

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

February 14, 2024

[REDACTED], ADMINISTRATOR
TAYLORS PERSONAL CARE HOME LLC
2113-15 WEST HUNTING PARK AVE
PHILADELPHIA, PA, 19140

RE: TAYLOR'S PERSONAL CARE HOME
2113-15 WEST HUNTING PARK AVE
PHILADELPHIA, PA, 19140
LICENSE/COC#: 13854

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/04/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: TAYLOR'S PERSONAL CARE HOME **License #:** 13854 **License Expiration:** 12/20/2023
Address: 2113 15 WEST HUNTING PARK AVE, PHILADELPHIA, PA 19140
County: PHILADELPHIA **Region:** SOUTHEAST

Administrator

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

Legal Entity

Name: TAYLORS PERSONAL CARE HOME LLC
Address: 2113 15 WEST HUNTING PARK AVE, PHILADELPHIA, PA, 19140
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: Other **Date:** 01/14/2009 **Issued By:** City of Philadelphia

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 23 **Waking Staff:** 17

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 12/04/2023

Inspection Dates and Department Representative

12/04/2023 On Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity:	37	Residents Served:	23
Secured Dementia Care Unit			
In Home:	No	Area:	
Capacity:		Residents Served:	
Hospice			
Current Residents:	0		
Number of Residents Who:			
Receive Supplemental Security Income:	23	Are 60 Years of Age or Older:	7
Diagnosed with Mental Illness:	23	Diagnosed with Intellectual Disability:	3
Have Mobility Need:	0	Have Physical Disability:	0

Inspections / Reviews

12/04/2023 - Full
Lead Inspector: [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 01/12/2024

Inspections / Reviews *(continued)*

01/16/2024 POC Submission

Submitted By: [REDACTED] Date Submitted: 02/14/2024
Reviewer: [REDACTED] Follow Up Type: POC Submission Follow Up Date: 01/19/2024

01/18/2024 POC Submission

Submitted By: [REDACTED] Date Submitted: 02/14/2024
Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 01/22/2024

02/14/2024 Document Submission

Submitted By: [REDACTED] Date Submitted: 02/14/2024
Reviewer: [REDACTED] Follow Up Type: Not Required

89b - Hot Water Temperature

2. Requirements

2600.

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

Description of Violation

On 12/4/2023, the hot water temperature at the bathroom sink on the 2nd floor women's side measured 138 degrees Fahrenheit. At around 1:30 pm the water remained at that temperature.

Plan of Correction

Accept ([REDACTED] - 01/12/2024)

VIOLATION: §2600.89(b)-HOT WATER TEMPERATURE IN AREAS ACCESSIBLE TO THE RESIDENT MAY NOT EXCEED 120F

Description of Violation: On 12/4/23 at 1:30 pm, the water temperature at the bathroom sink on the 2nd floor women side, exceeded 120 degrees Fahrenheit it measured at 138 degrees Fahrenheit.

I, [REDACTED] as the administrator of the home acknowledged the following violation. However, in vindication of the homes defense receiving this current violation as it regards to the Hot Water Temperature exceeding 120 Fahrenheit should be excluded. Due to the simple fact that the administrator explained to the Departments Representative [REDACTED] that particular restroom is the DCS employees restroom only. In addition the bathroom door has a sign on it saying "Employees Only". So in retrospect no residents have been or will be at risk of accidental scalding. The home is now requesting to have this violation removed in light of no resident was injured and it was the DCS Employee restroom (bathroom).

Administrator also had DCS employee adjust hot water temperature twice. In lewd of the violation no residents was in potential harm or immediate jeopardy. The findings are: No injuries. Having said that, the administrator will ensure that home shall not have any faucets that allow the water to reach a higher temperature then 120°F with a 2°degrees varnace alongside the DCS Employee restroom. The administrator ([REDACTED]) will ensure that all bathrooms including the DCS employees shall not exceed over 120 Fahrenheit.

PLAN OF CORRECTION

The administrator will ensure that home shall not have any faucets that allow the water to reach a higher temperature then 120° F. With a 2° degrees varnace. In addition the homes administrator shall create a system that address the current violation. The administrator ([REDACTED]) will make sure that all staff is trained in checking the water temperature on an daily schedule. The Primary Benefit is to protect the health and welfare of the homes residents by eliminating their exposure to harmful water temperatures: The following procedures will be conducted by every staff member who works in the home.

These steps were completed on December 4, 2023.

- 1) Hot water temperature survey to be conducted daily.
- 2) Turn on the hot water and place a small container under the running stream. Place thermometer in water and wait for temperature to peak. Record the peak temperature.
- 3) Move to next sampling point and repeat the test.
- 4) Report the results in the comment section of the log sheets

PRIMARY BENEFIT:

89b Hot Water Temperature (continued)

Will ensure that no faucets reach a temperature that can scold any of our residents.

