



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
Norristown State Hospital
1001 Sterigere Street
Bldg 2 Rm. 161
Norristown, Pennsylvania 19401

ADULT RESIDENTIAL LICENSING

1-866-711-4115
610-270-1137

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
Mailing Date: November 5, 2010

Ms. Kawana Blake, Director
Kaysim Court Manor
5909-19 Wayne Avenue
Philadelphia, Pennsylvania 19144

Dear Ms. Blake:

As a result of the Department of Public Welfare's licensing inspection on December 29, 2009 and January 7, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

Sincerely,

A handwritten signature in black ink that reads "Chevon Mitchell" followed by a stylized monogram.

Chevon Mitchell
Acting Regional Licensing Administrator

Enclosure(s)
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Kaysim – Court Manor 5909-19 Wayne Avenue, Philadelphia, PA 19144		CURRENT LICENSE NUMBER 109660	
INSPECTION DATE(S) (Include all dates of the inspection) December 29, 2009 and January 7, 2010		REGIONAL REPRESENTATIVE Patricia Adams and Kimberli Foulkes	
SIGNATURE OF LEGAL ENTITY <i>Kawana Blake</i>	DATE 8-17-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Chiron Mitchell</i>	DATE 8/25/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
42c A resident shall be treated with dignity and respect.	Residents are not permitted to watch television in the living rooms beyond 11:00pm and are expected to be in bed between 11:00pm and 12:00am. Restricting adults from movement within their own home by not allowing them to be in the common areas of the home after 11:00pm is not treating them with dignity and respect.	Date of inspection	Residents have access to all common areas 24 hrs. a day. When one dayroom is being cleaned they have several other ones they can relocate to. All residents at Kaysim have always been treated with dignity and respect. There is no one restricted from moving throughout common areas of their home.	4/23/10 KAF

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SIGNATURE OF LEGAL ENTITY <i>Kawanna Blake</i>	DATE 5-5-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherou Mitchell</i>	DATE 8/25/10

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42g A resident shall be compensated in accordance with State and Federal labor laws for labor performed on behalf of the home.	On 12/29/09, resident #1 was in the dining room setting the table for lunch. Staff person A reported that the resident performed this task on a daily basis. Resident #1 was not compensated for this work performed on behalf of the home.	<i>Date of Inspection</i>	<i>Resident #1 enjoyed setting the table. [redacted] was at home here at Kaysim. [redacted] remembers setting the table at home when [redacted] was at home and was just doing this because it brought back pleasant memories. [redacted] begged the licensing reps not to take this activity from [redacted]. I explained to [redacted] that it could not continue because to them this seemed to be work that [redacted] was not being compensated for. I immediately stopped [redacted] from continuing the activity. Fox got what day I was sited. Received this violation report on 5-5-10.</i>	<i>9/23/10 KAF</i>

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83a The indoor temperature, in areas used by the residents, shall be at least 70°F when residents are present in the home.	On 12/29/09, the indoor temperatures in the home were as follows: 55.2°F in the resident dining room, 64.9°F in room #206, 66.5°F in room #303, 65.3°F in room #304, and 60.0°F in room #306.	<i>Date of Inspection</i>	<i>There is a resident here at Kaysim that deliberately breaks the thermostates. Repair man was here during the day of inspection. Problem was fixed before licensing representatives left that day. Will continue to call repair man as needed.</i>	Steps have been taken to correct violation; full compliance is not verifiable <i>9/23/10</i> <i>KAF</i> Date Initials (DPW)

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85a Sanitary conditions shall be maintained.	<ul style="list-style-type: none"> - The shower curtains in the bathroom on the 2nd floor had black mold on it. - The shared bathroom, near room #111, had a brown substance on the toilet seat and on the floor around the toilet which looked like feces. -The bathtub in the bathroom across the hall from room #104 had brown mold in the right corner, near the faucets. - The shower floor of the first floor bathroom on the male side of the hallway had a brown substance on it. The tile floor around the bathtub in the bathroom next to room #205 was soiled with black dirt. 	<i>Date of Inspection</i>	<i>Terminated employee responsible for maintaining bathrooms. Will hire new person and train OTT on proper procedures. Had shower curtains replaced. Bathrooms near rooms 111, 104 and 205 were cleaned thoroughly. Shower floor on the male side was cleaned. People use these bathrooms constantly throughout the day. Bathrooms are cleaned throughout the day accordingly.</i>	<i>9/23/10 KAF</i>

