



Sent via e-mail traytay2@aol.com
Sent via e-mail taylorspersonalcarehome@aol.com
October 21, 2019

Ms. Tracy Taylor-Barkely
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-Barkely:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Office of Long-term Living), licensing inspection on October 7, 2019 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is:

Acceptable - All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

If you need assistance, please contact me at 610-270-1137.

Sincerely,

Shawn Parker

Shawn Parker
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information		
Name: TAYLOR'S PERSONAL CARE HOME	License Number: 13854	
Address: 2113-15 WEST HUNTING PARK AVE, PHILADELPHIA, PA 19140		
County: PHILADELPHIA	Region: SOUTHEAST	

Administrator		
Name: Tracy Taylor	Phone: 2152219033	Email: TRAYTAY2@AOL.COM

Legal Entity		
Name: TAYLORS PERSONAL CARE HOME LLC		
Address: 2113-15 WEST HUNTING PARK AVE, PHILADELPHIA, PA, 19140		

Certificate(s) of Occupancy		
Type: Other	Date:	Issued By:

Staffing Hours		
Resident Support Staff:	Total Daily Staff: 29	Waking Staff: 22

Inspection		
Type: Partial	BHA Docket #:	Notice: Unannounced
Reason: Complaint		

Inspection Dates and Department Representative		
10/07/2019 - On-Site: Youn Hie Chung		

Resident Demographic Data as of Inspection Dates			
General Information			
License Capacity: 37		Residents Served: 29	
Secured Dementia Care Unit			
In Home: No	Area:	Capacity:	Residents Served:
Hospice			
Current Residents: 0			
Number of Residents Who			
Receive Supplemental Security Income: 29		Are 60 Years of Age or Older: 9	
Diagnosed with Mental Illness: 29		Diagnosed with Intellectual Disability: 2	
Have Mobility Need: 0		Have Physical Disability: 0	

51 - Criminal Background Check

Regulations

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

The home does not have a record of a criminal background check for Staff person A, hired 09/10/2019.

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

Within 15 days receipt of this POC, the administrator or designee shall review the records of all current staff members to ensure that a PA State Police criminal background check has been completed and that an FBI background check has been completed for employees who were not residents of Pennsylvania for the past two consecutive years prior to the date of hire. Documentation shall be kept in the staff records for Department review. Staff person A has ben terminated.

SP 10-19-19

Legal Entity Representative

Tracy Taylor Barkley
Signature

TRACY TAYLOR BARKLEY
Admin
Printed Name and Title

10-15-19
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX

The above plan of correction is approved as of 10-19-19
(Date)

Plan of correction implementation status as of 10-19-19
(Date)

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

Fully Implemented

Not Implemented

DEPARTMENT REPRESENTATIVE: Youn Hie Chung

Faxed Date of Violation 10/15/19 Date Received 10/15/19

VIOLATION REPORT WAS EMAILED ON 10/15/2019

VIOLATION REPORT: #13854 ON 10/07/2019

PLAN OF CORRECTION- VIOLATION: \$2600.185

VIOLATION: \$2600.51 Criminal Background Check:

Description of Violation: The home does not have a record of a criminal background check for DCS A, who was hired on 9/10/2019.

In the future the home shall ensure that all new employees will have a criminal background check prior to his or her first day of work. The home has dismissed (fired) DCS Person A for failure to provide documentation of having a Criminal Background Check.

Taylor's Personal Care Home, LLC Administrator Tracy Taylor- Barkley will create and implement policies and procedures stating that employment by Taylor's Personal Care Home, LLC will be contingent upon receipt of a "no violations found" criminal history check. No one shall work in the home nor be permitted near any residents prior to having a criminal background check!

Criminal history background checks will be processed through the PA State Police Request for Criminal Record Check form (SP4-164), or via the e-patch system. All non-PA employees will have an FBI check completed in accordance with the Older Adult Protective Services Act (OAPSA) and BHSL.

These steps were completed on October 8, 2019

PRIMARY BENEFIT:

PRIMARY BENEFIT:

- To stay in compliance with the BHSL Regulatory Compliance Guide 55 PA Code. Chapter \$2600
- Ensures that All employees with prohibitive offenses do not work in a PCH.
- Protect the health and wealth of the residents that reside in the facility (PCH) at all times.
- To stay in compliance with the Older Adult Protective Services Act (OAPSA) (35 P.S. § 1022.101-1022.5102) and 6 Pa Code Chapter 15 (protective services for older adults).

54a - Direct Care Staff

Regulations

2600.

54.a. Direct care staff persons shall have the following qualifications:

1. Be 18 years of age or older, except as permitted in subsection (b).
2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

Description of Violation

The home does not have proof of a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry on file for direct care staff person A.