Will ensure that the home's residents water supply is sufficient to meet the resident's needs for hygiene and comfort

Ensures the water in PCH is safe for use

Provides documentation that water in homes with private water sources is safe for use

Licensee's Proposed Overall Completion Date: 01/09/2024

Implemented [REDACTED] - 02/14/2024)

95 - Furniture and Equipment**3. Requirements**

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On 12/4/2023, the soap dispenser on the women's side bathroom was missing the button and was not operational.

Plan of Correction

Accept [REDACTED] - 01/12/2024)

VIOLATION: §2600.95 Furniture and Equipment

Description of Violation: On 12/4/23, the soap dispenser on the women side (2113) of the building 3rd floor rear bathroom was missing the button and was not operational.

Taylor's Personal Care Home administrator [REDACTED] shall ensure that all restrooms within the facility shall have an operable clean in good repair free of hazards soap disperse at all times. DCS Supervisor ,DCS Maintenance DCS Housekeeping shall conduct a thorough inspection of all of the homes soap dispensers.

In the future, the home's administrator [REDACTED], shall have the DCS Supervisor, DCS Maintenance and DCS Housekeeping conduct daily rounds to ensure that in each resident bathrooms all soap dispenser are in good clean repair and free of hazards at all times. Immediate Replacement DCS Supervisor and DCS Maintenance had promptly replace the soap dispenser with the missing button and replaced it with a brand new one to ensure it is fully functional.

Taylor's Personal Care Home DCS Supervisor and DCS Maintenance shall conduct weekly inspections: Implement a weekly inspection routine for all soap dispensers within the facility. This will help identify any issues with soap dispensers promptly. DCS Supervisor and DCS Maintenance Records: Maintain detailed records of soap dispenser inspections and any maintenance or repairs The home's administrator [REDACTED] shall ensure that all staff members are aware of the importance of reporting any issues with soap dispensers immediately. Staff will receive training on how to identify and report such issues. The home's administrator [REDACTED] solicits resident feedback and encourage residents to report any issues with soap dispensers they encounter. Implement a suggestion box or communication channel for residents to provide feedback.

Completion Date: All correction steps have been implemented and were completed on: December 9, 2023.Ongoing Monitoring: Continuously monitor soap dispenser functionality to prevent similar issues in the future.

95 Furniture and Equipment (continued)**PRIMARY BENEFIT:**

To stay in compliance with the BHSL Regulatory Compliance Guide 55 PA Code. Chapter§2600 Furniture and equipment that is clean, free of hazards, and in good repair helps to maintain sanitary conditions in the home and minimize the risk that residents will suffer an injury while using the furniture or equipment.

Licensee's Proposed Overall Completion Date: 01/10/2024

Implemented () - 02/14/2024)

101j7 - Lighting/Operable Lamp**4. Requirements**

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Room 101 does not have access to a source of light that can be turned on/off at bedside.

Room 206 does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept () - 01/12/2024)

VIOLATION: §2600.101j7 Light/Operable Lamp

Description of Violation: Room 101 and 206 does not have access to a source of light that can be turned on/off at bedside.

During the inspection, I respectfully disagree with the violations §2600.101j7 Light/Operable Lamp Despite our communication with you and your office and the understanding that December 15th was an acceptable completion date.

In the future, the home's administrator (), administrator assistant and the home's supervisor will ensure that DCS Housekeeping shall conduct daily rounds to ensure that each resident has a access to a operable lamp/nightlight in his or her bedroom at all times. Taylor's Personal Care Home administrator has identity the 2 room #101 and #206 within the facility where lighting or operable lamps were missing. Immediate correction was DCS Maintenance promptly install brand new light fixtures/lamps in the affected residents rooms. DCS Supervisor, DCS Housekeeping and DCS Maintenance shall conduct an inventory check of all lighting fixtures and operable lamps to ensure they are present and in working order in all residents bedrooms. This will include regular maintenance checks and Implement a routine maintenance schedule for lighting fixtures and operable lamps to promptly identify and address any issues. The homes administrator shall provide staff training to staff members on the importance of promptly reporting any issues related to missing or non functional lighting fixtures or operable lamps.

101j7 Lighting/Operable Lamp (continued)

These steps were completed on: December 6, 2023 the same day

PRIMARY BENEFIT:

To stay in compliance with the BHSL Regulatory Compliance Guide 55 PA Code. Chapter§2600

Provides residents with sufficient light to move safely around their room in the dark, reducing the risk of falls and injury.

Licensee's Proposed Overall Completion Date: 01/10/2024

Implemented () - 02/14/2024)

101r - Bedroom - shades/drapes/window covering**5. Requirements**

2600.

101.r. There must be drapes, shades, curtains, blinds or shutters on the bedroom windows. Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

Description of Violation

The window in bedroom 2nd floor men's side front room does not have shades, blinds, or shutters. A Resident was occupying this room.

