

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

March 17, 2025

[REDACTED]
SHELLEY R SMITH
[REDACTED]

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

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/19/2025 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: [REDACTED]
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: 6 Waking Staff: 5

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Monitoring Exit Conference Date: 02/19/2025

Inspection Dates and Department Representative

02/19/2025 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
License Capacity: 8 Residents Served: 6
Secured Dementia Care Unit
In Home: No Area: Capacity: Residents Served:
Hospice
Current Residents: 0
Number of Residents Who:
Receive Supplemental Security Income: 3 Are 60 Years of Age or Older: 5
Diagnosed with Mental Illness: 3 Diagnosed with Intellectual Disability: 1
Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

02/19/2025 Partial
Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/16/2025

03/17/2025 - POC Submission
Submitted By: [REDACTED] Date Submitted: 03/17/2025
Reviewer: [REDACTED] Follow-Up Type: Bypass Document Submission

Inspections / Reviews *(continued)*

03/17/2025 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/17/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

63a - First Aid/CPR Training

1. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

Beginning [redacted], every night from 5:30pm to 8:30am, six residents were present in the home. During this time no staff persons were present in the home who were certified in CPR/First aid training. The CPR/First Aid certification for Staff Member A who handles the overnight shift expired on [redacted]

Plan of Correction

Accept [redacted] - 03/17/2025)

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on [redacted] by the Administrator to Immediate action was taken to remove staff member A from the overnight shift. An on-call staff member with a valid CPR/First Aid certification was assigned to cover the shift until compliance is restored. Staff member A completed her CPR/First Aid certification on February 28, 2025. Staff members will be required to register for certifications at least 30 days prior to expiration to prevent future lapses.

To enhance the currently compliant operations, on 02/20/2025 the Administrator will The designated staff person will conduct quarterly audit to ensure all required staff certifications are current. A policy update has been made requiring at least one staff member with a valid CPR/First Aid certification be present during all shifts, with a completion date of 03/30/2025.

Effective 01/20/2025 the Direct Care Staff will perform Annually reviews through 02/28/2025 to maintain ongoing compliance with All staff will be required to complete a refresher course every two years,ensuring at least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR is present in the home at all times. The administrator will be responsible for overseeing CPR/First Aid compliance and scheduling recertifications. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 03/30/2025

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

132e - Fire Drill Sleeping Hours

2. Requirements

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The last fire drill conducted during sleeping hours was on [redacted] at 3:45am.

Plan of Correction

Accept [redacted] - 03/17/2025)

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on [redacted] by the Administrator and DCS to A fire drill during sleeping hours was successfully conducted on [redacted] at 10:45 PM to ensure compliance. Documentation of this drill, including time, date, staff participation and resident response has been properly recorded.

132e Fire Drill Sleeping Hours (continued)

To enhance the currently compliant operations, on [REDACTED] the Administrator will A fire drill schedule has been developed to ensure fire drills are conducted monthly, with at least every six months occurring during sleeping hours. All direct care staff will receive refresher training on fire safety procedures and their roles during a sleeping hours fire drill, with a completion date of 03/16/2025.

Effective 02/20/2025 the Administrator/DCS will perform quarterly reviews through 03/16/2025 to maintain ongoing compliance with holding a fire drill during sleeping hours once every 6 months will be conducted by the overnight direct care staff. The fire drill log will be reviewed by the administrator quarterly to confirm compliance with all regulatory requirements. Any missed or postponed drills will be conducted immediately for continued compliance. Failure to conduct fire drills as required will result in corrective action, including retraining or disciplinary measures for responsible staff. The administrator will review fire drill compliance during staff meetings to reinforce accountability. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 03/16/2025

Implemented [REDACTED] 03/17/2025)

141a 1-10 Medical Evaluation Information

3. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

The resident [REDACTED] medical evaluation dated [REDACTED] did not include the ability to self administer medications, body positioning and movement stimulation for residents, if appropriate, health status, mobility assessment, updated annually or at the Department's request.

Plan of Correction

Accept [REDACTED] - 03/17/2025)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on [REDACTED] by the Direct Care Staff to Immediate action was taken to schedule the resident for an appointment with his primary care physician.

141a 1-10 Medical Evaluation Information (continued)

To enhance the currently compliant operations, on [REDACTED] the Administrator will A comprehensive review of all resident medical evaluations was conducted to ensure compliance with 141a 1-10. Any missing or outdated information was corrected. Upon receipt, the designated staff will review all medical evaluations to confirm completeness before filing, with a completion date of 03/16/2025.

