

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

March 17, 2025

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

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/19/2024 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: *MCCLLOUD'S PERSONAL CARE* License #: *14566* License Expiration: *05/07/2025*  
 Address: *1518 WEST HAINES STREET, PHILADELPHIA, PA 19126*  
 County: *PHILADELPHIA* Region: *SOUTHEAST*

**Administrator**

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

**Legal Entity**

Name: *SHELLEY R SMITH*  
 Address: *1518 WEST HAINES STREET, PHILADELPHIA, PA, 19126*  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

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

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *7* Waking Staff: *5*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *12/19/2024*

**Inspection Dates and Department Representative**

12/19/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *8* Residents Served: *7*

**Secured Dementia Care Unit**  
 In Home: *No* Area: Capacity: Residents Served:

**Hospice**  
 Current Residents: *0*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *4* Are 60 Years of Age or Older: *5*  
 Diagnosed with Mental Illness: *7* Diagnosed with Intellectual Disability: *1*  
 Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

12/19/2024 - Full  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/10/2025*

01/21/2025 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: *01/20/2025*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/26/2025*

Inspections / Reviews *(continued)*

01/24/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/23/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 02/17/2025

03/17/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/18/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 12/19/2024, the home's license, dated 5/7/2024, was not posted in a conspicuous and public place in the home. The license that was posted expired on 5/7/23.

Plan of Correction

Accept ( [redacted] - 01/24/2025)

In response to the violation on 12/19/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 12/20/2024 by the Administrator to On 12/20/24 the administrator located the current valid license dated (May 7, 2024) and immediately posted in a conspicuous and public place where it is easily visible to residents, staff and visitors. The expired license was removed on December 20, 2024 to eliminate any confusion.

To enhance the currently compliant operations, on 12/23/2024 the Administrator will On 12/23/24 the administrator conducted a meeting with staff to review the regulatory requirement under 2600.3(c) for posting the current license in a public and conspicuous place. Staff were instructed on the importance of verifying the expiration date of posted documents and immediately notifying the administrator if updates are needed. Training logs and attendance records have been updated to reflect this session, with a completion date of 01/23/2025.

Effective 12/30/2024 the Administrator will perform quarterly audits through 02/15/2025 to maintain ongoing compliance with To enhance the currently compliant operations, a compliance checklist has been created outlining all regulatory postings required in the home, including the current license. /the checklist will be reviewed monthly by the designated staff member to ensure all posted materials are up to date and appropriately displayed. A calendar reminder system has been implemented to notify the administrator 30 days before the expiration of the license or other document ensuing prompt renewal and posting with a completion date of 02/28/25. Effective 2/3/25, the administrator will perform quarterly audits to maintain ongoing compliance with . The audits will also verify the accuracy and visibility of required posted materials, including the license. Any deficiencies will be corrected immediately and findings will be documented and reviewed internally for continuous improvement purposes. The administrator is responsible for ensuring the license is posted in compliance with 2600.3(c) at all times. Any deficiencies will be corrected immediately and findings will be documented and reviewed internally for continuous improvement purposes. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 01/23/2025

Licensee's Proposed Overall Completion Date: 01/23/2025

Implemented ( [redacted] - 03/06/2025)

5a1 - DHS Access

2. Requirements

2600.

5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:

- 1. Agents of the Department.

5a1 - DHS Access (continued)

**Description of Violation**

On 12/19/2024, just after 9:00 AM, an agent of the Department requested access to resident records and staff records for the home's annual licensing renewal inspection. Staff person A said that the home's administrator, staff person B, had been out of work since September 2024 with [REDACTED], and the records had been relocated to the administrator's home for reorganization. The agent spoke to the administrator by phone at approximately 9:15 AM and requested the records be returned to the facility during the inspection for review. None had been delivered when the inspection concluded at approximately 1:30 PM.