Plan of Correction

Accept () - 01/12/2024)

First and foremost, I would like to empathize that Taylor's Personal Care Home has been diligently working towards the completion of necessary renovations following the fire that took place in January 2023. We had submitted a final completion date of December 15, 2023, and were under the impression that we would be granted a grace period to finalize the remaining stages of preparation. To our surprise, the inspection took place on December 4, 2023, while we were still in the process of finishing up the last details to be fully prepared. The home had brand new shades from Walmart in the original box in the administrator office waiting for the contractors to install them before the completion date. Both representatives was shown proof.

During the inspection, I respectfully disagree with the violations 101r Bedroom /Shades/Window Covering. Despite our communication with you and your office and the understanding that December 15th was an acceptable completion date.

VIOLATION: §2600.101(r) Bedroom Shades/Drapes/Window Covering

Descripton of Violation: On 12/4/23 The window in bedroom 2nd floor men's side front room does not have shades, blinds or shutters. A resident was occupying this room.

Responsible Party: The home's administrator (), DCS Supervisor and DCS Maintenance TP

Verification and Reporting: We will provide verification of the correction steps taken and report any further actions as required during subsequent inspections.

101r Bedroom shades/drapes/window covering (continued)

In the future, the home's administrator [REDACTED], administrator and the home's supervisor will ensure that DCS will conduct daily rounds to ensure that each room in the home shall have window covering for all residents in the home for privacy.

The homes administrator shall identify all rooms bedrooms with issues related to shades, drapes, or window coverings. DCS Supervisor and Maintenance shall promptly install new blinds, repair or replace any damaged or non functional bedroom window coverings. The home's administrator shall ensure that regular maintenance checks are conducted on a weekly basis.

The administrator shall implement a routine maintenance schedule for bedroom window coverings to promptly identify and address any issues. Replacement and Repair this will ensure that all bedrooms window coverings are in good working order. DCS Supervisor and DCS Maintenance will promptly repair or replace any bedroom window coverings that are damaged, torn, or non functional.

The home's administrator shall provide training to staff members on the importance of promptly reporting any issues related to bedroom window coverings. The homes administrator shall keep documentation and maintain records of all maintenance and repair activities related to bedroom shades, drapes, or window coverings.

PRIMARY BENEFIT:

- To stay in compliance with the BHSL Regulatory Compliance Guide 55 PA Code. Chapter§2600
- To ensure that residents are treated in a dignified manner.
- Window coverings provide residents with privacy.

Licensee's Proposed Overall Completion Date: 01/10/2024

Implemented [REDACTED] - 02/14/2024)

102h - Toilet Paper

6. Requirements

2600.

102.h. Toilet paper shall be provided for every toilet.

Description of Violation

On 12/4/2023, there was no toilet paper for the toilet in the bathroom on the first floor men's side of the home.

On 12/4/2023, there was no toilet paper for the toilet in the bathroom on the third floor women's side bathroom.

Plan of Correction

Accept [REDACTED] - 01/12/2024)

VIOLATION: §2600.102(h) Toilet paper shall be provided for every toilet.

Descripton of Violation: On 12/4/23, at 9:30 am , there was no toilet paper for the 2115 men side first floor bathroom and 2113 women side 3rd floor bathroom

In the future, the home's administrator [REDACTED] and DCS Supervisor will ensure that DCS

102h - Toilet Paper (continued)

Housekeeping will conduct hourly rounds to ensure that each resident bathroom have toilet paper for residents use. Taylor's Personal Care Home shall ensure that all restrooms within the facility shall have an adequate supply of toilet paper. DCS-Supervisor and DCS-Maintenance shall conduct a thorough inventory of toilet paper in storage to identify any shortage on a weekly basis. The home's administrator has created and implemented a restocking protocol for regular restocking of toilet paper in all restrooms, including a schedule for checking and replenishing supplies. The administrator [REDACTED] shall provide training to staff members on the importance of promptly restocking toilet paper when it is running low. DCS-Supervisor and DCS Maintenance shall provide inventory monitoring and maintain records of toilet paper inventory levels and restocking activities.

Completion Date: All correction steps have been implemented immediately, with ongoing monitoring and restocking as necessary.

These steps were completed on: December 4, 2023, the same day.

PRIMARY BENEFIT:

To stay in compliance with the BHSL Regulatory Compliance Guide 55 PA Code. Chapter§2600

To ensure that personal hygiene is maintained in a dignified manner.

That residents have access to toilet paper daily.

Licensee's Proposed Overall Completion Date: 01/09/2024

Implemented [REDACTED] - 02/14/2024)

102i - Soap Dispenser

7. Requirements

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

There was an unlabeled used bar of soap in 3rd floor women's side restroom.