Effective 03/01/2025 the Administrator will perform quarterly reviews through 03/16/2025 to maintain ongoing compliance with The administrator will conduct quarterly reviews of all medical evaluations to ensure all required components are included/completed. An audit log will be maintained, tracking the due dates, completion dates and any deficiencies found during audits/reviews. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 03/16/2025

Implemented [REDACTED] - 03/17/2025)

141b1 - Annual Medical Evaluation

4. Requirements

2600.

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

Description of Violation

Resident [REDACTED] most recent medical evaluation was completed on [REDACTED].

Plan of Correction

Accept [REDACTED] 03/17/2025)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on [REDACTED] by the DCS to Immediate action was taken to schedule an appointment for resident #1 with his primary care physician. Appointment is scheduled for February 28, 2025. The medical evaluation will be reviewed to ensure all required components are completed before filing.

To enhance the currently compliant operations, on 02/24/2025 the Direct Care Staff will A medical evaluation checklist has been implemented to track evaluation completion and due dates for all residents. Staff will be retrained on the importance of timely completion of medical evaluations to ensure future compliance, with a completion date of 03/16/2025.

Effective 03/01/2025 the Administrator will perform quarterly reviews through 03/16/2025 to maintain ongoing compliance with ensuring each resident has a medical evaluation at least annually, the administrator will conduct a quarterly review of the checklist along with filed medical evaluations to ensure med evaluations are completed in a timely manner. Upcoming medical evaluation due dates will be flagged 30 days in advance, and staff will notify physicians to schedule timely appointments to ensure evaluations are completed on time. Non-compliance issues will be addressed immediately, with corrective action taken as needed. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 03/16/2025

Implemented [REDACTED] - 03/17/2025)

181c - Self-administration Assessment

5. Requirements

2600.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

Resident [redacted] self-administers medications to include nightly blood glucose monitoring; however, resident [redacted] has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding ability to self-administer their own blood glucose monitoring.

Plan of Correction

Accepted [redacted] - 03/17/2025)

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on [redacted] by the DCS to Immediate action was taken to schedule residents [redacted] an appointment with his primary care physician for assessment of his ability to monitor is blood glucose.

To enhance the currently compliant operations, on 02/20/2025 the DCS/Administrator will The designated staff member will use a checklist to verify that self-administration requirements are included in each resident's medical evaluation, with a completion date of 03/16/2025.

Effective 02/20/2025 the Administrator will perform quarterly reviews/aidits through 03/16/2025 to maintain ongoing compliance with The administrator will conduct quarterly reviews to ensure that all residents who self-administer medications or medical procedures have been properly assessed and documentation is included in the resident's medical record. Any deficiencies found will be corrected immediately and staff will be required to document corrective actions. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 03/16/2025

Implemented [redacted] - 03/17/2025)

187b - Date/Time of Medication Admin.

6. 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

On [redacted] at approximately 8am, resident [redacted] was given their 12pm dose of [redacted] tab as well as their 2pm dose of [redacted] tab to take with them while they were out of the home for an appointment by Staff person B. Staff person B initialed the medication administration record indicating that they observed resident [redacted] take these medications. Resident [redacted] is not assessed to be able to self-administer these medications on their own.

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

Plan of Correction

Accept [REDACTED] - 03/17/2025)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on [REDACTED] by the Administrator to Immediate action was taken to re-educated staff on proper medication administration procedures, including the requirements that residents who are not assessed as capable of self-administration must take their medications in the presence of a trained staff member. Resident [REDACTED] was observed for any potential adverse effects. No immediate health concerns were observed.

To enhance the currently compliant operations, on 02/22/2025 the Administrator will All direct care staff have received a mandatory refresher training on medication administration protocols, including proper documentation on the MAR, ensuring medications are taken at the prescribed time, and adherence to self-administration guidelines. Staff will be trained on alternative procedures for residents who need to take medications while out of the residence, such as coordinating medication administration with medical personnel at the appointment location, with a completion date of 03/16/2025.

Effective 02/25/2025 the Administrator will perform quarterly reviews through 03/16/2025 to maintain ongoing compliance with ensuring the information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered, the homes medication administration and compliance policy has been reviewed and reinforced with staff to ensure full compliance with the medication training requirements and state regulations. Moving forward, no staff member is permitted to provide residents with medication to take independently unless they are formally assessed and documented as capable of self-administration. Quarterly audit of MAR's by the administrator will be conducted to ensure compliance with proper medication administration documentation. Random spot checks will be conducted to observe staff administering medication and to verify that residents who are not assessed for self-administration are receiving medications properly. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 03/16/2025

Implemented [REDACTED] 03/17/2025)