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

Within 15 days receipt of POC, the administrator or designee will review all current direct care staff records to ensure all direct care staff persons meet the qualifications in accordance with regulation 2600.54(a) to include a Diploma issued by the Pennsylvania Department of Education or Department of Education in another state. Documentation will be kept in the staff records. Only those staff persons who meet the direct care staff qualifications will provide direct care services. Staff person A has been terminated.

SP 10-19-19

Legal Entity Representative

Tracy Taylor-Barkley
Signature

TRACY TAYLOR-BARKLEY

Admin.
Printed Name and Title

10-16-19
Date

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(Date)

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(Date)

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(Initials)

Fully Implemented
 Not Implemented

DEPARTMENT REPRESENTATIVE: Youn Hie Chung

Faxed Date of Violation 10/15/19 Date Received 10/15/19

VIOLATION REPORT WAS EMAILED ON 10/15/2019

VIOLATION REPORT: #13854 ON 10/07/2019

PLAN OF CORRECTION- VIOLATION: \$2600.185

VIOLATION: §2600.54(a)

Description of Violation: The home does not have proof of a high school diploma, GED, or active registry status on the Pennsylvania nurse aid registry on file direct care staff person A.

In the future the home shall ensure that all new employees shall provide a copy of his or her High School Diploma or Ged prior to first day of work. The home has dismissed (fired) DCS Person- A for failure to provided documentation of having a High School Diploma or GED.

Taylor's Personal Care Home, LLC Administrator Tracy Taylor- Barkley will create and implement a polices and procedures stating All New DCS Employees must have and present documentation of High School Diploma or GED. The home's administrator Tracy Taylor- Barkley will ensure that all DCS Personnel shall have a copy of his or her High School Diploma or Ged in each staff file. Which than will be secured in the PCH administrator office in a lock file cabinet for safe guarding. Lastly, the administrator will ensure that copies are available for the departments request.

These steps were completed on October 8, 2019

PRIMARY BENEFIT:

- ✦ To remain in compliance with BHSI Regulatory Compliance Guide
- ✦ Ensures that direct care staff persons have the education and ability required to perform his or her job duties specified by the home, including activates of daily living.
- ✦ Ensures that individuals who provide assistance with ADL's have the necessary experience to do so in a safe and dignified manner.

57b - 1 Hour/Day

Regulations

2600.

57.b. Direct care staff persons shall be available to provide at least 1 hour per day of personal care services to each mobile resident.

Description of Violation

The home currently has 29 residents, requiring a minimum of 29 hours of direct care service each day. On October 5th and 6th of 2019, only 22.5 hours of direct care staffing was provided.

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

Within 15 days receipt of POC, the administrator or designated staff person shall develop and implement a schedule that includes the availability of providing at least one hour per day of personal care services for each mobile resident and two hours per day of personal care services for each resident who has mobility needs. At least 75% of the required personal care service hours will be available during waking hours and additional personal care service staffing hours will be scheduled to meet the needs of the residents as specified in the resident's assessments, support plans and as needed to safely evacuate the residents in the event of an emergency.

SP 10-19-19

Legal Entity Representative

Tracy Taylor Backly
Signature

TRACY TAYLOR BACKLY

Admin.
Printed Name and Title

10/15/19
Date

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DEPARTMENT REPRESENTATIVE: Youn Hie Chung

Faxed Date of Violation 10/15/19 Date Received 10/15/19

VIOLATION REPORT WAS EMAILED ON 10/15/2019

VIOLATION REPORT: #13854 ON 10/07/2019

PLAN OF CORRECTION- VIOLATION: §260057 (b)

VIOLATION: §2600.57 (b) 1 Hour/Day : Description of Violation: The home currently has 29 residents, requiring a minimum of 29 hours of direct care services each day. On October 5th and 6th of 2019, the home only had 22.5 hours of direct care staffing was provided.

The home's administrator Tracy Taylor-Barkley has created and implement policies and procedures stating that the home shall ensure that each resident recieves 1 hour per day of personal care services to each mobile resident in the PCH (home).

In the furture the administrator will ensure there will be sufficient amount of staffing on duty at all times to meet the needs of each resident in the home from here on out. This will ensure that in event of emergency or any residents in the home with a moblity issue will be avaiable to help assist the resident.

These steps were completed on October 9, 2019.

PRIMARY BENEFIT:

- ✦ To remain in compliance with BHSL Regulatory Compliance Guide
- ✦ Ensures that there are sufficient staff persons on duty at all times
- ✦ Ensures that staffing hours will be provided to meet the needs of each resident in the PCH
- ✦ Ensures that ALL DCS person are qualified to meet residents needs or seek help in event of an emergency is present in the PCH.
- ✦ Ensures that staffing hours provide to meet personal care needs are supplied during a time of day when resident are awake.

57d. Waking Hours

Regulations

2600.