Plan of Correction

Accept [REDACTED] - 01/16/2024)

VIOLATION: §2600.102i Soap Dispenser

Description of Violation: On 12/4/23, There was an unlabeled used bar of soap in 3rd floor women's 2113 side 3rd bathroom.

I would like to dispute the violation §2600.102i Soap Dispenser (bar of soap) that was issued during the inspection.

Issue: During a recent inspection, a violation was identified concerning an unlabeled used bar of soap found in the 3rd-floor women's bathroom. It is important to note that the facility provides body wash in bottles, and residents are not supplied with bars of soap. In this instance, a resident brought her own soap.

These steps were completed on December 4, 2023 same day.

Taylor's Personal Care Home administrator [REDACTED] has always ensure that all residents restrooms

102i Soap Dispenser (continued)

are cleaned free from unlabeled bar of soaps. The home's DCS Supervisor, DCS Housekeeping shall conduct a thorough inspection all bathrooms for any unlabeled bar of soaps in resident bathroom showers tubs or sinks. The home's DCS Housekeeping immediately discard the unlabeled used bar of soap found in the 3rd floor women's bathroom.

The home's DCS Supervisor and DCS Housekeeping shall monitor all residents bathrooms to identify and address any unlabeled bar of soaps on a daily basis.

The administrator [REDACTED] shall educate all residents on the home's policy as it relates to unlabeled bar soap review and update homes policies to clearly communicate that the facility provides body wash in bottles, not bars of soap. regarding personal soap items. Resident Supplies: Remind residents during regular meetings and communications that they are welcome to bring their own personal care items, including soap, if they have preferences different from what the facility provides.

The home's administrator shall provide staff members with updated information regarding the facility's soap policy to ensure they can effectively communicate it to residents. DCS Housekeeping shall conduct daily inspections of the home's bathroom to ensure compliance is kept with the facility's soap policy.

PRIMARY BENEFIT:

To remain in compliance with BHSL Regulatory Compliance Guide
Primary Benefit: Ensures that personal hygiene is maintained.

Licensee's Proposed Overall Completion Date: 01/11/2024

Implemented ([REDACTED] - 02/14/2024)

103g - Storing Food**8. Requirements**

2600.

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

Description of Violation

The butter in the refrigerator was opened and unsealed.

There was a cup of juice opened with no lid.

Plan of Correction

Accept ([REDACTED] - 01/16/2024)

PLAN OF CORRECTION VIOLATION: 2600.103(g) Storing Food

Description of Violation: The butter in the refrigerator was opened and unsealed. There was a cup of juice opened with no lid.

103g - Storing Food (continued)

In the future Taylor's Personal Care Home administrator [REDACTED] will ensure that all food shall be stored in closed sealed containers in all the home's refrigerators and freezers at all times. Taylor's Personal Care Home administrator will ensure that home shall provide safe food for its residents who reside in the home at all times. The homes administrator shall create a system that address the current violation. The home's administrator Tracy Taylor-Barkley has immediate discard the opened and unsealed container of butter and ensure that the cup of juice is properly covered with an appropriate lid.

The home's DCS-Supervisor and DCS-Head Cook shall monitor the home's refrigerator and freezers for any unsealed containers and unlabeled food in the PCH on a daily basis. DCS-Supervisor and DCS-Head Cook will conduct food safety checks everyday and regular food safety checks to identify and address any issues with food storage and handling. The home's DCS-Head Cook will oversee overnight food storage practices and conduct regular spot checks to ensure compliance is kept.

Taylor's Personal Care Home administrator [REDACTED] will provide additional training to all staff members involved (DCS-Supervisor and DCS-Head Cook) in food storage, emphasizing the importance of proper food handling and storage practices. The home's administrator [REDACTED] has created a food storage policy and procedures for the home.

The policy shall include clear guidelines on the proper sealing and labeling of food items, implement a clear and consistent system for labeling and dating all food items, including butter and beverages. Labels should include the date of receipt and expiration date where applicable. Storage Organization: reorganize food storage areas to maintain a clean, organized, and efficient system. DCS-Supervisor and DCS Head Cook shall ensure that open containers of food are properly sealed or covered with appropriate lids and maintain records of food inventory, temperature monitoring, and any corrective actions taken.

These steps were completed on December 4, 2023 same day.

