



Sent via e-mail traytay2@aol.com
Sent via e-mail taylorspersonalcarehome@aol.com
February 20, 2020

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, (Department) review on January 2, 2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in cursive script that reads "Claire Mendez".

Claire Mendez
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-Barkley

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: 01/14/2009

Issued By: City of Philadelphia

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 31

Waking Staff: 23

Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

Inspection Dates and Department Representative

01/02/2020 - On-Site: David Carrion

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 37

Residents Served: 31

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 16

Are 60 Years of Age or Older: 11

Diagnosed with Mental Illness: 31

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 0

Have Physical Disability: 0

42s - Privacy

Regulations:

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On 01/02/20 at 3:45, in the 2nd floor men's bathroom on building 2115, the window does not have coverings to provide privacy for residents.

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

Legal Entity Representative

Laura Taylor-Bailey
Signature

TAMM TAYLOR-Bailey
Admin.
Printed Name and Title

2-17-2020
Date

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

The above plan of correction is approved as of 2/19/2020
(Date)

Plan of correction implementation status as of 2/19/2020
(Date)

Implemented

Not Implemented

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

VIOLATION REPORT: #13854

DEPARTMENT REPRESENTATIVE:

DATE OF INSPECTION: 1/2/2020

VIOLATION REPORT WAS EMAILED ON 1/22/2020

PLAN OF CORRECTION- VIOLATION: §2600.42s- Privacy

VIOLATION: §2600.42s A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation: On 01/02/19 at 3:45, in the 2nd floor men's bathroom on building 2115, the window does not have coverings to provide privacy for residents.

CORRECTIVE CHANGE/ACTION

In the future the homes administrator [REDACTED] will ensure that all residents bathrooms and residents bedrooms will have window dressing i.e. curtains -blinds in windows for complete privacy. DCS- Housekeeping-Maintenance will inspect all bathrooms for any missing window dressing(mini blinds) in window sills and give report to the homes administrator. The administrator shall replace any missing window dressings (mini blinds) within 24 hours of the report. These inspections will be added to the daily preventative maintenance schedule. Results of reports from weekly inspections will be reported to the administrator for immediate corrective action.

Corrective actions were completed on January 3, 2020

PRIMARY BENEFIT:

- ✦ To remain in compliance with BHSL Regulatory Compliance Guide
- ✦ Ensures residents have a right to privacy when taking shower, getting dressed and using the bathroom.
- ✦ Protects residents' rights to privacy in the PCH.
- ✦ Ensures that residents are treated in a respectful and dignified manner in the PCH.

88a - Surfaces

Regulations

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

The 2nd floor woman's bathroom in building 2113 has a large water stain on the ceiling.

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

Legal Entity Representative

Tracy Taylor-Buckley
Signature

TRACY TAYLOR-BUCKLEY
Admin.

Printed Name and Title

2-17-2020
Date

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

The above plan of correction is approved as of 2/19/2020
(Date)

Plan of correction implementation status as of 2/19/2020
(Date)

Implemented

Not Implemented

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

VIOLATION REPORT: #13854

DEPARTMENT REPRESENTATIVE:

DATE OF INSPECTION: 1/2/2020

VIOLATION REPORT WAS EMAILED ON 1/22/2020

PLAN OF CORRECTION- VIOLATION: - §2600.88a- Surfaces

VIOLATION: §2600.88.a Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation: The 2nd floor woman's bathroom in building 2113 has a large water stain on the ceiling.

CORRECTIVE CHANGE/ACTION

In the future the homes administrator [REDACTED] will ensure that the entire home (PCH) shall be clean and in good condition free from potential hazard. The homes administrator has created policies and procedures that will be implemented by DCS- Housekeeping and Maintenance on a daily basis. DCS-Housekeeping-Maintenance shall conduct weekly physical site inspections and results of reports will be reported to administrator for corrective action. DCS-Housekeeping and Maintenance has cleaned, sanitized and painted the 2nd floor woman's bathroom removing the water stain from the ceiling. DCS-Housekeeping - Maintenance will be responsible for monitoring all bathrooms and residents rooms in the PCH on daily basis and give a report of their findings to the administrator for corrective action. Thereafter, the administrator will review and ensure that all findings are completed and the PCH is in compliance with RCG

Corrective actions were completed on January 10, 2020

PRIMARY BENEFIT:

- ✦ To remain in compliance with BHSL Regulatory Compliance Guide
- ✦ Guarantees that the home shall provide a safe environment for its residents in the PCH.
- ✦ Minimizes the risk that residents will suffer any injury in the PCH.
- ✦ Ensures residents are able to live in a home with dignity, respect that is conducive for his or her recovery.

