

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

January 10, 2025

[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 10/21/2024 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:** 0      **Total Daily Staff:** 30      **Waking Staff:** 23

**Inspection Information**

**Type:** Full      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Renewal      **Exit Conference Date:** 10/21/2024

**Inspection Dates and Department Representative**

10/21/2024 On Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information			
License Capacity:	37	Residents Served:	30
Secured Dementia Care Unit			
In Home:	No	Area:	Capacity:
Residents Served:			
Hospice			
Current Residents: 0			
Number of Residents Who:			
Receive Supplemental Security Income:	7	Are 60 Years of Age or Older:	19
Diagnosed with Mental Illness:	30	Diagnosed with Intellectual Disability:	4
Have Mobility Need:	0	Have Physical Disability:	0

**Inspections / Reviews**

10/21/2024 - Full  
**Lead Inspector:** [REDACTED]      **Follow Up Type:** POC Submission      **Follow Up Date:** 11/11/2024

Inspections / Reviews (*continued*)

## 11/13/2024 POC Submission

Submitted By: [REDACTED] Date Submitted: 01/09/2025  
Reviewer: [REDACTED] Follow Up Type: POC Submission Follow Up Date: 11/18/2024

## 11/14/2024 POC Submission

Submitted By: [REDACTED] Date Submitted: 01/09/2025  
Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 12/06/2024

## 01/10/2025 Document Submission

Submitted By: [REDACTED] Date Submitted: 01/09/2025  
Reviewer: [REDACTED] Follow Up Type: Not Required

## 57d - Waking Hours

## 1. Requirements

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 [REDACTED] a total of 30 hours of direct care was required. However, only 17 of the required hours, or 57 percent, were provided during waking hours.

## Plan of Correction

Accept [REDACTED] 11/14/2024)

PLAN OF CORRECTION FOR TAYLOR'S PERSONAL CARE HOME LLC

*Taylor's Personal Care Home LLC acknowledges the current violations and the importance of addressing these issues promptly and effectively. By implementing the corrective actions outlined, the agency is committed to creating a safe and supportive environment for all residents, ensuring their well-being and quality of care. These measures are designed to prevent future occurrences and will enable Taylor's Personal Care Home to maintain compliance with regulatory requirements. Through these actions, we strive to uphold the highest standards of care, professionalism, and ethical conduct, demonstrating our dedication to excellence in service and resident satisfaction.*

## 1. 2600.57.d. Waking Hours

*Violation Summary: On 10/20/2024, Taylor's Personal Care Home failed to provide the required 30 hours of direct care during waking hours, delivering only 17 hours (57% of the required care time). This shortfall could impact resident care quality and staff responsiveness.*

## Corrective Action Plan:

*Immediate Staffing Adjustment:*

*Additional staff members have been scheduled to ensure that adequate coverage meets the 30-hour requirement for direct care during waking hours. A revised schedule was implemented on*

*Date Implemented was October 22, 2024, to ensure compliance.*

*Completion Date: October 22, 2024*

*Person Responsible for Implementation: Tracy Taylor-Barkley and the homes manager and DCS-Supervisor TP and DCS-Manager AP*

*Weekly Checks has commence on 10/25/24*

*Monthly Checks will commence on 11/1/2024:*

*Commitment to Compliance: Taylor's Personal Care Home LLC is committed to maintaining the highest standards of resident care and regulatory compliance. We recognize the importance of providing sufficient direct care hours to meet residents' needs and will continue to monitor and adjust staffing as necessary to ensure ongoing compliance and quality care.*

## Verification and Monitoring of Hours:

**57d - Waking Hours (continued)**

The home's administrator Tracy Taylor-Barkley and the homes designee DCS /Manager/ Supervisor shall do daily monitoring has been instituted to verify that the required number of DCS hours is met. *The home's DCS-Supervisor and DCS-Manager will review and approve the monthly staffing log to confirm that required hours are scheduled and fulfilled.*

Monthly

Revised Staffing Policies:

The Taylor's Personal Care Homes staffing policy has been updated to include a minimum staffing requirement checklist, specifying the mandated direct care hours per day based on resident needs.

Training on Staffing Requirements:

Weekly Compliance Reporting:

The facility administrator will conduct weekly audits of staffing schedules and actual hours worked to ensure compliance with the required care hours. Reports will be submitted to the facility management team for review.