PRIMARY BENEFIT:

1. Ensures that homes have the necessary equipment to prepare meals, and that residents have the means to store and prepare food independently.
2. Protects residents from food-borne illnesses.
3. Provides information regarding the identity of food items and the length of time food has been in storage, preventing cross-contamination of food and the use of expired food items.
4. Ensures that foods are stored at safe temperatures.
5. Ensures that food is stored safely and protected from spoilage or infestation by insects and rodents.
6. To stay in compliance with the BHSL Regulatory Compliance Guide 55 PA Code. Chapter §2600

Licensee's Proposed Overall Completion Date: 01/10/2024

103g Storing Food (continued)

Implemented [REDACTED] - 02/14/2024)

103i Outdated Food

9. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation*There was expired cans of food in the emergency food.***Plan of Correction**

Accept [REDACTED] - 01/16/2024)

PLAN OF CORRECTION -VIOLATION:

2600.103(i) OUTDATED -DENTED CANS- LABLEING FOOD

Taylor's Personal Care Home administrator [REDACTED] will ensure that home shall provide safe food for its residents who reside in the home at all times. In additon the homes adminstrator shall create a system that address the current violation. The adminstrator [REDACTED]) will evaluate all food purchases from the follwing risks, foodborne illness, outdated food, dented cans and potentially hazardous food brought into the home. The Primary Benefit is to protect the health and welfare of the homes residents and reduce waste due to early food expiration and contamination: The following procedures will be conducted after every shipment of food to the home.

These steps were completed on December 4, 2023

- 1) Complete documentation for food inventory will be documented dated and logged starting on the receiving order that is signed when the food is first delivered.
- 2) DCS employees in charge of receiving must fully check every single delivered order for accurate quantity and usability.
- 3) ALL FOOD PURCHASED must be CHECK AND REVIEWED AND properly STORED AWAY
- 4) ALL foods have optimal storage conditions that must be met to sustain usability.
- 5) All food that is purchased must be put away in a safe manner so the home will ensure that it is providing a safe temperature and humidity range for long-term storage.
- 6) All food cold and dry storage areas shall have labels with the date when it was packaged and its expiration date that is visible and easily read.
- 7) These procedures will allow the receiving of the all purchased food to be controlled and properly manage the flow of food.

PRIMARY BENEFIT:

- REVIEWAND TEACH APPROPRIATE DPW AND FDA POLICIES BY REDUCING RESIDENTS' EXPOSURE TO POTENTIALLY HAZARDOUS CANNED OR BOX FOODS TO ALL DCS EMPLOYEES
- AWARE OF OUTDATED FOODS, HOW TO DO INVENTORY, AND CROSS- CONTAMINATION OF FOODS IN THE PCBH.
- IDENTIFY ALL FOOD AND SAFETY POLICY AND PROCEDURES
- NUTRITION AND HEALTH TO ALL RESIDENTS IN THE HOME
- BE AWARE OF HOW FOOD BECOMES UNSAFE, PURCHASING FOOD FROM UNSAFE SOURCES

103i - Outdated Food (continued)

- HOLDING FOOD FOR A LONG LENGTH OF TIME OR IMPROPER TEMPERATURES.
- ASSURE THAT ALL RESIDENT OF TAYLOR'S PERSONAL CARE HOME WILL HAVE THE BASIC NUTRITIONAL NEEDS AND ARE BEING MET IN THE HOME.

Licensee's Proposed Overall Completion Date: 01/09/2024

Implemented [REDACTED] - 02/14/2024)

183f - Discontinued Medications**10. Requirements**

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

The following medications [REDACTED] belonging to Resident 1 were discarded in the trash can of the home. This is not an approved method of destroying medications according to the Department of Environmental Protection and Federal and State regulation.

Plan of Correction

Accept [REDACTED] - 01/16/2024)

VIOLATION: §2600.183(f) EXPIRED- DISCONTINUE MEDICATIONS

Description of Violation

The following medications [REDACTED] belonging to Resident 1 were discarded in the trash can of the home.

Resident discontinued- expired medications were removed immediately from the homes medication cart and returned back to the pharmacy as per policy and procedure. Resident's new medication was ordered and delivered by home's pharmacy (Health Direct Pharmacy) the next day. Medication carts were audited for expired and/or discontinued medications. None were found.

Unused, outdated, discontinued, recalled, or contaminated medications, including controlled substances, shall not be kept in the home and shall be disposed of according to federal guidelines for drug disposal, or to the requirements of the local City of Philadelphia waste management company (e.g., removing the medications from their containers and smashing or liquefying them before mixing them in with garbage). Disposal of these medications shall be documented on the medication administration record or in the resident's record. Documentation shall include the date, name of the medication, the number of pills disposed of, and the signature of the disposer.

Monitoring Plan as followed:

In the future the homes administrator [REDACTED] and Med Tech SP will conduct daily audits and document observations and interventions. Administrator [REDACTED] and Med Tech will also conduct weekly medication checks to further ensure residents medications are current.

Med Tech SP will be re-educated as to the process for proper labeling, destruction and return of discontinued or expired drugs and biological, in accordance with currently accepted professional principles.

183f - Discontinued Medications (continued)

The process for adherence to proper labeling, destruction and return of discontinued or expired drugs, will take place with monthly audits of medication carts, conducted by the Administrator [REDACTED]. This report will be presented at monthly Quality Assurance Performance Improvement meetings for review.

