

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to KAYSIM HOUSING GROUP, INC.

LEGAL ENTITY

To operate KAYSIM-COURT MANOR

NAME OF FACILITY OR AGENCY

Located at 5909-19 WAYNE AVENUE, PHILADELPHIA, PA 19144

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 81  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa. Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from May 5, 2010 until November 5, 2010,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **109661**

*Robert E. Robinson*

ISSUING OFFICER

*Kenneth J. Casey*

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable  
and should be posted in a conspicuous place in the facility.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
PO BOX 2675  
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

PHONE: (717) 783-3670  
FAX: (717) 783-5662

**CERTIFIED MAIL – RETURN RECEIPT**

**MAILING DATE: MAY 06 2010**

Kawana Blake, Administrator  
Kaysim Housing Group, Inc.  
Kaysim Court Manor  
5909-19 Wayne Avenue  
Philadelphia, Pennsylvania 19144

Dear Ms. Blake:

As a result of the Department of Public Welfare's (Department) licensing inspection on February 8, 2010, February 9, 2010, March 2, 2010 and March 3, 2010 of the above personal care home, the violations specified on the enclosed Violation Report were found.

A PROVISIONAL license is being issued based on the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Your PROVISIONAL license is enclosed.

All violations specified on the 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.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Public Welfare in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal, a written request for an appeal must be received within 10 days of the date of this letter by:

Karen E. Kroh, Director  
Adult Residential Licensing  
Department of Public Welfare  
423 Health and Welfare Building  
7<sup>th</sup> and Forster Streets  
Harrisburg, Pennsylvania 17120

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

A handwritten signature in black ink that reads "Kevin T. Casey". The signature is written in a cursive style with a large, stylized "K" and "C".

Kevin T. Casey  
Deputy Secretary

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

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Kaysim Court Manor 5909-19 Wayne Avenue, Philadelphia, PA 19144		<b>CURRENT LICENSE NUMBER</b> 109660	
<b>INSPECTION DATE(S)</b> (Include all dates of the inspection) February 8, 2010, February 9, 2010, March 2, 2010 and March 3, 2010		<b>REGIONAL REPRESENTATIVE</b> Michelle Morton (3/2/10, 3/3/10), Chevon Mitchell, Kimberl Foulkes (2/8/10, 2/9/10)	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Kawana Blake</i>	<b>DATE</b> 4-30-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Chevon Mitchell</i>	<b>DATE</b> 5/3/10

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
3c The personal care home shall post the current license, a copy of the current Violation Report (VR) issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.	The Violation Report was posted inside a locked bulletin board so that anyone that wanted to see it would have to request it from staff.	3-4-10	Notice was posted inside locked bulletin boards stating "Upon Request A readable copy of any document contained herein is available in the office. Please contact on-shift supervisor for assistance. Thank you"	

5/15/10 A copy of the home's violation report will be made available in the home without having to request the report from staff. *[Signature]* 5/3/10

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

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<b>INSPECTION DATE(S)</b> (Include all dates of the inspection) February 8, 2010, February 9, 2010, March 2, 2010 and March 3, 2010		<b>REGIONAL REPRESENTATIVE</b> Michelle Morton (3/2/10, 3/3/10), Chevon Mitchell, Kimberli Foulkes (2/8/10, 2/9/10)	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Kawana Blake</i>	<b>DATE</b> 4-30-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Chevon Mitchell</i>	<b>DATE</b> 5/3/10

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
20b8 The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.	The resident records for Residents #1, #2, #3, and #4 did not include quarterly statements. The home handles funds for these residents.	4-30-10	<i>Financial manager will include the following statement quarterly in each clients' financial record which states: This quarterly statement reflects a balance of _____ then indicate the current balance remaining.</i>	

