

Department of Human Services
Bureau of Human Service Licensing

May 18, 2021

[REDACTED], ADMINISTRATOR
SHELLEY R SMITH
1518 WEST HAINES STREET
PHILADELPHIA, PA 19126

RE: MCCLOUD'S PERSONAL CARE
1518 WEST HAINES STREET
PHILADELPHIA, PA, 19126
LICENSE/COC#: 14566

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/06/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Shawn Parker

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY**

Facility Information

Name: MC CLOUD'S PERSONAL CARE **Licen e #:** 14566 **Licen e Expiration Date:** 05/07/2022
Addr e : 1518 WEST HAINES STREET, PHILADELPHIA, PA 19126
County: PHILADELPHIA **Region:** SOUTHEAST

Administrator

Name: [REDACTED] **Phone:** 2152241752 **Email:** [REDACTED]

Legal Entity

Name: SHELLEY R SMITH
Address: 1518 WEST HAINES STREET, PHILADELPHIA, PA, 19126
Phone: 2152241752 **Email:** SRMCSMITH@AOL.COM

Certificate(s) of Occupancy

Type: Other **Date:** 04/17/1978 **Issued By:** City of Philadelphia

Staffing Hours

Re ident Support Staff: 0 **Total Daily Staff:** 5 **Waking Staff:** 4

Inspection

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 05/06/2021

Inspection Dates and Department Representative

05/06/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 8 **Residents Served:** 5

Secured Dementia Care Unit

In Home: No **Area:** **Capacity:** **Residents Served:**

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 3 **Are 60 Years of Age or Older:** 3
Diagnosed with Mental Illness: 5 **Diagnosed with Intellectual Disability:** 1
Have Mobility Need: 0 **Have Physical Disability:** 0

Inspections / Reviews

05/06/2021 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 05/17/2021

Inspections / Reviews *(continued)*

5/17/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow Up Type: *Document Submission*Follow-Up Date: *05/24/2021*

5/18/2021 Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

89b - Hot Water Temperature

1. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 5/6/21 at 11:15 am, the hot water temperature at the sink in the second floor bathroom measured 132.8 degrees Fahrenheit.

On 5/6/21 at 11:19 am, the hot water temperature at the sink in the first floor bathroom measured 132.2 degrees Fahrenheit.

Plan of Correction

Accept

The temperature on the hot water tank has been lowered. A plan has been developed for all staff to follow requiring the water temperature to be taken twice weekly at various locations throughout the building. Staff have also been re-trained in regulation 2600.89b. The manager will review the water temperature chart every Friday and report findings to the administrator who will take action if needed.

Completion Date: 05/07/2021

Document Submission

Implemented

Water temperature was taken today in the 2nd floor bathroom. Temperature is 101.3 F. A copy of the water temperature chart to be used is attached.

141b1 - Annual Medical Evaluation

1. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #1's most recent medical evaluation was completed on [REDACTED]. The resident's previous medical evaluation was completed on [REDACTED].

Resident #2's most recent medical evaluation was completed on [REDACTED]. The resident's previous medical evaluation was completed on [REDACTED].

Plan of Correction

Accept

The PCP for resident #1 was contacted via telephone twice, 30 days prior to the due date, attempting to schedule [REDACTED] for a visit. [REDACTED] statement is attached.

The medical evaluation form for resident #2 was faxed to [REDACTED] PCP on [REDACTED] and again on [REDACTED], [REDACTED]. A follow up phone call was made to the PCP on [REDACTED]. (All documentation was shown to the inspector at the time of inspection.) At that time, they were doing no in-person office visits due to the pandemic. Resident #1 wasn't permitted to go into the office until [REDACTED]. In the future, all med evaluations will be reviewed by the direct staff quarterly to schedule appointments with PCP's as needed. Staff have been re-trained on 2600.141.1.

Completion Date: 05/14/2021

141b1 - Annual Medical Evaluation *(continued)*

Document Submission

Implemented

Both medical evaluations have been completed

252 - Record Content

1. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. A photograph of the resident that is no more than 2 years old.
4. Language or means of communication spoken or used by the resident.
5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.

Description of Violation

Resident #1's record does not include a photo of the resident that is less than 2 years old.

Resident #2's record does not include a photo of the resident that is less than 2 years old.

Plan of Correction

Accept

Photos for resident # and Resident #2 have been retaken and placed in the file. Staff have been re-trained on 21600.252 and instructed to review each resident file annually in January to ensure that all photos are current. When needed, the administrator will be notified to take new pictures.

Completion Date: 05/14/2021

Document Submission

Implemented

Current pictures have been placed in all resident records.