PRIMARY BENEFIT:

To remain in compliance with BHSL Regulatory Compliance Guide
 The Primary Benefit is to protect the health and welfare of the home residents
 Permits the home to administer medications to its residents
 Ensures that medications are administered correctly and safely
 Protects residents from any medication errors.

Licensee's Proposed Overall Completion Date: 01/10/2024

Implemented [REDACTED] - 02/14/2024)

185a - Implement Storage Procedures**11. Requirements**

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

Resident 1 is prescribed [REDACTED] twice a day. The narcotic log shows the remaining pills as 23 however the remaining pill count was 27. The resident missed dosages of this medication but it shows it has been signed out on the Medication administration record and Narcotic logs. However the resident did not receive all dosages.

Resident 2 is prescribed [REDACTED]. The balance of the pills was 24 but according to the medication administration record there should have been 20 remaining but the home had 24. The resident missed dosages of this medication but it shows it has been signed out on the Medication administration record and Narcotic logs. However the resident did not receive all dosages.

Plan of Correction

Accept [REDACTED] - 01/18/2024)

VIOLATION: §2600.185.(a) Implement Storage Procedures

Description of Violation: Administration record and Narcotic logs. However the resident did not receive all dosages.

In the future the home's administrator [REDACTED] and, DCS Med Tech SP shall ensure that residents receive all medications prescribed by the residents PCP. In the event a resident shall miss any dosages the home's Med Tech shall reported to the resident, the home's administrator TTB and the resident's PCP for further guidance and shall be documented.

185a - Implement Storage Procedures (continued)

The home's administrator [REDACTED] has provided immediate corrective action for resident #1 [REDACTED] and resident #2 [REDACTED]. The medication administration process for Resident #1 and 32 has been thoroughly reviewed by the homes Administrator [REDACTED] DCS Supervisor SP and DCS Med Tech.

Taylor's Personal Care Home DCS-Med Tech SP and DCS Supervisor TP will verify the pill count discrepancy and document any findings and report it to the home's administrator [REDACTED] immediately.

The home's PCP DR. [REDACTED] shall assess Resident #1 and #2 for any adverse effects or potential withdrawal symptoms due to missed doses. The home's administrator TTB shall ensure that ongoing education and training programs for all staff involved in the medication administration process will be implemented. The home's Med Tech SP and DCS Supervisor shall receive training on the importance of accurate documentation and reporting of any medication-related concerns.

Taylor's Personal Care Home Long-Term Quality Improvement Actions: The home's administrator [REDACTED] and DCS-Med Tech SP shall conduct medication administration review. The home's Med Tech/ DCS Supervisor shall undergo additional training and competency assessments to ensure accurate medication administration. Regular medication administration audits will be conducted by the home's administrator [REDACTED] to identify and rectify any issues promptly. *Communication Enhancement :* Improved communication channels will be established between the Medication Technician, nursing staff, and the prescribers to address any missed doses promptly. Documentation of all medication administrations and pill counts will be double-checked for accuracy by the home's Med Tech, DCS-Supervisor SP.

The home's administrator [REDACTED] has created and implement a Medication Reconciliation Policy. The home's Med Tech SP and DCS Supervisor shall conduct A thorough medication reconciliation process will be established to ensure that the medication inventory matches the records accurately. The administrator TTB shall conduct monthly reconciliation audits will be performed to identify and address discrepancies with residents medication. Preventive

Taylor's Personal Care Home administrator [REDACTED] shall be responsible for conducting preventive measures: A protocol will be developed to monitor residents for potential adverse effects or withdrawal symptoms when doses are missed. The home's administrator and Med Tech will work closely with the prescribers to adjust medication regimens when necessary to prevent missed doses.

Responsibilities and Timelines: The home's DCS-Supervisor and Med Tech shall be responsible for immediate corrective actions and continuous education. Completion within 14 day and the home's Med Tech SP and DCS Supervisor shall responsible for medication administration review, communication enhancement, and medication reconciliation. Completion within 30 days.

PRIMARY BENEFIT:

To remain in compliance with BHSL Regulatory Compliance Guide
The Primary Benefit is to protect the health and welfare of the home residents
Permits the home to administer medications to its residents
Ensures that medications are administered correctly and safely

185a - Implement Storage Procedures (continued)

Protects residents from any medication errors.

Licensee's Proposed Overall Completion Date: 01/16/2024

Implemented [REDACTED] - 02/14/2024)

187a - Medication Record**12. Requirements**

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident 1 was prescribed [REDACTED] 3 times a day. The medication was changed to a higher dosage of [REDACTED] a day on [REDACTED]. However, resident's 1's medication administration record does not reflect the change.

Resident 1 [REDACTED] order was changed to [REDACTED] along with [REDACTED] a day on [REDACTED]. The Medication administration record does not reflect the change.

