

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

May 8, 2024

[REDACTED]
TAYLORS PERSONAL CARE HOME LLC
[REDACTED]

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/11/2024 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: 12/20/2024
 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: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: Total Daily Staff: 28 Waking Staff: 21

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint Exit Conference Date: 03/11/2024

Inspection Dates and Department Representative

03/11/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 37 Residents Served: 28
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 0
 Number of Residents Who:
 Receive Supplemental Security Income: 14 Are 60 Years of Age or Older: 7
 Diagnosed with Mental Illness: 28 Diagnosed with Intellectual Disability: 4
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

03/11/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/29/2024

03/29/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 05/06/2024
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/03/2024

Inspections / Reviews *(continued)*

04/10/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/06/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 04/30/2024

05/08/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/06/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

54a - Direct Care Staff

1. Requirements

2600.

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

2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Staff person A performed direct care from 3/21/2021 to mid-2022 without a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Accept [REDACTED] - 04/10/2024)

Plan of Correction:

Immediate Action: March 11, 2024

Taylor's Personal Care Home, LLC Administrator Tracy Taylor- Barkley has created and implement polices and procedures stating All New DCS Employees must have and present proof of High School Diploma or GED prior to the first official day of work. Taylor's Personal Care Home will work towards ensuring that all direct care staff are in compliance as it relates to the RCG thus complying with the department of DHS-BHSL regulation.

Implementation of Policy:

The administrator has update the hiring policy to explicitly state that all new employees hired as direct care staff must provide proof of having a High School Diploma/GED before their first day of work. This will ensure that this requirement is clearly communicated to all prospective employees during the recruitment process.

Documentation and Verification Process:

The administrator has created a standardized checklist for documenting and verifying employee qualifications, including High School Diploma/GED. This shall be required for ALL new hires to submit copies of their High School Diploma/GED along with other required documentation during the onboarding process. The Administrator will be responsible for reviewing and verifying the submitted documentation before the employee's first day of work. These steps were completed on March 11, 2024

Quarterly Compliance Checks:

The Administrator will conduct quarterly checks starting on March 11, 2024 to ensure that ALL DCS -Employee files qualifications, including High School Diploma/GED, are submitted and up-to-date. Any discrepancies or missing documentation has been promptly addressed, and employees will be notified to provide the necessary documentation within a week. These steps were completed on March 11, 2024

Safekeeping of Documentation:

All employee qualifications, including High School Diploma/GED, will be kept securely locked in the Administrator's office onsite.

Access to these documents will be restricted to authorized personnel only. Upon request from regulatory agencies, the Administrator will provide access to the necessary documentation for review.

54a - Direct Care Staff (continued)

Training and Education:

The administrator shall provide training to all administrative employees involved in the hiring and onboarding process regarding the new policy and procedures for verifying employee qualifications. These steps were completed on March 11, 2024. The administrator shall conduct annual refresher training sessions to ensure ongoing compliance and understanding of the requirements.

By implementing this Plan of Correction, Taylor's Personal Care Home aims to ensure that all new employees hired as direct care staff possess a High School Diploma/GED before beginning work, and to establish a systematic process for verifying and maintaining employee qualifications in compliance with regulatory standards.

Proposed Overall Completion Date: 04/03/2024

Licensee's Proposed Overall Completion Date: 04/03/2024

Implemented [REDACTED] - 05/08/2024)

103e - Left Overs

2. Requirements

2600.

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

Description of Violation

On [REDACTED], there was an unlabeled, undated white-bread sandwich and bowl of green soup in the refrigerator at 9:19 am.

Plan of Correction

Accept [REDACTED] - 04/10/2024)

In the future the home's administrator [REDACTED] and DCS Supervisor [REDACTED] shall ensure that all Leftover food shall be labeled and dated. The administrator and the homes DCS-Supervisor will ensure that home shall provide safe food for its residents who reside in the home at all times. By implementing this plan of correction, Taylor's Personal Care Home aims to mitigate food safety risks associated with unlabeled and undated food items, promote compliance with regulations, and enhance overall food safety practices within the facility.

These steps were corrected on March 11, 2024

Plan Of Correction;

Immediate Action: The home's administrator [REDACTED] immediately removed the unlabeled, undated white-bread sandwich and bowl of green soup found in the refrigerator on 3/11/2024 at 9:19 am will be disposed of immediately to prevent any potential food safety hazards. SAME DAY ON MARCH 11, 2024

103e - Left Overs (continued)

Education and Training: The home's administrator [REDACTED] and DCS-Supervisor [REDACTED] -DCS Cook shall ensure that All DCS-kitchen staff will undergo additional training on proper food labeling and dating procedures to ensure that all food items are clearly labeled and dated before being stored in the refrigerator. Regular refresher courses on food safety protocols will be conducted to reinforce best practices in food handling and storage.