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

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Kaysim Court Manor 5909-19 Wayne Avenue, Philadelphia, PA 19144		<b>CURRENT LICENSE NUMBER</b> 109660	
<b>INSPECTION DATE(S)</b> (Include all dates of the inspection) February 8, 2010, February 9, 2010, March 2, 2010 and March 3, 2010		<b>REGIONAL REPRESENTATIVE</b> Michelle Morton (3/2/10, 3/3/10), Chevon Mitchell, Kimberli Foulkes (2/8/10, 2/9/10)	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Kaywana Blake</i>	<b>DATE</b> 4-30-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Cherry Mitchell</i>	<b>DATE</b> 5/3/10

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 DFW
<p>22a1, 224a</p> <p>The following admission document shall be completed for each resident - Preadmission screening completed prior to admission on a form specified by the Department.</p> <p>224a</p> <p>A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.</p>	<p>-The preadmission screenings for the following residents did not indicate whether the home could meet the needs of the residents:</p> <ul style="list-style-type: none"> <li>-Resident #2, dated 9/1/09</li> <li>-Resident #5, dated 2/19/10</li> <li>-Resident #6, dated 1/22/09</li> <li>-Resident #7, dated 6/16/09</li> <li>-Resident #8, dated 4/6/08</li> <li>-Resident #9, dated 9/14/07</li> <li>-Resident #10, dated 10/31/08</li> <li>-Resident #11, dated 4/3/08</li> </ul>	4-30-10	<p>I WAS under the impression that question was related to the cognitive screening section. This question will be answered on all new admissions.</p> <p>The administrative assistance will be responsible for the proper completion of pre-admission screening with administrative oversight.</p>	

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

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Kaysim Court Manor 6909-19 Wayne Avenue, Philadelphia, PA 19144		<b>CURRENT LICENSE NUMBER</b> 109660	
<b>INSPECTION DATE(S)</b> (include all dates of the inspection) February 8, 2010, February 9, 2010, March 2, 2010 and March 3, 2010		<b>REGIONAL REPRESENTATIVE</b> Michelle Morton (3/2/10, 3/3/10), Chevon Mitchell, Kimberli Foulkes (2/8/10, 2/8/10)	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Kawana Blake</i>	<b>DATE</b> 4-30-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Chevon Mitchell</i>	<b>DATE</b> 5/3/10

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 DFW
22a2, 141a  22a2 The following admission document shall be completed for each resident - Medical evaluation completed 60 days prior to or 30 days after admission on a form specified by the Department.  141a1 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	-The medical evaluations for Residents #3, dated 1/29/09, #4 dated 2/24/09, #8 dated 1/20/09, #9 dated 1/14/09, #11 dated 1/29/09, and #12 dated 1/29/09, were all completed by the same physician with photocopies of the following sections:  16) Emergency Evacuation / Mobility Assistance 17) Medication Administration 18) Recommendation for Appropriate Level of Care 19) Physician Orders (completed as medications-see attached, treatment/therapies-	7-30-10	Dr. is redoing all M455's <sup>medical</sup> evaluations. He spoke with licensing representatives during the inspection and will follow their guidelines relating to photo copying.  Each resident will receive a medical evaluation. The evaluation results will be documented on the Department's form. Each form will be unique to the resident evaluated. Photocopied information will not be used on medical evaluations at any time.	

*K 5/3/10*

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

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Kaysim Court Manor 5909-19 Wayne Avenue, Philadelphia, PA 19144		<b>CURRENT LICENSE NUMBER</b> 109650	
<b>INSPECTION DATE(S)</b> (includes all dates of the inspection) February 8, 2010, February 9, 2010, March 2, 2010 and March 3, 2010		<b>REGIONAL REPRESENTATIVE</b> Michelle Morton (3/2/10, 3/3/10), Chevon Mitchell, Kimberli Foulkes (2/8/10, 2/9/10)	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Kayora Blake</i>	<b>DATE</b> 4-30-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Chevon Mitchell</i>	<b>DATE</b> 5/3/10