Plan of Correction

Accept [REDACTED] - 01/18/2024)

VIOLATION: §2600.187(a) Medication Record (MAR)

Resident 1 was prescribed [REDACTED] 3 times a day. The medication was changed to a higher dosage of [REDACTED]. However, resident's 1's medication administration record does not reflect the change.

In the future Taylor's Personal Care Home administrator [REDACTED] shall review and update residents medication records in event of a med change. The home's administrator TTB and DCS Med Tech shall l review all medication records for Resident #1 immediately. Any discrepancies between the prescribed medication dosages and the recorded dosages will be corrected and updated in the Medication Administration Record (MAR) within 24 hours.

Consult with Prescribing Physician: The Administrator [REDACTED] and the home's Med Tech will contact the prescribing physician for resident #1 to confirm the change in medication dosages. This confirmation will be documented in the resident's medical record (MAR).

Thereafter, Med Tech shall inform the home's Administrator [REDACTED] and DCS Supervisor SP will inform all Med Tech SP about the corrected medication dosages for Resident #1. DCS Med Tech SP is responsible for administering medications will receive training and instructions regarding the updated dosages.

Long-Term Quality Improvement Actions: Taylor's Personal Care Home Administrator [REDACTED] shall be responsible for regular medication review: The home's administrator [REDACTED] will conduct regular (weekly) reviews of medication orders and update medication records promptly whenever there is a change in a resident's prescription.

187a Medication Record (continued)

Training and Education: The home's Med Tech and DCS Supervisor shall undergo periodic training and education to ensure they are aware of the importance of accurate medication record keeping. This training will emphasize the need for immediate updates in the event of medication changes.

Monitoring and Auditing: The Administrator [REDACTED] shall implement a system for ongoing monitoring and auditing of medication records to identify and rectify discrepancies promptly.

Documentation Procedures: The home's administrator [REDACTED] shall review and enhance its documentation procedures to ensure that any changes in medication orders are accurately reflected in the resident's records. Communication with Pharmacy: The home's administrator [REDACTED] Med Tech SP will establish a protocol for effective communication with the pharmacy to verify and cross reference medication orders.

Responsible Parties and Timeline:

The home's administrator [REDACTED], and the home's Med Tech are responsible for coordinating the immediate corrective actions and implementing the long term quality improvement actions. Immediate corrective actions will be completed within 24 hours of identifying the violation. Long term quality improvement actions will be ongoing, with regular staff training and monitoring.

These actions are designed to correct the current violation and prevent similar violations from recurring in the future.

PRIMARY BENEFIT:

*To remain in compliance with BHSL Regulatory Compliance Guide
The Primary Benefit is to protect the health and welfare of the home residents
Permits the home to administer medications to its residents
Ensures that medications are administered correctly and safely
Protects residents from any medication errors.*

Proposed Overall Completion Date: 01/16/2024

Licensee's Proposed Overall Completion Date: 01/16/2024

Implemented ([REDACTED] 02/14/2024)

187b - Date/Time of Medication Admin.**13. Requirements**

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident 1 is prescribed [REDACTED] twice a day. The narcotic log shows the remaining pills as 23 however the remaining pill count was 27. Medication has not been logged properly for administration.

Plan of Correction

Accept ([REDACTED] - 01/16/2024)

VIOLATION: §2600.187b Date/Time of Medication Admin.

187b - Date/Time of Medication Admin. (continued)

Description of Violation

Resident 1 is prescribed [REDACTED] twice a day. The narcotic log shows the remaining pills as 23 however the remaining pill count was 27. Medication has not been logged properly for administration

In the future the home's administrator [REDACTED], DCS Supervisor and Med Tech SP will ensure that all residents MARS shall be recorded at the time the medications is administered. The home's administrator [REDACTED] and Med Tech SP has taken immediate correction: by conducting a thorough inventory check to verify the current count of [REDACTED] for Resident #1. is accurate. By doing this it will ensure that the medication inventory is accurate and matches the resident's prescription. Administrator [REDACTED], DCS Supervisor and Med Tech SP will go over the home's medication logging which will review the medication administration and logging process to identify any gaps or errors that led to the discrepancy. Admin [REDACTED], DCS Supervisor and Med Tech SP shall rectify any instances where medications were not properly logged for administration.

Administrator [REDACTED] and the home's DCS Supervisor shall provide staff training and reeducation to Med Tech SP for medication administration and logging. Emphasize the importance of accurate and timely medication documentation, including date, time, and quantity. Documentation Protocol: will consist of implementing a clear and standardized medication documentation protocol. Ensuring that the home's Med Tech understand and follow this protocol consistently. The home's administrator [REDACTED] shall provide supervision and auditing on all residents Medication and MARS. Taylor's Personal Care Home shall increase supervision and auditing of medication administration and logging practices to the home's Med Tech for the next 2 months.