Long-Term Solution:

Taylor's Personal Care Home is actively recruiting additional full-time and part-time staff members to increase staffing flexibility and ensure consistent coverage. These efforts will help maintain the required direct care hours consistently and prevent future violations.

A contingency staffing policy has been introduced to cover any gaps due to unexpected staff absences or scheduling conflicts. This includes a list of on-call staff and backup personnel to prevent future shortfalls in coverage.

Licensee's Proposed Overall Completion Date: 11/13/2024

Implemented [REDACTED] - 01/10/2025)

**62 - Contact List****2. Requirements**

2600.

62. List of Staff Persons - The administrator shall maintain a current list of the names, addresses and telephone numbers of staff persons including substitute personnel and volunteers.

**Description of Violation**

Staff person A, hired [REDACTED], was not included on the staff list.

**Plan of Correction**

Accept [REDACTED] - 11/14/2024)

1.2600.62. Staff Contact List

Violation Summary: Staff person A, hired on 11/30/2023, was not included on the staff contact list, which is a requirement to ensure all personnel can be easily reached in case of emergencies and for general communication purposes.

Corrective Action Plan:

**62 Contact List (continued)**

*Immediate Action Taken October 25, 2024, during the inspection the same day.*

*Date of Completion: October 25, 2024.*

*Person Responsible for Implementation:* [REDACTED]

*Staff person A has now been added to the official staff contact list as of October 25, 2024. The contact list was updated to include all relevant information (name, position, contact number, emergency contact details) for Staff person A.*

*Verification and Audit of Contact List:*

*The home's Administrator [REDACTED] conducted an immediate audit of the contact list to ensure that all current employees are included with up to date contact information.*

*This audit confirmed the accuracy and completeness of the list as of Oct 22, 2024.*

*Monthly Audit will begin November 1, 2024*

*Ongoing Monitoring and Responsibility Assignment:*

*Taylor's Personal Care Home administrator [REDACTED] or designated administrative staff will be responsible for updating the contact list immediately upon the hiring of new personnel or upon any change in contact information for existing employees. A monthly review of the contact list will be implemented to ensure continued accuracy and completeness.*

*Policy and Procedure Update:*

*The homes policies have been updated to include the requirement that all new hires must be added to the contact list within 24 hours of their official start date.*

*The updated policy also includes a checklist for new employee onboarding, ensuring that adding each new staff member to the contact list is a documented step in the process.*

*Compliance Monitoring:*

*The home's administrator designated will report monthly to the facility administrator, confirming that the contact list is up to date, and will maintain records of these confirmations to demonstrate ongoing compliance.*

**Licensee's Proposed Overall Completion Date: 11/13/2024**

**Implemented [REDACTED] - 01/10/2025)**

**85a - Sanitary Conditions****3. Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

**Description of Violation**

*On 10/21/2024 at approximately 12:00 PM, the automatic hand dryer in the third floor men's room was out of order and there was no method of hand drying available.*

**Plan of Correction**

**Accept [REDACTED] - 11/14/2024)**

1. 2600. 85a Sanitary Conditions

**85a - Sanitary Conditions (continued)**

*Violation Summary: On 10/21/2024, the automatic hand dryer in the third-floor men's room was found to be out of order at approximately 12:00 PM, and no alternative method of hand-drying (such as paper towels) was available. This lack of hand-drying options could impact resident hygiene and increase the risk of cross-contamination.*

*Corrective Action Plan:*

*Immediate Correction of Hand-Drying Availability:*

*Action Taken: On 10/21/2024, once the issue was identified, maintenance staff promptly placed a temporary supply of paper towels in the third-floor men's room to ensure immediate access to a hand-drying method. The violation was addressed and corrected on the same day while the department's representative was still on-site.*

*Action Taken: The home's DCS/Maintenance went to the basement and reset the circuit breaker, restoring power to the hand dryer. The dryer was confirmed to be in proper working order following the reset. The violation was addressed and corrected on the same day while the department's representative was still on-site. He stated that I still have issue the violation.*

*Completion Date: 10/21/2024*

*Routine Maintenance and Monitoring of Hand Dryers:*

*Action Plan: The homes DCS/ Maintenance and DCS/Supervisor will implement a weekly maintenance check on all hand dryers to ensure they remain operational. Maintenance logs will document these checks, and any issues will be addressed immediately.*