Staff persons A and B said that staff person C was serving as the designee in the administrator's absence. The Department's agent spoke to staff person C twice by phone, early in the inspection and toward the end, encouraging staff person C to attend the inspection and arrange for the return of the absent records. Staff person C indicated they were occupied with receiving a delivery at another location and would try to participate when free. The agent texted staff person C directly at 12:18 PM, using a phone number given by staff person A, providing the agent's name and contact information; the agent received no response. Neither staff person B, or C, as the acting administrator, arrived during the inspection.

The agent located policies, staff records, residents' support plans and medication administration records on site (unprotected) but never gained access to other documents necessary for the inspection, such as residency contracts, financial transaction logs, preadmission screenings, documentation of medical evaluations, fire drill logs, the administrator's credentials and annual trainings, staff schedule, staff list, or resident list.

**Plan of Correction**

Accept ( [REDACTED] - 01/24/2025)

In response to the violation on 12/19/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 12/27/2024 by the Direct Care Staff to In response to the violation on 12/19/24, immediate action was taken on 12/27/24. As of December 27, 2024, all resident and staff records, along with any other documentation required for inspections have been returned to the personal care home premises and organized in a secure designated area. A mandatory staff meeting was held on 12/27/24 to address the critical importance of having all records available and accessible at the facility for inspection.

To enhance the currently compliant operations, on 01/03/2025 the Administrator will To enhance the currently compliant operations, on 1/3/25, the administrator will conduct a review of 2600 regarding documentation requirements and licensing inspections was conducted with staff. Both staff received additional training on responsibilities and inspection readiness with a completion date of 2/15/25, with a completion date of 02/15/2025.

Effective 01/10/2025 the administrator will perform annual [ ] through 02/20/2025 to maintain ongoing compliance with [ ] Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 02/15/2025

Licensee's Proposed Overall Completion Date: 02/15/2025

Implemented ( [REDACTED] - 03/06/2025)

17 - Record Confidentiality

**3. Requirements**

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

**Description of Violation**

On 12/19/2024, Resident Assessment-Support Plans for all seven residents, and resident #1's Documentation of Medical Evaluation dated [REDACTED], were unlocked, unattended, and displayed in labeled files on a table in the dining room.

**Plan of Correction**

**Accept ( [REDACTED] - 01/21/2025)**

In response to the violation on 12/19/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 12/19/2024 by the Direct care staff to The resident assessment-support plans and medical evaluations were immediately removed from the dining room and secured in the locked file cabinet. Staff were notified of the breach of confidentiality at an emergency meeting where the severity of this issue was addressed. A training session was conducted on December 27, 2024, emphasizing compliance with confidentiality requirements under .55 Pa. Code Chapter 2600. Proper handling, storage, and protection of resident records was reiterated. Prohibited practices, such as leaving confidential documents in unsecured or public areas was also emphasized.

To enhance the currently compliant operations, on 01/06/2025 the Direct care staff will A locked file cabinet has been designated as the exclusive location for all resident records, including assessment-support plans and medical evaluation. Going forward, the direct care staff person will ensure all resident records will daily be kept in the designated locked file cabinet, with a completion date of 01/14/2025.

Effective 12/30/2024 the Administrator will perform weekly weekly check/inspect through 03/30/2025 to maintain ongoing compliance with Effective, December 30, 2024, [REDACTED] administrator will weekly inspect/check the locked file cabinet to maintain on-going compliance with proper storage of resident records. The administrator is responsible for ensuring all resident records are securely stored and the monitoring staff compliance. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 01/14/2025

Licensee's Proposed Overall Completion Date: 01/14/2025

**Implemented ( [REDACTED] - 03/06/2025)**

**65d - Initial Direct Care Training**

**4. Requirements**

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

1. Training that includes a demonstration of job duties, followed by supervised practice.
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.
3. Initial direct care staff person training to include the following:

65d - Initial Direct Care Training (continued)

**Description of Violation**

Direct care staff person A, hired on [REDACTED], began providing unsupervised ADL services on [REDACTED]. However, the staff person has not completed and passed the Department-approved direct care training course and competency test.

