



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 10 2019

Ms. Tracy Taylor-Barkley
Owner/Administrator
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's Bureau of Human Services Licensing annual inspection on January 7, 2019 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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.

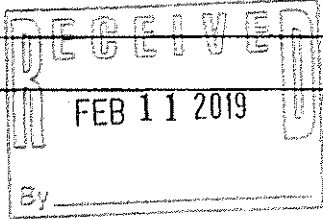
Sincerely,

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

Jacqueline L. Rowe
Director

Enclosure
Violation Report

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

PCH Name: TAYLOR S PERSONAL CARE HOME		License Number: 13864
Address: 2113 15 WEST HUNTING PARK AVE, PHILADELPHIA, PA 19140		County: Philadelphia
Administrator: Tracy Taylor Barkley		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 Other 01/14/2019 City of Philadelphia		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 29	Working 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 01/07/2019: Braswell, Natasha		
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: 24 Are 60 Years of Age or Older: 6 Have Mental Illness: 29 Have an Intellectual Disability: 29 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 13854 - 01/07/2019 - Braswell, Nalasha
 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.

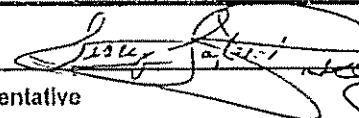
2a. DESCRIPTION OF VIOLATION
 The fire drill record for the drills conducted for 2017 do not include the year.

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)



Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Tracy Taylor-Barkley Owner- Administrator	Date February 11, 2019
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>3/6/19</u> (Date)	Plan of correction implementation status as of <u>3/6/19</u> (Date)
The above plan of correction was approved by <u>AAA</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

2A

DEPARTMENT REPRESENTATIVE: Natasha Braswell

Faxed Date of Violation 2/11/19 Date Received 1/11/19

VIOLATION REPORT WAS EMAILED ON 2/11/19

VIOLATION REPORT: #13854 ON 2/11/2019

PLAN OF CORRECTION- VIOLATION: §2600.185(a)

VIOLATION: §2600.132.(c) 2600.132(e) –A WRITTEN FIRE DRILL RECORD MUST INCLUDE THE DAYS AND YEAR THE DRILL OCCURRED ON

Description of Violation: The fire drill record for the drills conducted for 2017 do not include the year.

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. Taylors 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 BHSL Regulatory Compliance Guide Chapter §2600 55 PA Code.

These steps were completed on January 7, 2019

PRIMARY BENEFIT:

- To remain in compliance with BHSL 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

Violation Report: 13854 - 01/07/2019 - Braswell, Natasha
 PCH Name: TAYLOR S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

The home's designated evacuation time from a Fire safety expert is 2:55. The home's fire drill evacuation time on 8/9/18 was 2:58.

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.

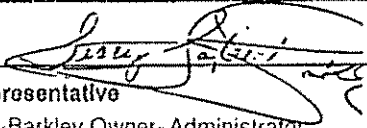
Please See Attach Sheet

The Administrator will conduct a meeting with the staff and residents to discuss the importance of fire drills, and getting out to a safe location within the allotted time for the fire drill. Additional resource to assist staff/residents in attaining compliance for fire drills shall be explored. The Administrator will review the completed fire drill monthly to ensure continual compliance to the cited reg. 3/6/19

AAA

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- Administrator

Date
 February 11, 2019

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3A

DEPARTMENT REPRESENTATIVE: Natasha Braswell

Faxed Date of Violation 2/11/19 Date Received 1/11/19

VIOLATION REPORT WAS EMAILED ON 2/11/19

VIOLATION REPORT: #13854 ON 2/11/2019

VIOLATION: §2600.132.(d) Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

Description of Violation: The home's designated evacuation time from a Fire-Safety Expert is 2:55. The home's fire drill evacuation time on 8/9/16 was 2:58

These steps were completed on February 11, 2019

PRIMARY BENEFIT:

- To remain in compliance with BHSL 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

Violation Report: 13854 - 01/07/2019 - Braswell, Natasha
 PCH Name: TAYLOR S PERSONAL CARE HOME

1. REGULATION 56 Pa.Code §2600
 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION
 On 1/7/19, resident #1's PRN medication Acetaminophen 325 mg and 500 mg was not present in the medication cart

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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LFA

DEPARTMENT REPRESENTATIVE: Natasha Braswell

Faxed Date of Violation 2/11/19 Date Received 1/11/19

VIOLATION REPORT WAS EMAILED ON 2/11/19

VIOLATION REPORT: #13854 ON 2/11/2019

PLAN OF CORRECTION- VIOLATION: §2600.185(a)

VIOLATION: §2600.185.(a)

Description of Violation: Resident #1 PRN medication Acetaminopen 325 mg and 500 mg was not present in the medication cart .

In the future the homes's administrator and Med Tech will ensure that all residents PRN Medications will be made available as prescribed by his or her physician. PRN medications, such as liquids, and other bulk medications (e.g., patches, ointments eye drops, injections, etc.) shall be ordered into the Pharmacy (MediCare) by the home's Administrator and Med Tech . The home will conduct a weekly audit on all PRN Medications and shall reorder all PRN Medications when there is a four (4) day supply remaining. In the event that a resident PRN Medication has no refills, the home administrator or Med Tech shall contact the resident physician within 24 hours notifying a new prescription is needed for all PRN Medications.

These steps were completed on January 7,2019

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.
- 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.