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85e Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.	On 1/7/10, four large, torn plastic garbage bags of trash were lying on the ground on the other side of the ramp across from the dumpster. There were remnants of food spilling out from the ripped garbage bags.	<i>Jan. 9, 2010 Corrected Date of inspection and is on-going</i>	<i>Terminated employee responsible for grounds maintenance. New staff was hired. Retrained all staff to report any issues relating to trash to the on-shift supervisor and well as to housekeeping. Received this violation report on 5-5-10 The bags of trash were placed in the dumpster the day of the inspection. <i>lem</i> 8/25/10</i>	Steps have been taken to correct violation; full compliance is not verifiable <i>9/23/10</i> Date <i>KAF</i> Initials (DPW)

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88a Floors, walls, ceilings, windows, doors and other surfaces shall be clean, in good repair and free of hazards.	The carpeted floor in the 1 st floor hallway leading to the bedroom was worn and had numerous holes. The holes were covered with tape, which was unsecured in places and caused a tripping hazard.	5-30-10	Carpet is being replaced in sections was already in the process of doing so before I received this report. The (wheat) weather hampered installation schedule. Received this violation report on 5-5-10. Staff will monitor the Carpets daily and report Any hazards found. Any need repairs will be made. <i>Cheron Mitchell</i> 8/25/10	9/23/10 KAF

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95 Furniture and equipment shall be in good repair, clean and free of hazards.	<ul style="list-style-type: none"> - The day room located near the staircase contained 2 black couches and a love seat with numerous holes and slashes. Black tape was used to cover the holes and slashes. - The electrical outlet in the dining room was tilted over and falling off the wall. - The common bathroom in the hall near room#111 had a wall light switch plate with a shard of plastic broken off that left exposed sharp edges along the side. - The toilet in the 1st floor, 2nd wing bathroom had a toilet seat which was ill fitting and too small 	<i>Date of Inspection</i>	<p>There is A resident here at Kaysim that slashes the black chairs and couches. The next day after the inspection new couches that I had ordered arrived the next day there was A slash in the couch, needed to be taped. I continually replace furnitures and will continue to do so, as finances permit.</p> <p>- Electrical outlet was removed the next day. Retained staff to look for things like this.</p>	<i>9/23/10 KAF</i>

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	<p>for the bowel. The measured gap between the seat and front of the toilet was 1".</p> <p>- The cabinet door on the right of the bathroom vanity in the cottage bathroom was hanging off and not secured to the hinge. The bottom of the vanity was splintered and buckled in some places with due to water damage.</p> <p>- On 12/29/09, the bathroom next to room #113 had a sink without water faucets, a shower stall with cracked and peeling putty, a loose shower drain, and water trickling down through the light fixture in the ceiling above the shower.</p>	<p>1-14-10 and on going</p>	<p>- The bathroom next to room #111 switch plate was replaced on the next day.</p> <p>- The toilet seats were replaced with correct sizes the next day.</p> <p>- New vanity was installed approximately a week later.</p> <p>- In the bathroom next to room 113 new facets were installed. This sink was being worked on at the time of inspection. Cracked putty was repaired and water had condensed around fixtures replace with new electrical fixture. Day after inspection.</p>	

During Daily rounds staff will check furniture and equipment for any needed repairs.
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101j1 Each resident shall have the following in the bedroom:	Resident #2's box spring was torn at the foot of the bed.	Completed the day of the inspection.	Box spring replaced. House-keeping staff is on probation for failure to disclose information regarding repairs. Employee responsible for monitoring workflow sheets has been terminated. Hired new staff and training is being given via OT. This staff person will monitor to ensure compliance. (Don't know) didn't know about this. Received report today 5-5-10.	
A bed with a solid foundation and fire retardant mattress that is in good repair, clean and supports the resident.				9/23/10 KAF