**Plan of Correction**

Accept ( [REDACTED] - 01/21/2025)

In response to the violation on 12/19/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 12/20/2024 by the Administrator to The Department cited a violation stating the direct care staff person A, hired on [REDACTED] began providing unsupervised ADL services on [REDACTED], without having completed and passed a department-approved direct care training course and competency test. McCloud's Personal Care Home asserts that this violation should be withdrawn based on the following facts: DCS person A successfully completed a department-approved direct care staff training course and passed the associated competency test on [REDACTED], prior to [REDACTED] being hired on [REDACTED]. The training certificate will be submitted as evidence to verify compliance. DCS person A was hired after completing and passing the required training and began providing unsupervised ADL services only after [REDACTED] competency was demonstrated and verified. Any claim of noncompliance is a misunderstanding that can be clarified with the submitted documentation.

To enhance the currently compliant operations, on 02/03/2025 the Administrator will Going forward, all direct care staff will complete and pass the Department-approved direct care training course and competency test prior to their start date, with a completion date of 01/19/2025.

Effective 02/03/2025 the Administrator will perform annual training through 01/19/2025 to maintain ongoing compliance with Ensuring direct care staff persons hired after April 24, 2006, do not provide unsupervised ADL services until completion of, including training that includes a demonstration of job duties, followed by supervised practice, and successful completion and passing the Department-approved direct care training course and passing of the competency test, and initial direct care staff person training including, the administrator will ensure new hires are fully trained prior to performing unsupervised ADL's. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 01/19/2025

Licensee's Proposed Overall Completion Date: 01/19/2025

Implemented ( [REDACTED] - 03/06/2025)

96b - First Aid Location

**5. Requirements**

- 2600.
- 96.b. Staff persons shall know the location of the first aid kit.

**Description of Violation**

On 12/19/2024, staff person A was asked the location of the home's first aid kit at approximately 10:15AM. The staff person was unable to locate a kit, which was in the dining-room closet, until 11:15, approximately an hour later.

96b - First Aid Location (continued)

**Plan of Correction**

**Directed (█ - 01/24/2025)**

*In response to the violation on 12/19/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 12/20/2024 by the Direct Care Staff to McCloud's Personal Care Home respectfully requests that this violation be withdrawn due to the following reasons: The first aid kit was present on the premises the entire time, located in the dining room closet where it has been kept since the home was licensed in 1986. At no point was the home without the required first aid kit. The delay in providing the kit was an isolated incident due to the staff person being busy with the inspector during the walk-thru of the building, basement and yard area and did not represent a failure to maintain necessary emergency supplies.*

*To enhance the currently compliant operations, on 02/03/2025 the Administrator will Effective February 3, 2025 thru June 30, 2025, the administrator or designee will conduct monthly checks to ensue the first aid kit remains in its designated location and is properly stocked, with a completion date of 06/30/2025.*

*Effective 02/03/2025 the Designee will perform Bi-annually Check/inspect through 08/30/2025 to maintain ongoing compliance with Bi-annually the designee will perform a check to ensure the first aid kit remains in its designated location and is properly stocked ensuring staff persons know the location of the first aid kit to maintain ongoing compliance. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.*

*Proposed Overall Completion Date: 2/28/25*

*Proposed Overall Completion Date: 02/28/2025*

*Directed completion date: 2/15/25*

**Directed Completion Date: 02/15/2025**

**Implemented (█ - 03/06/2025)**

100a - Exterior - Free of Hazards

**6. Requirements**

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

**Description of Violation**

*On 12/19/2024, there were numerous cracks in the front-porch steps and on the pavement leading to the steps, posing a tripping hazard. There was also an uneven stack of roughly a dozen wooden planks, each four to six feet in length, piled next to the gate in backyard. This area is used by residents.*