*Completion Date: Weekly checks will commence on 10/23/2024.*

*Monthly Checks will commence on 11/1/2024*

*Contingency Plan for Hand-Drying Availability:*

*Action Plan: As a preventive measure, paper towel dispensers will be installed in all restrooms as an alternative hand-drying option. This dual system will ensure that residents always have access to a hand-drying method if a dryer malfunctions.*

*Expected Completion Date: October 22, 2024.*

*Responsible Personnel: The homes DCS-Supervisor and DCS-Maintenance will oversee the weekly maintenance checks and coordinate any needed repairs. The DCS Supervisor and Facility Administrator Tracy Taylor -Barkley will review maintenance logs monthly to ensure compliance.*

*Compliance Monitoring: Taylor's Personal Care Home DCS/ Maintenance and DCS/ Supervisor will conduct monthly restroom audits to ensure that hand dryers are functional and that paper towels are stocked as an alternative.*

*Commitment to Compliance: Taylor's Personal Care Home is committed to providing a safe and hygienic environment for residents and staff. By implementing these corrective actions, the home aims to prevent future occurrences and maintain compliance with health and safety standards.*

**Licensee's Proposed Overall Completion Date: 11/13/2024**

**Implemented  - 01/10/2025)**

## 88a Surfaces

## 4. Requirements

2600.

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

## Description of Violation

On [REDACTED] at 1:25 PM, the hardwood flooring on the women's side of the third-floor hallway was cracked in at least three spots, with gaps of several inches in the floorboards.

## Plan of Correction

Accept [REDACTED] 11/14/2024)

1. 2600.88a- Surfaces

## Violation Summary:

On 10/21/2024 at approximately 1:25 PM, it was observed that the hardwood flooring on the women's side of the third-floor hallway was cracked in at least three spots, with gaps of several inches in the floorboards. This condition presents a potential tripping hazard and could lead to injury if not address

## Corrective Action Plan

## Immediate Safety Measures:

Action Taken: On 10/21/2024, DCS-Maintenance and DCS- Supervisor marked the damaged areas with safety cones and placed temporary flooring tape over the gaps to reduce the tripping risk and alert residents and DCS to the hazard.

**Completion Date: 10/21/2024**

**Permanent Repair of Hardwood Flooring:**

Action Plan: The home's administrator [REDACTED] has hired A licensed flooring contractor to install new waterproof hardwood flooring throughout the entire women's side of the third-floor hallway (2113 section). The repair will involve: Removing the existing cracked and damaged floorboards. Installing high-quality, waterproof hardwood flooring designed for durability and safety in high-traffic areas. Ensuring all flooring is securely fitted and level to eliminate any tripping hazards. Completing finishing touches for a seamless, polished appearance.

**Expected Completion Date: 11/08/2024**

## Inspection of Facility Flooring:

Action Plan: The home DCS Supervisor and DCS Maintenance will conduct a thorough inspection of flooring throughout the facility, particularly in high-traffic areas, to identify any other areas in need of repair or replacement.

**Completion Date: Facility-wide flooring inspection to be completed by 10/24/2024.**

## Implementation of Flooring Inspections:

**Monthly Checks will commence on 11/1/2024**

Action Plan: DCS-Supervisor and DCS Maintenance will conduct quarterly flooring inspections will be implemented to monitor for any signs of wear and address minor issues before they become hazards. These inspections will cover all hallways, rooms, and common areas.

## Staff Training on Hazard Identification and Reporting:

Action Plan: All DCS will be trained on recognizing potential flooring hazards (e.g., cracks, loose boards) and on the importance of immediate reporting. This training will ensure staff understand the importance of proactive hazard

88a - Surfaces (continued)

identification to maintain a safe environment.

Completion

Date: Staff training to be completed by 10/25//2024.

Responsibility and Compliance Monitoring

Responsible Personnel: The homes DCS- Supervisor and DCS-Maintenance will oversee the contractor's work, facility-wide flooring inspections, and quarterly checks. The Facility Administrator will monitor staff training completion and compliance with hazard reporting protocols.