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101j3 Each resident shall have the following in the bedroom: Pillows, bed linens and blankets that are clean and in good repair.	- On 12/29/09, resident #3 and resident #5's white bed linens were soiled, gray in color, and appeared unclean. - On 12/29/09, resident #6's bed did not have any bed linens.	12-30-09 12-29-09	Many Resident's sleep in their clothes. After spending A day sitting in dirty areas then going to bed. Sheets will appear to be gray. We wash clothes and linens 24 hrs. A day. We use bleach in our laundry. We constantly order sheets throughout the year. Linens are changed on a daily basis for residents such as #6, #3, #5. We use sheets that residents who don't want to take off their clothes, that were taken off and washed back on those beds. thereby, not having them run New sheets everyday. Received report today 5-5-10	9/23/10 KAF

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101j5 Each resident shall have the following in the bedroom: A bedside table or a shelf.	<ul style="list-style-type: none"> - Room #104 did not have bedside tables for the two occupants. - Room #201 was did not have bedside tables for the three occupants. - Resident #4's room did not have a bedside table. 	7-30-10 and on going	<p>shelves have been installed in rooms 104, 201 and the room where resident #4 resided. Shelves have been something that we have wanted to purchase but due to financial limitations we have not been able to afford them. As money becomes available we will put shelves in monthly until completed.</p> <p>During daily rounds staff will check for placement of bedside tables or shelves. Any repairs or tables needed will be fixed or provided.</p>	9/23/10 KAF

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101j7 Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on/off at bedside.	<ul style="list-style-type: none"> - Resident # 7 did not have a bedside lamp. - Resident #8's bedside lamp was missing a light bulb. - Resident #9's bedside lamp was inoperable. - The stick up light in room # 304 was inoperable. <p>Repeat Violation – 1/7/09</p>	Completed date of inspection.	<p>Housekeeping employee was terminated for failure to perform duties as assigned. Supervisor in charge of ensuring staff compliance was terminated. New employee will be hired and trained in job responsibilities. New supervisor is being trained to ensure compliance. Daily logs are to be used to track work flow progress. Visual inspections at random times are to be performed on a regular basis. All lamps checked, bulbs operational, lamps replaced. Received report today 5-5-10.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>7/25/10 <i>KAF</i> Date Initials (DPW)</p>

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101o Bedrooms shall have walls, floors and ceilings, which are finished, clean and in good repair.	There was a hole in the wall next to resident # 9's bed.	Completed 5-5-10	Hole has been repaired. New staff has been hired New supervisor has been hired to ensure compliance. Daily logs are now implemented to track workflow order for the housekeeping personnel. Received report today 5-5-10.	9/23/10 KAF

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102h Toilet paper shall be provided for every toilet.	- On 12/29/09, the bathroom next to room #121 did not have any toilet paper. - On 12/29/09, the bathroom next to room #205 did not have any toilet paper.	12-29-09 12-29-09.	Toilet tissue is Always available and will continue to be. I have Residents who stuff whole ROLLS of tissue down the toilets. We simply replace tissue and unstop toilets. We constantly clean bathrooms throug out the day. We have 13 bathrooms in the home. Most with multiple stalls or multiple bathrooms on a floor. Terminated staff responsible for maintaining bathrooms will hire new staff and train on the job in proper procedures.	9/23/10 KPF

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102k Use of a common towel is prohibited.	On 12/29/09, there were no paper towels, mechanical blow dryer or individually labeled hand towels available for use in the bathroom next to room #206.	12-29-09	Housing staff fired. Supervisor responsible for ensuring staff is maintaining compliance and producing workflow was fired new staff hired and is being trained. Received report today 5-5-10. Electrician called to install New hand dryer. Paper towels placed in bathroom temporarily.	9/23/10 KAF

