



November 8, 2019

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

RE: McCloud's Personal Care  
License #: 145660

Dear Ms. Smith:

As a result of the Department's Bureau of Human Services Licensing annual inspection on August 6, 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](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 "Kevin Hancock".

Kevin Hancock  
Deputy Secretary  
Office of Long-term Living

Enclosure  
Violation Report

# Violation Report

## Facility Information

**Name:** MCCLLOUD'S PERSONAL CARE

**License Number:** 14566

**Address:** 1518 WEST HAINES STREET,, PHILADELPHIA, PA 19126

**County:** PHILADELPHIA

**Region:** SOUTHEAST

## Administrator

**Name:** Shelley Smith

**Phone:** 2152241752

**Email:** SRMCSMITH@AOL.COM

## Legal Entity

**Name:** SHELLEY R SMITH

**Address:** 1518 WEST HAINES STREET, PHILADELPHIA, PA, 19126

## Certificate(s) of Occupancy

**Type:** Other

**Date:** 04/17/1978

**Issued By:** City of Philadelphia

## Staffing Hours

**Resident Support Staff:** 0

**Total Daily Staff:** 8

**Waking Staff:** 6

## Inspection

**Type:** Full

**BHA Docket #:**

**Notice:** Unannounced

**Reason:** Renewal

## Inspection Dates and Department Representative

08/06/2019 - On-Site: Michele Swisher

## Resident Demographic Data as of Inspection Dates

### General Information

**License Capacity:** 8

**Residents Served:** 8

### Secured Dementia Care Unit

**In Home:** No

**Area:**

**Capacity:**

**Residents Served:**

### Hospice

**Current Residents:** 0

### Number of Residents Who:

**Receive Supplemental Security Income:** 6

**Are 60 Years of Age or Older:** 4

**Diagnosed with Mental Illness:** 8

**Diagnosed with Intellectual Disability:** 2

**Have Mobility Need:** 0

**Have Physical Disability:** 0

85a - Sanitary Conditions

Regulations

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 8/6/19 at approximately 1:30pm , a large piece of food that appeared to be some sort of fruit or vegetable, was observed in the drawer inside the refrigerator in the kitchen. The food particle was completely covered in a greenish moldy substance.

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.)

During a daily walkthrough of the facility, the Administrator or a designee will check on the refrigerator for cleanliness and in adherence to the cited regulation. Any issue of concern noted will be immediately rectified. Admin. will train staff on the proper storage and handling of the food to be placed in the refrigerator. 9/30/19

A.A.A

The moldy substance was immediately removed and the bin was washed. Going forward, the day staff will adhere to the weekly cleaning of the refrigerator as specified in the work schedule. This will prevent a reoccurrence.

Legal Entity Representative

*Shelley R. Smith*

Signature

Shelley R. Smith Admin

Printed Name and Title

8/30/19

Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 9/30/19 (Date)

The above plan of correction was approved by A.A.A (Initials)

Plan of correction implementation status as of 9/30/19 (Date)

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

103e - Left Overs

Regulations

2600.  
103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

On 8/6/19 There were 4 unlabeled, undated zip-lock bags of what appear to be bulk spices, black pepper and seasoned salt, in an upper cabinet near the stove in the kitchen area.

Plan of Correction (POC)

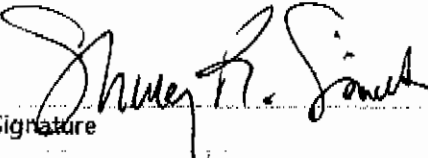
(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

All staff will be re-trained on the cited reg. The Administrator will designate someone to verify the compliance with the cited regulation on a weekly basis. 9/30/19

AAA

All plastic zip lock bags of seasoning have been labeled and dated.  
Both staff have been instructed to label and date all incoming spices on the day they are received before placing them in the kitchen cabinet. Both will check food items weekly to ensure proper storage and labeling to prevent a reoccurrence.

Legal Entity Representative

  
Signature

Shelley R. Smith Admin 8/29/19  
Printed Name and Title Date

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(Date)

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(Date)

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(Initials)

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- Not Implemented

103g - Storing Food

Regulations

2600.  
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

A box of Domino's confectioners sugar was observed opened and unsealed in an upper cabinet in the kitchen area.

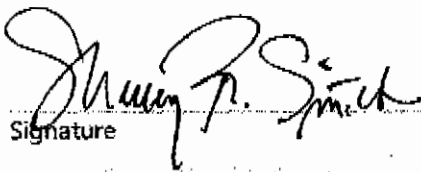
Plan of Correction (POC)

(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.)

Staff will be re-trained on the cited reg. The Administrator, will include the kitchen cabinets /pantry in the checklist of areas to be inspected, for compliance with the applicable regulations during a daily walkthrough of the facility. 9/30/19

The box of sugar had been previously used, however, the bag <sup>AAA</sup> inside the box was sealed even though the box top flap wasn't tucked in. Neither I nor the inspector looked inside the box at the time of inspection. In the future, staff will tuck in box top flaps and use scotch tape to re-seal used boxes of sugar. This will prevent reoccurrence.

Legal Entity Representative

  
Signature

Shelley R. Smith Admin  
Printed Name and Title

8/29/19  
Date

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183e - Storing Medications

Regulations

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 8/6/19 two loose pills were observed in the open plastic box that is used to store residents medications. 1 round white tablet and 1 round yellow tablet were observed in the bottom of the box.

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 (medication trainer) has re-trained both staff in the medication administration process. After meds are administered a re-check of the packaging will be done to ensure no tablets/pills are remaining in the pack. By following the process and re-checking the med packs, a reoccurrence of loose pills falling into the storage bin will be prevented.

The Administrator or a designee will conduct daily and weekly checks on the medication carts to ensure continual compliance with the cited regulation. 9/30/19

AAA

Legal Entity Representative

*Shelley R. Smith*  
Signature

Shelley R. Smith, Admin.  
Printed Name and Title

8/29/19  
Date

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190a - Completion Medication Course

Regulations

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person A has not successfully completed their annual practicum for medication administration since their original medication administration certification completion on 6/22/18. Staff person A administered medications to residents on multiple dates including 8/6/19.

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.)

An MAR review and medication observation have been successfully completed for staff person A. The next review and observation will be completed in December. Going forward, all reviews will be done in a timely manner. The administrator will review required documents quarterly to ensure timely completion and to prevent reoccurrence.

Staff A did not complete 2 med reviews and 2 med observations by recert day of 6/22/19. Thus, Staff A will stop giving med. immediately and retake med admin. course. See ODP guideline on the next page. On receiving this POC, the Administrator, or a designee will review all staff's med practicum record to ensure compliance with the cited reg. A tracking/checklist will be created for a timely completion of staff's med practicum observation.

Legal Entity Representative

9/30/19 AAA

*Shelley R. Smith*  
Signature

*Shelley R. Smith, Administrator 9/29/19*  
Printed Name and Title Date

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