Compliance Monitoring: The Facility Administrator will review inspection records and maintenance logs monthly to confirm that all flooring remains safe and well-maintained, and that any hazards are promptly addressed.

The Facility Administrator will review maintenance logs and inspection records to ensure all repairs are completed and that flooring remains safe and well-maintained.

Commitment to Ongoing Compliance: Taylor's Personal Care Home is dedicated to maintaining a safe environment for residents and staff. By implementing these corrective actions, we aim to prevent future incidents and uphold high standards for facility safety and resident well-being.

Licensee's Proposed Overall Completion Date: 11/13/2024

Implemented [redacted] - 01/10/2025)

93a - Handrails

5. Requirements

2600.

93.a. Each ramp, interior stairway and outside steps must have a well-secured handrail.

Description of Violation

On [redacted], the handrail leading from the rear egress door to the backyard area was separating from the house.

Plan of Correction

Accept ([redacted] - 11/13/2024)

1. 2600.93.a Handrails

Violation Summary:

On 10/21/2024, it was observed that the handrail leading from the rear egress door to the backyard area was separating from the house, posing a potential safety hazard for residents and staff.

Corrective Action Plan

Immediate Stabilization of Handrail:

Action Taken: On 10/21/2024, maintenance staff temporarily stabilized the handrail to prevent any further separation from the house, ensuring the immediate safety of residents and staff.

**93a Handrails (continued)**

*Action Plan: A licensed contractor will be hired to securely reattach and reinforce the handrail to the house structure to prevent any future separation. The repair will involve checking and securing all bolts, screws, and brackets and reinforcing the handrail with additional supports if necessary.*

*Expected Completion Date: November 18, 2024, within 3 weeks of the violation, by 10/21/2024.*

*Inspection of All Facility Handrails:*

*Action Plan: DCS Supervisor and DCS Maintenance will conduct a full inspection of all handrails throughout the facility to ensure they are securely attached and in good condition. Any issues identified will be repaired immediately to prevent future safety risks.*

*Completion Date: Safety Checks was completed on 10/22/2024.*

*Action Plan: Monthly safety inspections will be implemented to ensure that all handrails and other structural supports remain secure and functional. These checks will include the handrails at all egress points and high traffic areas.*

*Implementation of Monthly Safety Checks to begin on 11/01/2024.*

*DCS Training on Hazard Identification and Reporting: Action Plan: All staff will receive training on identifying potential structural hazards, such as loose handrails, and reporting them to the maintenance team immediately. Staff will be instructed on proper reporting protocols to ensure quick action. Completion Date: Staff training to be completed by 10/28/2024.*

**Licensee's Proposed Overall Completion Date: 11/06/2024**

**Implemented [REDACTED] - 01/10/2025)**

**95 - Furniture and Equipment****6. Requirements**

2600.

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

**Description of Violation**

On [REDACTED], the doorknob of the dining room closet was poking approximately six inches out of the door. In the kitchen, a brown wooden drawer and two cabinets were crooked at the hinges and unable to fully close.

**Plan of Correction**

**Accept [REDACTED] - 11/14/2024)**

**1. 2600.95 Furniture and Equipment**

*Violation Summary: On 10/21/2024, the doorknob of the dining room closet was protruding approximately six inches from the door, creating a potential safety hazard. Additionally, a brown wooden drawer and two cabinets in the kitchen were observed to have crooked hinges, preventing them from fully closing.*

*Corrective Action Plan Immediate Correction:*

*Action Taken: On 10/21/2024, maintenance staff promptly corrected the issues as follows:*

*The dining room closet doorknob was adjusted and securely reattached, ensuring it no longer protruded and posed no further risk.*

95 Furniture and Equipment (continued)

The hinges on the kitchen drawer and cabinets were realigned and tightened to allow for proper closure and safe operation. The violation was addressed and corrected on the same day while the department's representative was still on site. He stated that I still have issue the violation. Completion Date: 10/21/2024.

Action Plan: Maintenance staff documented the immediate repairs and corrective actions taken to address the issues. This documentation was provided to the department's representative to confirm compliance. He stated that I still have issue the violation.

Implementation of Monthly Maintenance Inspections:

Action Plan: To prevent similar issues from arising, Taylor's Personal Care Home will implement monthly maintenance inspections covering all fixtures, doorknobs, hinges, and other high use areas throughout the facility.