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144d Smoking outside of the smoking room is prohibited.	<ul style="list-style-type: none"> - On 12/29/09, the first floor cottage bathroom had ashes in the bathtub and a strong smell of smoke. - On 12/29/09, the bathroom on the first floor next to room #113 in the main building had a strong smell of smoke. There were 3" by 2" burn marks on the left side of the toilet, near the top. - On 12/29/09, the third floor fire escape outside the sitting room had approximately 20 spent cigarette butts scattered on the steps. - On 12/29/09, the bathroom next to room #206 had a strong smell of smoke. Cigarette burn marks 	<p><i>Day of Inspection</i></p> <p><i>5-11-10</i></p>	<p><i>First floor cottage bathroom was cleaned. Residents were counseled on the dangers and risks associated with smoking in undesignated areas. Bathroom next to room 113 was cleaned. Burn marks could not be removed. Cigarette butts were cleaned up.</i></p> <p><i>New designated smoking area was created. 30 day notice was given to residents informing them of the sole location for smoking. Staff will monitor residents and remind them to smoke in the designated area as needed.</i></p> <p><i>8/25/10</i></p>	<p><i>9/23/10 KAF</i></p>

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	were observed on the window sill and toilet paper holder. - On 12/29/09, cigarette butts and used matches were observed on the floor of resident #4's bedroom.	12-29-09	monitoring these area more closely after firing and hiring new employees. They are being trained on their new responsibilities. Received this violation report today 5-5-10.	

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Kaysim – Court Manor 5909-19 Wayne Avenue, Philadelphia, PA 19144		CURRENT LICENSE NUMBER 109660	
INSPECTION DATE(S) (Include all dates of the inspection) December 29, 2009 and January 7, 2010		REGIONAL REPRESENTATIVE Patricia Adams and Kimberli Foulkes	
SIGNATURE OF LEGAL ENTITY <i>Kawana Blake</i>	DATE 5-5-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Chevon McNeill</i>	DATE 8/25/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
162e A change to a menu shall be posted in a conspicuous and public place in the home and shall be accessible to a resident in advance of the meal. Meal substitutions shall be made in accordance with 161.	On 12/29/09, the posted menu was listed as grilled cheese, tossed salad and pears. The home served hotdogs and beans without advanced notification to the residents.	12-29-09	Retrained staff to make changes to menu prior to starting the meal. Received this violation report today 5-5-10.	9/23/10 KAF

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

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INSPECTION DATE(S) (Include all dates of the inspection) December 29, 2009 and January 7, 2010		REGIONAL REPRESENTATIVE Patricia Adams and Kimberli Foulkes	
SIGNATURE OF LEGAL ENTITY <i>Kawana Blake</i>	DATE 8-17-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>	DATE 8/25/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (Include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
183b Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.	Two bottles of Tolnaffate 1% were on top of the dresser in room #306. The door to the bedroom was unlocked and the occupants of this room do not self administer medications.	Date of inspection and on going	The bottles have been removed from room 306. Staff member assigned for that section has been terminated. New staff will be hired and trained. Residents are being assessed by their Dr. who will identify individuals who can self-administer certain medications. There will be a signed document by the resident and doctor indicating such in the medical record.	

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>Kawana Blake</i>	DATE 5-5-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>	DATE 8/25/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
183b Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.	Two bottles of Tolnaftate 1% were on top of the dresser in room #306. The door to the bedroom was unlocked and the occupants of this room do not self administer medications.	<i>Date of inspection situation was corrected</i>	<i>Med Tech supervisor (responsible) for ensuring compliance was terminated recently. New Tech is being trained in their new responsibilities which include doing visual checks to ensure all medications listed on the med's sheets are accounted for in the locked med-room. Received violation report today 5-5-10.</i>	

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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INSPECTION DATE(S) (Include all dates of the inspection) December 29, 2009 and January 7, 2010		REGIONAL REPRESENTATIVE Patricia Adams and Kimberli Foulkes	
SIGNATURE OF LEGAL ENTITY <i>Kavana Blake</i>	DATE 5-5-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>	DATE 8/25/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
187b The information in subsections 187a13 and 187a14 shall be recorded at the time the medication is administered.	<p>- Resident #8's medication administration record was not initialed for the 8:00pm dose of Clozapine 200 mg on 12/11/09 and the 8:00am dose of Aspirin EC 81 mg, Buspirone Tab 10 mg, Omeprazole 20 mg and Sertraline 50 mg on 12/25/09.</p> <p>- Resident #10's medication administration record was not initialed for the 8:00pm dose of Benztropine tab 1mg, Carbamazepine 200 mg, Fluphenazine Tab 10 mg on 12/11/09; 8:00pm dose of Carbamazepine 200 mg on 12/24/09; 8:00am dose of Aspirin EC 81 mg, Citalopram Tab 10 mg, Fluphenazine 5 mg, Fluphenazine Tab 1 mg and</p>	<i>on going corrections were made AS SOON AS this became apparent.</i>	<i>This was not discussed with the administrator if these issues were discussed with the med-tech supervisor it was with held from me. Med tech supervisor was fired during the Mar 2-3 licensing inspection when it became evident Med Tech was not performing duties as Assighed. New staff hired, and is being trained. Recieved this violation report today 5-5-10.</i>	<i>9/23/10 KCAF</i>

