAYLOR S PERSONAL CARE HOME

1. REGULATION 65 Pa.Code §2600

2600.223(b) - The home shall develop written procedures for the delivery and management of services from admission to discharge.

2a. DESCRIPTION OF VIOLATION

The home does not have written procedures for the delivery and management of services.

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)

*Tracy Taylor-Barkley*

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

TRACY TAYLOR-BARKLEY owner- owner

Date 7-17-2017

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 7/20/17  
(Date)

Plan of correction implementation status as of 7/21/17  
(Date)

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

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

## **PLAN OF CORRECTION**

### **VIOLATION:**

#### **§2600.223.(b) THE HOME SHALL DEVELOP WRITTEN PROCEDRES FOR DELIVERY AND MANAGEMENT OF SERVICES FROM ADMISSION TO DISCHARGE**

*Description of Violation: The home does not have written procedures for the delivery and management of services.*

Although the following violation was given, to the homes defense, the home does have written Policies and Procedures for Description of Services in the TPC Home's Policy Manual. Which was created by the home's adminstrator Tracy Taylor-Barkley in August of 2012. Thereafter, the home's admintrator recently updated the homes description of services policy in June of 2016.

The Department Reperesentative [REDACTED] from the Regulatory Implementation Department required that the adminstrator Tracy Taylor-Barkley revised the homes Policy Manual. Which at that particular time home was considering relocating the business to another site and that was part of the application process. Please see attach sheet and policy.

These steps were completed on: May 31, 2017

### **PRIMARY BENEFIT:**

- ✦ Ensures that home procedures for the delivery and management of services from admission to discharge date.
- ✦ Ensures the homes administrator and DCS are aware of the facility's procedures designate responsibility for specific tasks and specify exactly what those tasks require, ensuring that all of the processes required by regulation are completed and that each DCS person is aware of what his or her job duties are.
- ✦ This allows the home to stay in compliance with the Department of BHSI Regulatory Compliance Guide (RCG) 55 Pa code§ 2600.

Violation Report: 13854 - 05/31/2017 - Thomas, Tahesia  
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 pre-admission screening form for resident # 1, admitted [redacted]/17, does not include a determination that the home can meet the service needs of the resident.

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 Backley Admin. Owner

Date 7-17-2017

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(Date)

Plan of correction implementation status as of 7/21/17  
(Date)

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

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

DEPARTMENT REPRESENTATIVE: Tahesia Thomas

Mailing Date of Violation 7/13/17

VIOLATION REPORT WAS EMAILED ON 7/13/17

VIOLATION REPORT: #13854 ON 7/13/2017

PLAN OF CORRECTION- VIOLATION: 2600.224(a)

## PLAN OF CORRECTION

### VIOLATION:

The Pre-Admission Screening for Resident #1, admitted on [REDACTED]/17 does not include a determination that the home can meet the service needs of the resident.

The Initial Assessment form for resident #1 [REDACTED] was completed on March 20, 2017. Documentation about resident [REDACTED] was received from Albert Einstein Hospital/ Einstein Behavior Discharge Department. Documentation submitted did not state that resident [REDACTED] was diagnosed with the following diagnosis Traumatic Brain injury or Dementia. However, if in fact the home had received documentation listing the following medical conditions the home's administrator Tracy Taylor-Barkley would not agree to admit [REDACTED] or any other resident with the following medical conditions. Resident #1 was admitted in the home on [REDACTED] 2017. Therefore, date of the resident initial assessment was in compliance and accurate. Lastly, TPC does have written policies and procedures that have been implemented by the administrator Tracy Taylor-Barkley; stating what services and whom shall receive services in the home. Policies were created and implemented on August 2, 2012.

In the future home's administrator Tracy Taylor-Barkley will ensure that all documentation on All Potential Residents entering in the home shall be true and accurate to the best of the individual knowledge. This includes the following informal and formal support team e.i Social Worker from Hospital, Family Member, ICM, Recovery Coach, and friends etc. that 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: July 13, 2017

### PRIMARY BENEFIT:

- To stay in compliance with the BHSR 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 resident can be met prior to admission.