

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

March 23, 2026

[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 02/06/2026 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: 05/07/2026
 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: NaN Waking Staff: NaN

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Monitoring Exit Conference Date: 02/06/2026

Inspection Dates and Department Representative

02/06/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 8 Residents Served: 8
 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: NA
 Have Mobility Need: NA Have Physical Disability: NA

Inspections / Reviews

02/06/2026 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/13/2026

03/13/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 03/22/2026
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 03/16/2026

Inspections / Reviews *(continued)*

03/23/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/22/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

187a Medication Record

1. Requirements

2600.

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

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident [redacted] is prescribed [redacted] "Take one tablet by mouth at bedtime". However, Resident [redacted]'s January-February 2026 medication administration record does not include the accurate dose. It reads [redacted] "Take one tablet by mouth at bedtime."

Plan of Correction

Accept [redacted] - 03/13/2026)

Immediately upon identification of the deficiency, the dose for [redacted] was corrected on the MAR to 25 mg as shown on the medication pack.

Licensee's Proposed Overall Completion Date: 03/08/2026

Implemented [redacted] 03/23/2026)

187b Date/Time of Medication Admin.

2. Requirements

2600.

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

Description of Violation

Resident [redacted] is prescribed [redacted] Take 1 tablet by mouth once a day at bedtime and [redacted] "Take 1 tablet by mouth at bedtime". Resident [redacted] January-February 2026 medication administration record does not include the actual dates the medication was administered.

Plan of Correction

Accept [redacted] - 03/13/2026)

1.Immediately upon discovering the deficiency, the direct care staff, in the presence of the administrator, placed the actual dates the medication was administered at the top of the hand-written MAR.

2.The administrator conducted a review of all current hand-written MAR's to ensure the current dates were accurately placed on the resident's hand-written medication administration record. Any missing documentation identified during the review was immediately addressed and corrected by the direct care staff.

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

3. Moving forward, the administrator will conduct monthly audits of all MAR's thru May 30, 2026, to maintain ongoing compliance with providing monthly dates on all hand written resident's MAR's.

4. Any deficiencies will be corrected immediately and findings will be documented and reviewed internally for continuous improvement purposes.

5. All direct care staff, have been re trained on the medication procedures addressing the need to accurately date all resident MAR's.

Licensee's Proposed Overall Completion Date: 03/09/2026

Implemented [REDACTED] - 03/23/2026)