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>Kawana Blake</i>	DATE 5-5-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>	DATE 8/25/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
	<p>Loratadine Tab 10 mg on 12/25/09; and the 8:00pm dose of Benztropine Tab 1 mg, Carbamazepine 200 mg, Fluphenazine Tab 10 mg and Loratadine Tab 10 mg on 12/25/09.</p> <p>- Resident #11's medication administration record was not initialed for the 8:00pm dose of Simvastatin 10 mg on 12/11/09 and the 8:00am dose of Amlodipine 2.5 mg, HCTZ 25 mg and Singular 10 mg on 12/25/09.</p> <p>- Resident #12's medication administration record was not initialed for the 8:00pm dose of Aspirin EC 325 mg and Singular 10 mg on 12/11/09 and the</p>	<p><i>On going monitoring corrections made as soon as this became apparent.</i></p>	<p><i>This Med Tech supervisor was terminated during the Mar. 2-3 licensing inspection. New med tech supervisor is being trained he is learning through OJT. Med Tech staff are being trained to monitor the Mar's sheets. Reward system has been put in place since the last inspection dated Mar. 2-3. When these errors became apparent. Received this Violation Report today 5-5-10.</i></p>	

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
	<p>8:00am dose of Atenolol 25 mg, Enalapril Mal 2.5 mg, Folic Acid Tab 1 mg, Ibuprofen 400 mg, Isosorbide Mono 30 mg ER and Plavix 75 mg on 12/25/09.</p> <p>- Resident #13's medication administration record was not initialed for the 8:00pm dose of Citalopram 40 mg and Seroquel XR Tab 400 mg on 12/11/09 and the 8:00am dose of Effexor XR 37.5 and Ibuprofen Tab 800 mg on 12/25/09.</p> <p>- Resident #14's medication administration record was not initialed for the 8:00pm dose of Haloperidol 1 mg, Lantus Insulin and Liptor 40 mg on 12/11/09 and the 8:00am dose of Actos 15</p>	<p><i>Corrections on going. Corrections were made as soon as this became apparent.</i></p>	<p><i>Administrator plans to do random periodic reviews. Any med tech found not in compliance will be put on probation with intent to dismiss for failure to comply with procedures and protocols that have been put in place. Received this violation report on 5-5-10. There is no resident # 13 here at Kaysim. Resident # 14's name is misspelled.</i></p>	

**VIOLATION REPORT
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	mg, Flomax 0.4 mg, Haloperidol 1 mg and HCTZ 25 mg on 12/25/09. - Resident #15's medication administration record was not initialed for the 8:00pm dose of Divalproex ER 500 mg, Divalproex ER 250 mg, Lovastatin Tab 20 mg and Risperidone Tab 3 mg on 12/11/09. Repeat Violation – 1/7/09	On going there after. Corrected AS SOON AS this became apparent.	New staff supervisor is being trained to do quality management reviews regarding these findings. Received violation report on 5-5-10.	

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

05/05/2010 19:00

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254c Resident records shall be stored in locked containers or a secured, enclosed area used solely for record storage and be accessible at all times to the administrator or the administrator's designee, and upon request, to the Department or representatives of the area agency on aging.	On 12/29/09, private resident information contained in a book labeled "transport info for when have to go out to hospital" was on a shelf across from the basement door unlocked and accessible to anyone.	3-3-10	This was not brought (he) to the administrator's attention during the DPW visits of 12-29-09 and January 7, 2010 visits. Have corrected the situation transfer book remains in the locked med room. Shift supervisor has key for access. This was corrected after the MAR. 2-3 inspection. Receive this violation report today 5-5-10.	9/23/10 KAF

(PAX)