Completion Date:

Monthly inspections to begin on November 1, 2024.

Staff Training on Hazard Reporting:

Action Plan: All staff will receive training on the importance of promptly reporting any issues such as loose doorknobs, misaligned drawers, and faulty cabinet hinges. Training will include how to complete a maintenance request and follow up to ensure swift action is taken.

Completion Date: Staff training to be completed by 10/23/2024.

Responsibility and Compliance Monitoring

Responsible Personnel: The home's DCS/ Supervisor and DCS/ Maintenance will be responsible for ensuring monthly inspections are conducted and all issues are promptly addressed. They will also oversee training for staff on hazard identification and reporting.

Compliance Monitoring: The Facility Administrator Tracy Taylor Barkley will review maintenance logs and inspection reports monthly to ensure compliance and maintain documentation of all repairs and improvements. Commitment to Ongoing Compliance: Taylor's Personal Care Home is dedicated to maintaining a safe, well maintained environment for residents and staff. By implementing these corrective actions, we are committed to preventing future issues and sustaining high standards for facility maintenance and safety.

Licensee's Proposed Overall Completion Date: 11/13/2024

Implemented [redacted] - 01/10/2025)

101j6 - Mirror

7. Requirements

2600.

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

6. A mirror.

Description of Violation

On [redacted] there was no mirror in the second floor bedroom at the top of the stairs to the right of the bathroom. There was also no mirror in the room [redacted] on the third floor.

Plan of Correction

Accept [redacted] - 11/13/2024)

1. 2600.101j6 Mirror

**101j6 Mirror (continued)**

*Violation Summary: On 10/21/2024, it was observed that there was no mirror in the second floor bedroom at the top of the stairs (to the right of the bathroom) and no mirror in room [REDACTED] on the third floor.*

*Corrective Action Plan*

*Immediate Correction of Missing Mirrors.*

*Action Taken: On 10/21/2024, once the issue was identified, DCS Manager/DCS Maintenance staff promptly installed brand new mirrors in both the second floor bedroom and room [REDACTED] on the third floor. The violation was addressed and corrected on the same day while the department's representative was still on site.*

*Completion Date: 10/21/2024.*

*Routine Room Inspection Protocol:*

*Action Plan: Taylor's Personal Care Home Administrator [REDACTED] has created a Daily room inspection checklist will be implemented to ensure that all required amenities, including mirrors, are present and in good condition in every resident's room. Any missing or damaged items will be reported immediately and addressed.*

*Completion Date: Room inspection protocol to begin October 22, 2024.*

*Staff Training on Room Inspection and Reporting:*

*Action Plan: All DCS/Housekeeping and DCS/Maintenance staff will receive training on the new room inspection protocol. Training will emphasize the importance of ensuring that all required amenities, such as mirrors, are in place and functional.*

*Completion Date: Staff training to be completed on 10/23/2024.*

*Responsibility and Compliance Monitoring*

*Responsible Personnel: The homes DCS/ Supervisor and DCS/ Maintenance will be responsible for overseeing the installation of the permanent mirrors and the implementation of the monthly room inspection protocol.*

*Compliance Monitoring: The homes Administrator Tracy Taylor Barkley shall review monthly inspection checklists and perform periodic audits of resident rooms to ensure ongoing compliance.*

*Completion Date: Monthly inspections to begin on November 1, 2024.*

*Commitment to Compliance: Taylor's Personal Care Home is committed to providing a fully equipped and comfortable environment for all residents. By implementing these corrective actions, the facility aims to prevent future occurrences and maintain compliance with resident care standards and requirements.*

**Licensee's Proposed Overall Completion Date: 11/08/2024**

**Implemented ([REDACTED] 01/10/2025)**

**101j7 - Lighting/Operable Lamp****8. Requirements**

## 101j7 - Lighting/Operable Lamp (continued)

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**

On [REDACTED] at 1:09 PM, the bedside lamp for resident [REDACTED] in room [REDACTED] was not working and the resident did not have access to a source of light that could be turned on/off at bedside.

**Plan of Correction**

Accept ([REDACTED] - 11/14/2024)

1. 2600.101j7- Lighting/Operable Lamp

*Violation Summary:*

On 10/25/2024, at approximately 1:09 PM, it was observed that the bedside lamp for Resident [REDACTED] in room [REDACTED] was not functioning, leaving the resident without a light source that could be turned on/off from the bedside. The issue was addressed and corrected on the same day while the department's representative was still on-site, and the lamp was restored to working order by 1:30 PM.