**Plan of Correction**

**Accept (█ - 01/24/2025)**

*In response to the violation on 12/19/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 12/28/2024 by the Designee to Immediate action was taken in the backyard area with the wooden planks removed. Even though this area is used by residents in the summer (never during the winter months), the planks were along the fence and never created a safety concern. Cracks in the steps and walkway have been temporarily filled and sealed with caulking until the warmer months when a more permanent cement can be used.*

100a - Exterior - Free of Hazards (continued)

To enhance the currently compliant operations, on 01/06/2025 the Designee will A contractor will be hired to assess and repair the cracks in the front porch steps and walkway. Repairs will include filling and sealing cracks with cement to ensure a smooth surface. Surrounding pavement will be inspected to identify and address additional hazards. Staff have been instructed to sparingly use the ice melt in the winter to prevent further cracking, with a completion date of 03/30/2025.

Effective 02/03/2025 the Direct care staff will perform monthly walk thru through 06/30/2025 to maintain ongoing compliance with Staff have been instructed to conduct a regular walkthru of all areas accessible to residents, including the front porch steps, walkway and backyard to identify and address safety concerns proactively and report same to the designee. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 03/30/2025

Proposed Overall Completion Date: 02/15/2025

Licensee's Proposed Overall Completion Date: 02/15/2025

Implemented (█) - 03/06/2025)

101o - Walls, Floors, Ceilings

7. Requirements

2600.

101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

Description of Violation

On 12/19/2024, at 9:39 AM, the wall just over the bed in room 5 had a discolored, brown patch, approximately eight inches tall and wide, where the white paint on the wall appeared to be peeled away. There were three smaller, similar discolorations on the adjoining wall next to the bed.

At 9:42 AM, the ceiling in room 3 had a strip of peeling plaster, roughly a foot long, located several inches to the left of the bedroom door.

Plan of Correction

Accept (█) - 01/21/2025)

In response to the violation on 12/19/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 12/20/2025 by the Administrator to All peeling plaster was scraped and removed to ensure resident safety until additional permanent repairs will be made.

To enhance the currently compliant operations, on 12/28/2024 the Administrator will The area were there was a discolored patch was sealed and painted. Repairs include cleaning the affected area, applying sealant to prevent further discoloration and repainting the wall, with a completion date of 01/14/2025.

101o - Walls, Floors, Ceilings (continued)

Effective 01/03/2025 the DCS will perform monthly Walk thru through 05/01/2025 to maintain ongoing compliance with Ensuring the bedrooms have walls, floors and ceilings, which are finished, clean and in good repair, the DCS will do a monthly walk-thru beginning 1/3/25 thru 5/1/25 to identify and further discolorations or wall peelings. All identified issues will be immediately reported to the administrator for corrective action. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 01/14/2025

Licensee's Proposed Overall Completion Date: 01/14/2025

Implemented ( ) - 03/06/2025)

107d - Procedure Emergency Management Agency Submission

8. Requirements

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home's written emergency procedures have not been submitted to a local emergency management agency since 1/12/2023.

Plan of Correction

Accept ( ) - 01/21/2025)

In response to the violation on 12/19/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 01/12/2025 by the Administrator to The administrator submitted the home's written emergency procedures to the local emergency management agency on 1/12/25.

To enhance the currently compliant operations, on 01/03/2025 the DCS will As of January 3, 2025, submission of the home's written emergency procedures has been added to the home's checklist for inspection readiness. Staff have been trained on the updated submission policy, emphasizing the importance of maintaining proof of compliance and timely follow-up, with a completion date of 01/14/2025.

Effective 02/03/2025 the DCS/Administrator will perform quarterly reviews through 09/30/2025 to maintain ongoing compliance with Reviewing, updating and submitting annually, to the local emergency management agency, written emergency procedures, will be the responsibility of the administrator. To ensure timely submission, DCS will quarterly review the inspection readiness checklist and remind the administrator of this requirement 30 days in advance. DCS will ensure proper confirmation from OEM is received and filed. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 01/14/2025

Licensee's Proposed Overall Completion Date: 01/14/2025

Implemented ( ) - 03/06/2025)

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 home's fire drill log did not list any fire drills since 12/27/2023.