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 DFW
Department, within 60 days prior to admission or within 30 days after admission.	<p>none, diet-no special diet, activities-as tolerated-body positioning-as tolerated).</p> <p>-Resident #5 was admitted on 2/19/10 and the medical evaluation was dated 5/27/09.</p> <p>-Resident #8 was admitted on 4/8/08 and the only medical evaluation in the record was dated 1/20/09.</p> <p>Repeat Violation – 1/7/09</p>	7-30-10	<p>Resident #5 came from a home closing. Victory Support Services, Dr. <sup>medical supervision</sup> has completed A New <del>MAGE</del> for ALL residents who came from home closures. He will have everyone completed no later than 7-30-10.</p> <p>The employee responsible for ensuring medical evaluations are performed on a timely basis was terminated for failure to perform assigned duties. New employee has been hired and is being trained. Administrator is monitoring closely.</p>	

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

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Kaysim Court Manor 5909-19 Wayne Avenue, Philadelphia, PA 19144		<b>CURRENT LICENSE NUMBER</b> 109660	
<b>INSPECTION DATE(S)</b> (Include all dates of the inspection) February 8, 2010; February 9, 2010, March 2, 2010 and March 3, 2010		<b>REGIONAL REPRESENTATIVE</b> Michelle Morton (3/2/10, 3/3/10), Chevon Mitchell, Kimberli Foulkes (2/8/10, 2/9/10)	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Kawana Blake</i>	<b>DATE</b> 4-30-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Michelle Morton</i>	<b>DATE</b> 5/3/10

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>22a3, 225a</p> <p>22a3 The following admission document shall be completed for each resident - Personal care home assessment completed within 15 days after admission on a form specified by the Department.</p> <p>225a A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of</p>	<p>All assessments are completed in the same manner and do not reflect the individual needs of the residents. Assessments for Residents #1, dated 11/30/09, #4 dated 3/28/09, #7 dated 7/1/09, #9 dated 9/14/09, #10 dated 11/1/09, #11 dated 4/3/09, and #12 dated 12/2/09 were the same in the following areas:</p> <ul style="list-style-type: none"> <li>-Diagnosis: Mental Illness, see MA51.</li> <li>-All ADLs and IADL's are coded the same</li> <li>-Ability to Hear: no impairment</li> <li>-Understanding-no impairment</li> </ul>	7-30-10	<p>Dr. will review Assessments to ensure responses are accurate and reflect his medical findings. He will start with the most recent admissions then continue until everyone has been personally reviewed, changes will be made to reflect any updates.</p> <p>The Administrative Assistant will be responsible for completing individualized assessments for residents. With Administretal Oversight. CRLW-5/3/10</p>	

Each resident will have an original assessment that accurately reflects the resident's needs.  
*u 5/3/10*

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

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Kaysim Court Manor 5909-19 Wayne Avenue, Philadelphia, PA 19144		<b>CURRENT LICENSE NUMBER</b> 109660	
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<b>SIGNATURE OF LEGAL ENTITY</b> <i>Kawana Blake</i>	<b>DATE</b> 4-30-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Chevon Mitchell</i>	<b>DATE</b> 8/3/10

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
admission. The administrator or designee, or a human service agency may complete the initial assessment.	Ability to communicate: no impairment Memory: no impairment -Supervision: occasional checking needed Irritability, judgment, aggression, anxiety, agitation, depression, wandering and hallucinations: no impairment	7-30-10	Response on page 6.	

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

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Kaysim Court Manor 5909-19 Wayne Avenue, Philadelphia, PA 19144		<b>CURRENT LICENSE NUMBER</b> 189560	
<b>INSPECTION DATE(S)</b> (include all dates of the inspection) February 8, 2010, February 9, 2010, March 2, 2010 and March 3, 2010		<b>REGIONAL REPRESENTATIVE</b> Michelle Morton (3/2/10, 3/3/10), Chevon Mitchell, Kimberli Foulkes (2/8/10, 2/9/10)	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Hawana Blake</i>	<b>DATE</b> 4-30-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Charissa [Signature]</i>	<b>DATE</b> 5/3/10

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
22a4, 227a  22a4 The following admission document shall be completed for each resident - Support plan developed and implemented within 30 days after admission.  227a A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.	All support plans are completed in the same manner and do not reflect the individual needs of the residents.	3-5-10	<del>Kaysim cannot provide care to all types of residents. Everyone here must require the same level of care, otherwise they would be inappropriate for our community. prospective clients who are at minimum income levels must only require the services we can provide which is indicated on the support plan. If significant changes occur this information is documented on their support plan. If information is supplied by a third party it is documented. We have a harmonious environment. People interact and get along well here.</del>	