*Corrective Action Plan**Immediate Correction:*

*Action Taken: On 10/21/2024, maintenance staff replaced or repaired the bedside lamp in room [REDACTED], restoring functionality and ensuring the resident had immediate access to bedside lighting.*

*Completion Date: 10/25/2024 (corrected on the same day of the inspection)*

*Daily Checks will commence on 10/22/2024*

*Implementation of Monthly Room Lighting Inspections:*

*Action Plan: To prevent future occurrences, Taylor's Personal Care Home will initiate monthly inspections of all resident room lighting fixtures, including bedside lamps, to confirm they are in working order and accessible to residents.*

*Completion Date: Monthly inspections to commence on 11/01/2024.*

*DCS Training on Resident Room Safety Checks:*

*Action Plan: DCS-Housekeeping will receive training on routine room safety checks, including verifying that all bedside lamps and other essential equipment are functioning. DCS will be instructed on promptly reporting any issues to DCS/Maintenance immediately.*

*Completion Date: Staff training to be completed by 10/23/2024.*

*Responsibility and Compliance Monitoring*

*Responsible Personnel: The homes DCS/Supervisor and DCS/ Maintenance will oversee monthly room lighting inspections and ensure timely repairs.*

*The home's Administrator Tracy Taylor-Barkley will be responsible for ensuring staff training is conducted and for maintaining records of completed inspections.*

**101j7 - Lighting/Operable Lamp (continued)**

*Compliance Monitoring: The Facility Administrator will review monthly inspection logs to verify that bedside lighting is consistently available and operational for all residents.*

*Commitment to Ongoing Compliance:*

*Taylor's Personal Care Home is committed to providing a safe, comfortable environment for all residents. By implementing these corrective actions, we aim to prevent similar issues from arising and to maintain high standards of resident safety and comfort.*

**Licensee's Proposed Overall Completion Date: 11/13/2024**

**Implemented [REDACTED] - 01/10/2025)**

**132c - Fire Drill Records****9. Requirements**

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

**Description of Violation**

*The fire drill record for the drill conducted on [REDACTED] does not include the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.*

**Plan of Correction**

**Accept [REDACTED] 11/14/2024)**

*Plan of Correction for Taylor's Personal Care Home*

**Description of Violation**

*The fire drill record for the drill conducted on [REDACTED] does not include the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.*

*The fire drill record for the drill conducted on [REDACTED] was incomplete due to an error in transferring information after a liquid spill (coffee) damaged the original document.*

**1. Corrective Action Taken:**

*Revised Procedures for Fire Drill Documentation: On October 22, 2024, Taylor's Personal Care Home administrator Tracy Taylor-Barkley has implemented a revised process to ensure complete and accurate documentation for all future fire drills.*

*Staff Notification and Review: All administrative staff were informed of the updated procedures and trained on the importance of accuracy and careful handling of drill records to prevent similar issues.*

*Ongoing Preventive Actions:*

132c - Fire Drill Records (continued)

2. Monthly Audits of Fire Drill Records: The Administrator and designated administrative staff will conduct a monthly audit of fire drill logs. This process involves a detailed, visual review to ensure that every required field is filled out accurately and completely, covering:

- . Day, date, and time of the drill
- . Exit route used
- . Number of residents present and those evacuated
- . Participating staff members
- . Confirmation of alarm activation and operability
- . Any problems encountered and resolutions

Enhanced Document Protection: To prevent damage to fire drill records, administrative staff will implement protective measures, such as storing records in designated, water-resistant folders or digitally scanning completed records monthly as a backup.

3. Compliance Monitoring:

Monthly Review: The home's Administrator [REDACTED] and the homes DCS Manager/ DCS Supervisor will conduct a monthly review of the home's fire drill records to verify continued compliance. Corrective Actions for Identified Issues: Any missing or incorrect information identified during monthly audits will be promptly addressed, and staff responsible will receive immediate feedback

Monthly Checks and Review will commence on 11/1/2024

Compliance with Regulatory Standards:

Taylor's Personal Care Home LLC is committed to adhering to the BHSL Regulatory Compliance Guide, Chapter §2600 55 PA Code, ensuring accurate and thorough documentation of all fire drill procedures.