Plan of Correction

Accept ( [redacted] - 01/21/2025)

In response to the violation on 12/19/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 12/20/2024 by the administrator to return the fire drill logs to the premises. McCloud's personal Care respectfully requests that this violation be withdrawn for the following reason: The home conducted monthly fire drills as required throughout 2024. These drills were performed according to protocol, ensuring resident safety. While recovering from surgery at home, the administrator requested the fire drill log be temporarily relocated to her residence for review to ensure the records were accurate and complete.

To enhance the currently compliant operations, on 01/20/2025 the administrator will The log's temporary absence from the home during the inspection does not indicate noncompliance with the requirement to conduct monthly fire drill. The log was fully maintained and will continue to be so. Copies of the log will be submitted to the Department, with a completion date of 01/20/2025.

Effective 12/30/2024 the Administrator will perform quarterly reviews through 06/30/2025 to maintain ongoing compliance with Ensuring each written fire drill record includes 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, fire drill logs will remain on the premises at all times going forward. Staff have been trained regarding the importance of maintaining all required documentation on-site at the home for inspections. The administrator will continue to review fire drill logs quarterly to ensure accuracy. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 01/20/2025

Licensee's Proposed Overall Completion Date: 01/20/2025

Implemented ( [redacted] - 03/06/2025)

187a - Medication Record

10. 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 is prescribed [redacted]. Resident #1 received this [redacted] 12/19/2024 [redacted] the dose had not been logged in the resident's medication administration record (MAR).

Resident #2 is prescribed [redacted]

187a - Medication Record (continued)

[REDACTED] each day. Resident #2 received [REDACTED] on 12/19/24 at [REDACTED] the doses had not been logged in the resident's MAR.

Plan of Correction

Accept ( [REDACTED] - 01/21/2025)

In response to the violation on 12/19/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 12/20/2024 by the Administrator to Immediate action was taken by the administrator to verify if resident #1 and resident #2 had received their medication on December 19, 2024. Both residents verified that they had received their medication. The MAR was immediately updated to reflect the administration. The staff member responsible for the oversight was notified and counseled on the importance of timely and accurate documentation in the MAR.

To enhance the currently compliant operations, on 12/27/2024 the Administrator will A mandatory training session for both direct care staff was held on December 27, 2024, focusing on the importance of accurate and immediate documentation in the MAR after medication is administered. The regulatory requirement for maintaining medication records was covered during the training. Staff acknowledge their understanding of these policies and procedures, with a completion date of 01/15/2025.

Effective [ ] the [ ] will perform [ ] [ ] through [ ] to maintain ongoing compliance with [ ] Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 01/15/2025

Licensee's Proposed Overall Completion Date: 01/15/2025

Implemented ( [REDACTED] - 03/06/2025)

187d - Follow Prescriber's Orders

11. Requirements

2600.  
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #3 requires a [REDACTED] 12/16 and 12/18/2024.

Plan of Correction

Accept ( [REDACTED] - 01/21/2025)

In response to the violation on 12/19/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 01/03/2025 by the Administrator to Immediate action was taken to identify the reason for no [REDACTED]

[REDACTED] On the dates in question, resident #3 had not received the new meter from the pharmacy and was unable to [REDACTED]. Resident #3 was independently able to [REDACTED] as outlined in [REDACTED] support plan, on December 19,2024. The resident's health status was monitored to ensure no adverse effects resulted from the missea [REDACTED].

187d - Follow Prescriber's Orders (continued)

To enhance the currently compliant operations, on 01/03/2025 the Administrator will The senior DCS has been instructed to communicate at the beginning of each month with the pharmacy to ensure the availability of all necessary supplies needed [REDACTED]. Documentation of said conversation will be kept. The administrator will be notified for further action if any supplies are not available, with a completion date of 01/15/2025.