The home's administrator [REDACTED] and DCS Supervisor shall conduct regular checks of medication records to verify accuracy and compliance with proper documentation procedures. Resident-Specific Review-Review the medication records for all residents to ensure that no other discrepancies exist. The home's Med Tech SP shall correct any errors or discrepancies found during the review. Taylor's Personal Care Home administrator [REDACTED] shall adhere to staff accountability by holding the (Med Tech SP and DCS Supervisor) staff members accountable for accurate and timely medication administration and documentation and address any repeated issues with non-compliance through appropriate disciplinary measures.

These steps were completed on December 12/4/23 same day

This corrective action will be fully implemented by 12/6/23

PRIMARY BENEFIT:

Ensures MAR accuracy by minimizing the chances of documentation mistakes if a resident refuses a medication.

Licensee's Proposed Overall Completion Date: 01/11/2024

Implemented ([REDACTED]) - 02/14/2024)

187d - Follow Prescriber's Orders

14. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

187d - Follow Prescriber's Orders (continued)

Description of Violation

Resident 2 is prescribed [REDACTED]. The balance of the pills was 24 but according to the medication administration record there should have been 20 remaining but the home had 24. The resident missed dosages of this medication but it shows it has been signed out on the Medication administration record and Narcotic logs. However the resident did not receive all dosages.

Resident 3 has an order to check their blood glucose 4 times a day. The blood glucose is only being checked one time a day at 6:00 am with some of those days missing along with the times that it should be checked per the orders from the prescriber.

Plan of Correction

Accept [REDACTED] - 01/16/2024)

VIOLATION: §2600.187.d Following Prescriber's Orders

Decription of Violation

Resident 2 is prescribed [REDACTED] 3 times a day at [REDACTED]. The balance of the pills was 24 but according to the medication administration record there should have been 20 remaining but the home had 24. The resident missed dosages of this medication but it shows it has been signed out on the Medication administration record and Narcotic logs. However the resident did not receive all dosages. Resident 3 has an order to check their blood glucose 4 times a day. The blood glucose is only being checked one time a day at 6:00 am with some of those days missing along with the times that it should be checked per the orders from the prescriber.

In the future the homes's administrator [REDACTED], DCS Supervisor and Med Tech [REDACTED] will ensure that they shall follow the directions of residents PCP at all times

The home's administrator [REDACTED] and DCS Supervisor [REDACTED] and Med Tech [REDACTED] has immediate made the following correction for resident #2 and review resident 2's medication administration records to identify any missed doses of [REDACTED]. The home's Med Tech SP has ensure that any missed doses are promptly administered following the prescriber's orders and has corrected the medication administration records to accurately reflect the medication doses administered. The home's administrator TTB and DCS Supervisor TP and Med Tech SP shall conduct a comprehensive review of the medication administration process to identify the cause of the discrepancy in medication administration and recording and implement corrective measures to prevent future discrepancies.

Taylor's Personal Care Home administrator shall provide staff training; additional training to the Med Tech responsible for Resident 2 on the importance of following the prescriber's orders and accurate medication documentation. Emphasizing on the critical nature of adhering to the prescribed medication schedule.

The home's administrator and DCS Supervisor [REDACTED] and Med Tech [REDACTED] has immediately made the necessary corrections for Resident 3; ensuring that Resident 3's blood glucose is checked as per the prescriber's(PCP) orders, which is four times a day. The home's administrator [REDACTED], DCS Supervisor [REDACTED] and Med Tech has corrected any missed blood glucose checks immediately. Documentation Review for Resident 3 was created to review resident 3's blood glucose monitoring records to identify any missed checks. This will ensure that home Med Tech and DCS Supervisor has checked all miss documentation and are completed as prescribed, and accurate records are maintained.

187d Follow Prescriber's Orders (continued)

The home's administrator [REDACTED] shall provide Staff Training for Resident 3; additional training to the home's Med Tech [REDACTED] responsible for Resident 3's blood glucose monitoring on the importance of adhering to the prescriber's orders; Emphasizing on the significance of timely and accurate monitoring. The home's administrator [REDACTED] has created and implemented Documentation Protocol that is a clear and standardized medication administration and monitoring documentation protocol. The administrator [REDACTED] shall ensure that all staff members understand and follow this protocol consistently.

The home's administrator shall provide assistance with supervision and auditing of all residents medication administration and monitoring practices in the home (PCH). That will include conducting regular checks of medication and monitoring records to verify accuracy and compliance with prescriber's orders.

These steps were completed on December 12/4/23 same day
This corrective action will be fully implemented by 12/6/23

PRIMARY BENEFIT:

To stay in compliance with the BHSL Regulatory Compliance Guide 55 PA Code. Chapter\$2600
Ensures MAR accuracy by minimizing the chances of documentation mistakes if a resident refuses a medication.

Licensee's Proposed Overall Completion Date: 01/11/2024

Implemented [REDACTED] - 02/14/2024)