



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUL 3 1 2018

Ms. Tracy Taylor-Barkely
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-Barkely:

As a result of the Department's Bureau of Human Services Licensing annual inspection on January 19, 2018 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, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PCH Name: TAYLOR S PERSONAL CARE HOME		License Number: 13854
Address: 2113 15 WEST HUNTING PARK AVE, PHILADELPHIA, PA 19140		County: Philadelphia
Administrator: Tracy Taylor-Barkely		Region: SOUTHEAST
Legal Entity Name: TAYLORS PERSONAL CARE HOME LLC		
Legal Entity Address: 2113-15 WEST HUNTING PARK AVE, PHILADELPHIA, PA 19140		
Certificate(s) of Occupancy R-2 01/14/2009 City of Phila./Dept. of LI		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 29	Waking Staff: 22
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
01/19/2018: Freeman, Sabrina		
Off-Site Inspection Dates and Inspectors, If Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 37 Number of Residents Served: 29 Secured Dementia Care Unit In Home: No Area: Secured Dementia Unit Capacity, If Applicable: Number of Residents Served in Secured Dementia Care Unit, If applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 23 Are 60 Years of Age or Older: 5 Have Mental Illness: 29 Have an Intellectual Disability: 2 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 13854 - 01/19/2018 - Freeman, Sabrina
PCH Name: TAYLOR S PERSONAL CARE HOME

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 1/19/18, at approximately 10:15 am, the water temperature in the first floor bathroom, located in the kitchen, exceeded 120 degrees Fahrenheit. At 4:15 pm, the water temperature in the same bathroom measured 154.7 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.

Please AH

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

Signature of Legal Entity Representative
(Required on EVERY Page) *KACAT Taylor-Barkley*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Sabrina Taylor-Barkley* Owner Admin Date *July 29, 2018*

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

The above plan of correction is approved as of 7-20-18
(Date)

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

Plan of correction implementation status as of 7-20-18
(Date)

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

DEPARTMENT REPRESENTATIVE: Sabrina Freeman

Mailing Date of Violation 6/27/18 Date Received 7/7/18

VIOLATION REPORT WAS EMAILED ON 7/11/18

VIOLATION REPORT: #13854 ON 7/11/2018

PLAN OF CORRECTION- VIOLATION: §2600.89(b)

VIOLATION: §2600.89(b)-HOT WATER TEMPERATURE IN AREAS ACCESSIBLE TO THE RESIDENT MAY NOT EXCEED 120F

Description of Violation: On 1/19/18 at approximately 10:15 am, the water temperature in the first floor bathroom, located in the kitchen, exceeded 120 degrees Fahrenheit. At 4:15, the water temperature in the same bathroom measured 154.7 degrees Fahrenheit.

PLAN OF CORRECTION

The administrator will ensure that home shall not have any faucets that allow the water to reach a higher temperature than 120° F. With a 2° degrees variance. In addition the home's administrator shall create a system that addresses the current violation. The administrator (██████████) will make sure that all staff is trained in checking the water temperature on a daily schedule. The Primary Benefit is to protect the health and welfare of the home's residents by eliminating their exposure to harmful water temperatures: The following procedures will be conducted by every staff member who works in the home.

These steps were completed on January 19, 2018

- 1) Hot water temperature survey to be conducted daily.
- 2) Turn on the hot water and place a small container under the running stream. Place thermometer in water and wait for temperature to peak. Record the peak temperature.
- 3) Move to next sampling point and repeat the test.
- 4) Report the results in the comment section of the log sheets

PRIMARY BENEFIT:

- + Will ensure that no faucets reach a temperature that can scold any of our residents.
- + Will ensure that the home's residents water supply is sufficient to meet the resident's needs for hygiene and comfort
- + Ensures the water in PCH is safe for use
- + Provides documentation that water in homes with private water sources is safe for use

Violation Report: 13854 - 01/19/2018 - Freeman, Sabrina
 PCH Name: TAYLOR S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.102(h) - Toilet paper shall be provided for every toilet.

2a. DESCRIPTION OF VIOLATION
 On 1/19/18, at 3:00 pm, there was no toilet paper for the toilet in the 3rd floor bathroom.

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.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 July 19, 2018

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The above plan of correction is approved as of <u>7-20-18</u> (Date)	Plan of correction implementation status as of <u>7-20-18</u> (Date)
The above plan of correction was approved by <u>SP</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

DEPARTMENT REPRESENTATIVE: Sabrina Freeman

Mailing Date of Violation 6/27/18 Date Received 7/7/18

VIOLATION REPORT WAS EMAILED ON 7/11/18

VIOLATION REPORT: #13854 ON 7/11/2018

PLAN OF CORRECTION- VIOLATION: §2600.102(h)

VIOLATION: §2600.102(h)- Toilet paper shall be provided for every toilet.