141a - Medical Evaluation

Regulations

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

Resident #1 was admitted on 11/15/19. A medical evaluation was not complete within 60 days prior to admission or within 30 days after admission of the resident.

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

Legal Entity Representative

Tracy Taylor-Bohler
Signature

TRACY TAYLOR-BOHLER

Admin

Printed Name and Title

2-17-2020

Date

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

The above plan of correction is approved as of 2/19/2020
(Date)

Plan of correction implementation status as of 2/19/2020
(Date)

Implemented

Not Implemented

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

VIOLATION REPORT: #13854

DEPARTMENT REPRESENTATIVE:

DATE OF INSPECTION: 1/2/2020

VIOLATION REPORT WAS EMAILED ON 1/22/2020

PLAN OF CORRECTION- VIOLATION: §2600.141.a- Medical Evaluation

VIOLATION: §2600.141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation: Resident #1 was admitted on 11/15/19. A medical evaluation was not complete within 60 days prior to admission or within 30 days after admission of the resident.

CORRECTIVE CHANGE/ACTION

Resident #1 came from a personal care home closure. Resident did not have a current medical evaluation and Resident's representative wanted to use their personal physician to complete the evaluation. Resident #1 has appointment with for annual exam on February 3, 2020. That was the earliest that she could get in.

In the future, the home administrator [REDACTED] will ensure that all prospective residents must have a completed medical evaluation no later than 60 days prior to admission or 30 after admission. In the event that the form is not completed by their primary PCP, the home will contact their PCP and shall notify the resident and/or the resident's designee that admission to the home is not permitted without the required medical documentation. The administrator will be responsible for checking on a monthly basis to ensure that the resident has a current medical evaluation.

Corrective actions were completed on February 2, 2020

PRIMARY BENEFIT:

- ✦ To remain in compliance with BHSR Regulatory Compliance Guide
- ✦ Ensures that the signature and date by the physician on the Medical Evaluation is proof that a physician is seeing the resident regularly.
- ✦ To be able to provide adequate care to the resident as it relates to their physical and psychological needs as well as dietary.
- ✦ To be cognizant of current medications the resident is taking.

162e - Menu Changes

Regulations:

2600.

162.e. A change to a menu shall be posted in a conspicuous and public place in the home and shall be accessible to a resident in advance of the meal. Meal substitutions shall be made in accordance with § 2600.161 (relating to nutritional adequacy).

Description of Violation:

On 01/02/20, peanut butter jelly was listed on the menu for the lunch meal. Spaghetti with meatballs was served instead. No notice was provided to the residents in advance of the meal.

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

Legal Entity Representative

Tracy Taylor-Bailey
Signature

TRACY TAYLOR-BAILEY
Admin.
Printed Name and Title

2-17-2020
Date

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

The above plan of correction is approved as of 2/19/2020
(Date)

Plan of correction implementation status as of 2/19/2020
(Date)

Implemented

Not Implemented

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

VIOLATION REPORT: #13854

DEPARTMENT REPRESENTATIVE:

DATE INSPECTION: 1/2/2020

VIOLATION REPORT WAS EMAILED ON 1/22/2020

PLAN OF CORRECTION- VIOLATION: §2600.162e- Menu Changes

VIOLATION: §2600.162- e A change to a menu shall be posted in a conspicuous and public place in the home and shall be accessible to a resident in advance of the meal. Meal substitutions shall be made in accordance with § 2600.161 (relating to nutritional adequacy).




Description of Violation: On 01/02/20, peanut butter jelly was listed on the menu for the lunch meal. Spaghetti with meatballs was served instead. No notice was provided to the residents in advance of the meal.

CORRECTIVE CHANGE/ACTION

The homes administrator [REDACTED] and Cook have reviewed their meal-plan (menu) delivery system and made changes to facilitate a more timely manner in notifying all residents change in menu or substitute meal for that day.

In the future, if there is a change in the menu the home's administrator and cook shall immediately post and notify all residents of the substitute meal for that day allowing a 3 hour window. In addition the home has purchase a Menu Board that is specifically for menu changes. That shall remain in the kitchen for all residents to see when there is a change in menu. Lastly, the home's administrator [REDACTED] and cook [REDACTED] will conduct resident interviews regarding satisfaction with timely notice with change of menu.