57.d. At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

Description of Violation

On October 5th and 6th of 2019, a total of 29 hours of direct care was required. Out of this 29 hours, 21.75 hours were required during waking hours. However, only 15.5 hours were provided during waking hours on both days.

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

Within 15 days receipt of this POC, the administrator or designated staff person shall develop and implement a schedule that includes the availability of providing at least one hour per day of personal care services for each mobile resident and two hours per day of personal care services for each resident who has mobility needs. At least 75% of the required personal care service hours will be available during waking hours and additional personal care service staffing hours will be scheduled to meet the needs of the residents as specified in the resident's assessments, support plans and as needed to safely evacuate the residents in the event of an emergency. SP 10-19-19

Legal Entity Representative

Tracy Taylor Backley
Signature

TRACY TAYLOR Backley
Admin

Printed Name and Title

10-15-19

Date

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10-19-19
(Date)

Fully Implemented

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

Not Implemented

DEPARTMENT REPRESENTATIVE: Youn Hie Chung

Faxed Date of Violation 10/15/19 Date Received 10/15/19

VIOLATION REPORT WAS EMAILED ON 10/15/2019

VIOLATION REPORT: #13854 ON 10/07/2019

PLAN OF CORRECTION- VIOLATION: §260057 (d)

VIOLATION: §2600.57 d Waking Hours: Description of Violation: On October 5th and 6th of 2019, a total of 29 hours of direct care was required. Out of this 29 hours, 21.75 hours were required during waking hours. However, only 15.5 hours were provided during waking hours on both days.

The home's administrator Tracy Taylor-Barkley has created and implement policies and procedures that will ensure that the home has sufficient amount of waking DCS on each shift and residents needs are being met.

In the furture the administrator will ensure there will be sufficient amount of waking staffing on duty at all times to meet the needs of each resident in the home from here on out. This will ensure that in event of emergency or any residents in the home with a mobility issue will be available to help assist the resident.

These steps were completed on October 9, 2019.

PRIMARY BENEFIT:

- ✦ To remain in compliance with BHSI Regulatory Compliance Guide
- ✦ Ensures that there are sufficient staff persons on duty at all times
- ✦ Ensures that staffing hours will be provided to meet the needs of each resident in the PCH
- ✦ Ensures that ALL DCS person are qualified to meet residents needs or seek help in event of an emergency is present in the PCH.
- ✦ Ensures that staffing hours provide to meet personal care needs are supplied during a time of day when resident are awake.

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 B, the administrator and med-tech, had her annual practicum for her medication administration training completed on June 24, 2017. She failed to provide the documentation that she completed her annual practicum for the year 2018 and 2019.

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 Attach Sheet

Administrator verified a certified train the trainer came to the home and completed annual practicums for staff person b and 3 other staff members. Only staff persons who have met the requirements of regulation 2600.190(a) shall be permitted to administer medications and the required documentation of training is in the staff person's record. If no staff persons in the home are qualified to administer medications, the administrator shall arrange for medication administration by an outside agency or person whom meets the requirements of regulation 2600.182(b). Documentation of qualifications of any person administering medications in the home shall be kept by home and made available for Department review.

SP 10-19-19

Legal Entity Representative

Tracy Taylor-Bailey
Signature

TRACY TAYLOR-BAILEY

ADMIN
Printed Name and Title

10-15-19
Date

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(Date)

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(Initials)

Fully Implemented

Not Implemented

DEPARTMENT REPRESENTATIVE: Youn Hie Chung

Faxed Date of Violation 10/15/19 Date Received 10/15/19

VIOLATION REPORT WAS EMAILED ON 10/15/2019

VIOLATION REPORT: #13854 ON 10/07/2019

PLAN OF CORRECTION- VIOLATION: §2600.190.(a)

VIOLATION: §2600.190 Completion Medication Course:

Descripton of Violation: Staff person B, the administrator and Med- Tech, had her annual practicum for her medication administration training completed on June 24, 2017. She failed to provide the documentation that she completed her annual practicum for the year 2018-2019.

The administrator Tracy Taylor-Barkley registered and completed her annual Medication Administration Course the next business day on October 8, 2019 with DHS Medication Administration Latoya Mason for calendar year 2019.

In the furture the administrator will ensure that she and her med tech will complete annual medication training and a copy of their certification will be keep onsite in staff files at all times. Which than will be secured in the PCH administrator office in a lock file cabinet for safe guarding. Lastly, the administrator will ensure that copies are made avable for the departments request.

These steps were completed on October 9, 2019.

PRIMARY BENEFIT:

- ✦ To remain in compliance with BHSI Regulatory Compliance Guide
- ✦ Permits the home to administer medications to its residents
- ✦ Ensures that medications are administered correctly and safely
- ✦ Protects residents from any medication errors.