Description of Violation: On 1/19/18, at 3:00pm, there was no toilet paper for the 3rd floor bathroom.

In the future, the home's administrator [REDACTED], administrator assistant and the home's supervisor will ensure that DCS will conduct hourly rounds to ensure that each resident bathroom have toilet paper for residents to useroom.

These steps were completed on: January 19, 2018 the same day

PRIMARY BENEFIT:

- ↓ To stay in compliance with the BHSL Regulatory Compliance Guide 55 PA Code. Chapter§2600
- ↓ To ensure that personal hygiene is maintained in a dignified manner.
- ↓ That residents have access to toilet paper daily.

Violation Report: 13854 - 01/19/2018 - Freeman, Sabrina
 PCH Name: TAYLOR S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

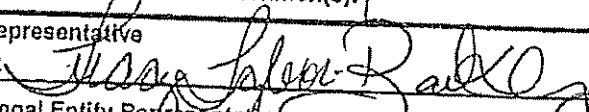
- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) 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

Resident # 2 is prescribed Clozapine 50 mg, take 5 tablets at bedtime. The medication administration record lists Clozapine 100 mg and 1 X 50 mg daily at bedtime.

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.

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)		Date
TRACY TAYLOR-BARKLEY - owner Admin		July 19, 2018

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(Date)

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

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(Date)

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DEPARTMENT REPRESENTATIVE: Sabrina Freeman

Mailing Date of Violation 6/27/18 Date Received 7/7/18

VIOLATION REPORT WAS EMAILED ON 7/11/18

VIOLATION REPORT: #13854 ON 7/11/2018-089sw3xz

PLAN OF CORRECTION- VIOLATION: §2600.102(h)

VIOLATION: §2600.187.(a-b)

Description of Violation: Resident #2 is prescribed Cozapine 5mg, take 5 tablets at bedtime. The medication administration record lists Clozapine 100 mg and 1x 50 mg daily at bedtime.

In the future the home's administrator [redacted], Administrator Assistant and Med Tech shall monitor and audit all residents Medication and Medication Administration Records (MARS) on a weekly basis for the next thirty days and monthly thereafter. In addition, the home shall have in service on the proper procedure for auditing and documenting Resident's MARS. How to track medication errors on the resident MAR delivered by the Pharmacy.

Lastly, the home's administrator has now added additional audits by the pharmacy to ensure completeness and accuracy. Medicare Pharmacy Representative [redacted] will conduct monthly audits for all residents medication records for accuracy. This will ensure that all residents will be free from potential medication errors; that will result in proper procedure for medication and documentation on residents MARS.

These steps were completed on January 19, 2018

PRIMARY BENEFIT:

- Proper MAR use is critical as it creates a record of proper medication administration
- Allows the Administrator and PCP 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.
- Allows Residents free from Medication Errors in the home by the home.
- Lastly, this system allows the home to check on a regular basis to ensure that appropriate medication administration is being conducted and correct any errors.

Violation Report: 13854 - 01/19/2018 - Freeman, Sabrina
 PCH Name: TAYLOR S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

Resident # 2's January 2018, medication administration record listed Clozapine 100 mg, 2 tablets (200 mg) with 1X50 mg at bedtime and an order of Clozapine 50 mg, 1 tablet with 2x100 mg. for a total of 500 mg at bedtime. The home's staff initialed both medications as administered. The Clozapine 100 mg was incorrectly listed and initialed. The resident received 250 mg of Clozapine daily at bedtime.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

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Signature of Legal Entity Representative
 (Required on EVERY Page) IRACY TAYLOR BARKLEY

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) IRACY TAYLOR BARKLEY Owner/Adm. Date July 19, 2018

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DEPARTMENT REPRESENTATIVE: Sabrina Freeman

Mailing Date of Violation 6/27/18 Date Received 7/7/18

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VIOLATION REPORT: #13854 ON 7/11/2018-089sw3xz

PLAN OF CORRECTION- VIOLATION: §2600.102(h)

VIOLATION: §2600.187.(a-b)

Description of Violation: Resident #2 is prescribed Cozapine 5mg, take 5 tablets at bedtime. The medication administration record lists Clozapine 100 mg and 1x 50 mg daily at bedtime.

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- Lastly, this system allows the home to check on a regular basis to ensure that appropriate medication administration is being conducted and correct any errors.