Education Date:

The education session will be held on March 12, 2024 at 10:00am. All staff members are required to attend.

Implementation Date of New Food Tracking System:

The new food tracking system will be implemented on March 12, 2024. All Staff are expected to familiarize themselves with the system prior to this date.

Plan of Correction for Leftover Food Left in the Refrigerator Without Label:

Start Date: March 12, 2024 Frequency: Daily checks Duration: Ongoing until compliance is achieved

The administrator [REDACTED] and supervisor [REDACTED] will conduct daily checks of the refrigerator to ensure that all leftover food is properly labeled with the date of preparation. Any unlabeled items will be discarded immediately.

Review and Update of Food Storage Policies:

Administrator Review Date: Staff Instruction Date: March 12, 2024. The administrator [REDACTED] will review and update the food storage policies by March 12, 2024.. Following this, both the administrator and supervisors will instruct all Direct Care Staff of the changes as March 12, 2024.

Quality Assurance Audits:

Start Date: March 12, 2024 Frequency: Monthly audits Duration: Ongoing

The administrator and DCS Supervisor will conduct monthly quality assurance audits starting from March 12, 2024. These audits will continue on a monthly basis to ensure compliance with regulations and adherence to policies and procedures.

Proposed Overall Completion Date: 04/03/2024

Licensee's Proposed Overall Completion Date: 04/03/2024

Implemented [REDACTED] 05/08/2024)

190a - Completion Medication Course**3. Requirements**

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

According to the home's staffing schedule, staff person B administered medications in the home on [REDACTED] and [REDACTED]. Staff person B's medication practicum, dated [REDACTED], does not indicate whether the staff person requalified or

190a - Completion Medication Course (continued)

failed to requalify. Staff person B has not completed the Department-approved medications administration re-certification course since [REDACTED].

According to the home's staffing schedule, staff person C administered medications in the home every day from [REDACTED] to [REDACTED]. Staff person C's medication practicum, dated [REDACTED], does not indicate whether the staff person requalified or failed to requalify. Staff person C has not completed the Department-approved medications administration re-certification course since [REDACTED].

Plan of Correction**Accept ([REDACTED] - 04/10/2024)***Plan of Correction:*

Issue: It has been identified that Taylor's Personal Care Home has experienced deficiencies in ensuring that documentation for staff members who have completed Department-approved medications administration courses is kept onsite in the employees' files, as required by regulatory standards.

Objective: To establish and implement effective measures to ensure that documentation for staff members who have completed Department-approved medications administration courses is kept onsite in their employee files, and to conduct quarterly checks to ensure ongoing compliance with this requirement.

Corrective Actions:

These steps were completed on March 12, 2024

Policy Review and Revision:

The home's administrator [REDACTED] shall review the existing policy regarding documentation of staff qualifications related to medications administration courses. Revise the policy to clearly specify that all copies of certificates or documentation related to Department-approved medications administration courses must be kept onsite in the employees' files for safekeeping.

Training and Education:

The home's administrator shall conduct training sessions for all DCS employees and ensure understanding of the revised policy and procedures for documentation of medications administration course completion. Emphasize the importance of compliance with regulatory standards and the impact on resident safety and facility compliance.

Documentation Process Enhancement:

The administrator has develop a standardized form or checklist for documenting and verifying staff members' completion of Department-approved medications administration courses. Implement this form as part of the onboarding process for all staff members and ensure that administrative staff collect and verify the necessary documentation before filing it in the employees' files.

Verification Process:

Designate responsibility to the Administrator for overseeing the verification process and ensuring that all required documentation is obtained and filed appropriately. Establish procedures for verifying the authenticity of certificates or documentation related to medications administration courses, including cross-checking with official records or contacting the issuing institution if necessary.

Quarterly Compliance Checks:

190a - Completion Medication Course (continued)

The Administrator shall conduct quarterly checks of All employee files to ensure that documentation for staff members who have completed Department-approved medications administration courses is present and up-to-date. Document the results of these checks and any corrective actions taken to address deficiencies.

Proposed Overall Completion Date: 04/02/2024

Licensee's Proposed Overall Completion Date: 04/02/2024

Implemented ([REDACTED] - 05/08/2024)