PRIMARY BENEFIT:

-  To remain in compliance with BHSL Regulatory Compliance Guide.
-  Ensures that residents have sufficient time in notice of change in menu.
-  Ensures that menus meet the nutritional need of residents in the PCH.

183e - Storing Medications

Regulation:

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 01/02/20, two Humulin Kwik pen 70/30 belonging to Resident #2, was unopened and in the medication's cart. According to the manufacturer's instructions, this medication is to be kept refrigerated until opened.

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

Legal Entity Representative

Long Leaf Barkley
Signature

MELANIE TAYLOR BARKLEY
Admin

Printed Name and Title

2-17-2020
Date

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

The above plan of correction is approved as of 2/19/2020
(Date)

Plan of correction implementation status as of 2/19/2020
(Date)

Implemented

Not Implemented

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

VIOLATION REPORT: #13854

DEPARTMENT REPRESENTATIVE:

DATE OF INSPECTION: 1/2/2020

VIOLATION REPORT WAS EMAILED ON 1/22/2020

PLAN OF CORRECTION- VIOLATION: §2600.183.e- Storing Medications

VIOLATION: §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 01/02/19, two Humulin Kwik pen 70/30 belonging to Resident #2, was unopened and in the medication's cart. According to the manufacturer's instructions, this medication is to be kept refrigerated until opened.

CORRECTIVE CHANGE/ACTION

In the future the homes administrator [REDACTED] and Med Tech will ensure that all residents unopened medications (insulin) shall be immediately refrigerated and stored in a lock container inside the homes refrigerator with the residents name on the lock box after delivery from the pharmacy. All insulin - medications will have a note (sticker) with the date of first opened, as most insulin will expire 28 days after opening. The administrator has retrained resident #2 on the importance of properly storing his insulin- medication. The administrator and Med- shall conduct daily checks ensuring all insulin - unopened are properly stored.

Corrective actions were completed on January 2, 2020

PRIMARY BENEFIT:

- ✦ To remain in compliance with BHSL Regulatory Compliance Guide
- ✦ Ensures that medications are administered correctly and safely.
- ✦ Ensures that medications will be stored in a manner that prevents damage or loss.
- ✦ Ensures that refrigerated medications will be safe from contamination, theft, or misuse of medications by residents.

185a - Implement Storage Procedures

Regulation:

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.

Description of Violation

On 01/02/20, two of resident #3 PRN medications, Ibuprofen 400 mg and Albuterol HFA, were not available in the home.

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

Legal Entity Representative

Tracy Taylor-Barkley
Signature

Tracy Taylor-Barkley
Admin.

Printed Name and Title

2-17-2020

Date

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

The above plan of correction is approved as of 2/19/2020
(Date)

Plan of correction implementation status as of 2/19/2020
(Date)

Implemented

Not Implemented

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

VIOLATION REPORT: #13854

DEPARTMENT REPRESENTATIVE:

DATE INSPECTION: 1/2/2020

VIOLATION REPORT WAS EMAILED ON 1/22/2020

PLAN OF CORRECTION- VIOLATION: §2600.183.a- Implement Storage Procedures(PRN)

VIOLATION: §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.

Description of Violation: On 01/02/19, two of resident #3 PRN medications, Ibuprofen 400 mg and Albuterol HFA, were not available in the home.

CORRECTIVE CHANGE/ACTION

In the future the home's administrator [REDACTED] 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 ibuprofen, liquids, and other bulk medications (e.g., patches, ointments eye drops, injections, etc.) shall be ordered into the Pharmacy ([REDACTED]) by the home's Administrator and Med Tech. The administrator and Med Tech will conduct a weekly audit on all PRN Medications and shall reorder all PRN Medications when there is a three (3) day supply remaining. Delivery slips will be reviewed to ensure that all residents PRN medications came in when medication is delivered from the pharmacy. If residents medication did not come in the home's administrator or Med Tech shall call the pharmacy's emergency number. 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.

Corrective actions were completed on January 3, 2020

PRIMARY BENEFIT:

- ✦ To remain in compliance with BHS Regulatory Compliance Guide.
- ✦ Allows the Administrator and PCP to know when a medication was last administered.
- ✦ 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.
- ✦ Ensures that medication is administered correctly and safely.