Effective 01/15/2025 the Administrator will perform quarterly audits through 09/30/2025 to maintain ongoing compliance with Ensuring the home must follow the directions of the prescriber, the administrator will quarterly audit all supplies [REDACTED]. This will ensure resident #3 always has what is required for [REDACTED] [REDACTED]. Should an item become unavailable, steps will be taken to immediately order whatever is needed. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 01/15/2025

Licensee's Proposed Overall Completion Date: 01/15/2025

Implemented ( [REDACTED] - 03/17/2025)

190b - Insulin Injections

12. Requirements

2600.

190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

Description of Violation

At approximately 6:00 PM on both 12/14 and 12/15/2024, staff person D, who has not successfully completed a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past two years and completion of a Department-approved diabetes patient education program within the past 12 months, took blood-glucose readings from [REDACTED]

Plan of Correction

Accept ( [REDACTED] - 01/21/2025)

In response to the violation on 12/19/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 01/03/2025 by the Administrator to McCloud's Personal Care Home asserts that this violation should be withdrawn due to the following facts: Resident [REDACTED] does not take insulin and has never been prescribed insulin while residing at this personal care home. Resident [REDACTED] is independent in managing [REDACTED] own blood-glucose readings as documented in the support plan and medical evaluation. Staff person D did not administer the blood-glucose reading for resident [REDACTED]. Any action taken by staff person D was non-clinical and not part of a medication administration process. As this resident is independent with taking glucose readings, no additional training is required for staff person D.

To enhance the currently compliant operations, on 01/03/2025 the Administrator will The administrator, asserts that resident [REDACTED] is independent with taking [REDACTED] glucose readings. A staff meeting was held to reinforce residence independence and staff roles in non-clinical support areas. Residents with self-management capabilities have been identified in resident records and support plans to avoid unnecessary or unintentional staff involvement, with a completion date of 01/19/2025.

190b - Insulin Injections (continued)

Effective 01/06/2025 the Administrator will perform annual training through 03/20/2025 to maintain ongoing compliance with ensuring that A staff person is permitted to administer insulin injections in the future, if required, following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months, staff have been enrolled in the next upcoming diabetic review training scheduled for March 2024. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 01/19/2025

Licensee's Proposed Overall Completion Date: 01/19/2025

Implemented ( ) - 03/17/2025

251d - Resident Records on Premises

13. Requirements

2600.

251.d. Separate resident records shall be kept on the premises where the resident lives.

Description of Violation

Residents' records are not kept at the home. According to Staff person [redacted] the home's administrator, staff person B, had been out of work since September 2024 with an injury, and the records had been relocated to the administrator's home for reorganization.

Plan of Correction

Directed ( ) - 01/24/2025

In response to the violation on 12/19/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 12/23/2024 by the Administrator to All resident records were returned to the personal care home and placed in secure, designated locked file cabinet.

To enhance the currently compliant operations, on 01/06/2025 the Direct Care Staff will An immediate audit was performed to ensure all required documents were accounted for and properly organized. Staff were trained regarding the requirement to maintain residents' records on-site at all times. A monthly review of the resident records will be conducted by the senior staff to ensure all records remain on-site, organized and accessible. Any discrepancies will be reported to the administrator for immediate correction to maintain continue compliance, with a completion date of 04/01/2025.

Effective 02/03/2025 the Administrator will perform quarterly audits through 06/30/2025 to maintain ongoing compliance with Keeping separate resident records on the premises where the resident lives is the responsibility of the administrator. Quarterly audit will be performed by the administrator to ensure all resident records are on-site, organized and accessible. Any discrepancies will be immediately addressed and corrected. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 04/01/2025

251d - Resident Records on Premises (continued)

Proposed Overall Completion Date: 02/28/2025

Directed Completion Date: 2/15/25

Directed Completion Date: 02/15/2025

Implemented ( [REDACTED] - 03/06/2025)