This corrective plan was fully implemented as of October 22, 2024, and will ensure ongoing compliance with regulatory requirements and promote the safety of all residents and staff members at Taylor's Personal Care Home.

Licensee's Proposed Overall Completion Date: 11/13/2024

Implemented [REDACTED] - 01/10/2025)

132f - Alternate Exit Routes

10. Requirements

2600.  
132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

The front doors and back doors of [REDACTED] and [REDACTED] West Hunting Park Avenue were the exit routes used during the fire drills held from March to June 2024. These drills took place on [REDACTED] and [REDACTED].

Plan of Correction

Accept [REDACTED] - 11/14/2024)

Violation Summary

**132f Alternate Exit Routes (continued)**

During fire drills conducted between March and June 2024, the front and back doors were used as the sole exit routes at [REDACTED] and [REDACTED] West Hunting Park Avenue. No alternate exits were utilized, which limits preparedness in scenarios where these primary exits may be blocked or unsafe.

**Completion and Monitoring**

Completion Date: **All initial corrective actions will be completed by November 15, 2024**, with ongoing monitoring through monthly fire drills and quarterly reviews. Monitoring: Administrator Tracy Taylor Barkley will monitor the implementation and document observations to ensure compliance and preparedness.

**Corrective Action Plan****1. Assessment of Alternate Exits**

Action: Identify and inspect all alternate exits in both buildings to ensure they are safe, clearly marked, and accessible.

Responsible Party: The homes Administrator TTB and DCS/Supervisor DCS/Manager

**Start Date: October 23, 2024**

**Completion Date: October 24, 2024**

**2. Clearance and Accessibility of Alternate Exits**

Action: the home's DCS/Supervisor and DCS Manager has ensure that alternate exits are free of obstacles and are easily accessible to all residents in the building.

Responsible Party: The homes Administrator TTB and DCS/Supervisor DCS/Manager

**Start Date: October 23, 2024**

**Completion Date: October 24, 2024**

**3.Revision of Fire Drill Procedure**

Action: The home's administrator TTB and DCS/ Manager, DCS/Supervisor has update the fire drill procedures to incorporate alternate exits as part of evacuation routes. Alternate exits will be designated on a rotational basis during monthly drills to provide residents and staff practice with different routes.

Responsible Party: The homes Administrator TTB and DCS/Supervisor DCS/Manager

**Start Date: October 23, 2024**

**Completion Date: October 24, 2024**

**4. DCS Training on Alternate Exits**

Action: Conduct a training session for all staff on the importance of using alternate exits, emphasizing quick decision making and adaptability during emergencies.

Responsible Party: Administrator [REDACTED] and and DCS Manager/ DCS Supervisor

Start Date: October 23, 2024

Completion Date: October 24, 2024

**5.Resident Education on Alternate Exits**

Action: Educate residents on the locations of alternate exits and the importance of following directions during an emergency. Provide visual aids, such as exit maps, to increase familiarity.

Responsible Party: Administrator [REDACTED] and DCS Manager/ DCS Supervisor

**Start Date: October 23, 2024**

**Completion Date: October 24, 2024**

**132f - Alternate Exit Routes (continued)****6. Implementation of Monthly Fire Drills Using Alternate Exits**

*Action: The administrator TTB and DCS-Supervisor and DCS- Manager will conduct monthly fire drills using designated alternate exits. Document each drill with the date, time, designated exit, and any observed issues or delays.*

*Responsible Party: Administrator [REDACTED] and and DCS-Manager/ DCS-Supervisor*

*Start Date: November 15, 2024*

*Ongoing: Continue monthly with alternate exit routes rotated for each drill.*

**7. Quarterly Review and Adjustment**

*Action: Review fire drill records quarterly to assess the effectiveness of alternate exit training and make any necessary adjustments to drill procedures.*

*Responsible Party: Administrator [REDACTED] and DCS-Manager/ DCS-Supervisor*

*Start Date: March 1, 2025*

*Ongoing: Quarterly*

**Licensee's Proposed Overall Completion Date: 11/13/2024**

**Implemented [REDACTED] - 01/10/2025)**