Administrative Assistant will review all support plans and will update them to reflect residents individualized needs. *05/3/10*

7/30/10 Each resident will have an original support plan that records the home's method of meeting his or her unique needs. *5/3/10*

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

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Kaysim Court Manor 5909-19 Wayne Avenue, Philadelphia, PA 19144		<b>CURRENT LICENSE NUMBER</b> 109660	
<b>INSPECTION DATE(S)</b> (Include all dates of the inspection) February 8, 2010, February 9, 2010, March 2, 2010 and March 3, 2010		<b>REGIONAL REPRESENTATIVE</b> Michelle Morton (3/2/10, 3/3/10), Chevon Mitchell, Kimberli Foulkes (2/8/10, 2/9/10)	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Spencer Blake</i>	<b>DATE</b> 4-30-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Chevon Mitchell</i>	<b>DATE</b> 5/3/10

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
25d-1SOP The resident-home contract must include whether the home collects a portion of a resident's rent rebate under § 2600.25(d) (relating to resident-home contract).	The following resident contracts do not indicate whether the home collects a portion of a resident's rent rebate:  -The contract for Resident #2 dated 9/3/09 -The contract for Resident #4 dated 3/28/06 -The contract for Resident #5 dated 2/19/10 -The contract for resident #6 dated 2/2/09 -The contract for Resident #7 dated 7/1/09 -The contract for Resident #8 dated 4/8/08 -The contract for Resident #9	5-15-10	Section F on the Admissions Agreement states "If rent rebate is received, 50% of the funds will be given to Resident and 50% to the PCH for only the months Resident lived in the PCH. I will now add the addendum provided by the state in addition to the cited section in the admissions agreement."	

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

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Kayaim Court Manor 5809-19 Wayne Avenue, Philadelphia, PA 19144		<b>CURRENT LICENSE NUMBER</b> 109660	
<b>INSPECTION DATE(S)</b> (include all dates of the inspection) February 8, 2010, February 9, 2010, March 2, 2010 and March 3, 2010		<b>REGIONAL REPRESENTATIVE</b> Michelle Morton (3/2/10, 3/3/10), Chevon Mitchell, Kimberli Foutkes (2/8/10, 2/9/10)	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Kawana Blake</i>	<b>DATE</b> 4-30-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Chevon Mitchell</i>	<b>DATE</b> 5/3/10

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 DFW
	dated 9/4/07 -The contract for Resident #10 dated 11/3/08 -The contract for Resident #11 dated 4/3/08 -The contract for Resident #12 dated 12/1/06 -The Contract for #13 dated 4/7/09	5-15-10	Please see response on page 9	

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<b>SIGNATURE OF LEGAL ENTITY</b> <i>Kawana Blake</i>	<b>DATE</b> 4-30-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Chevon Mitchell</i>	<b>DATE</b> 5/3/10

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 DPMS
42s A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.	On 3/3/10, there was not a lock or latch on the bathroom door next to resident room #205. Residents reported that sometimes other residents accidentally walked into the bathroom while someone else was using it.	3-5-10	All bathrooms have locks on the doors. No one ever complained about a lack of privacy when using the bathrooms.  Maintenance staff will check locks daily to make sure they are functioning properly - Dem 5/3/10	

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

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<b>SIGNATURE OF LEGAL ENTITY</b> <i>Kayara Blake</i>	<b>DATE</b> 4-30-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Chevron Mitchell</i>	<b>DATE</b> 5/3/10

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
63d A staff person who is trained in first aid or certified in obstructed airway techniques or cardiopulmonary resuscitation shall provide such services in accordance with their training, unless the resident has a "do not resuscitate" order.	The home's "Resident Emergency Policy" states: "Follow steps taught in First Aid to secure the resident and the area to keep others from becoming endangered," "If the resident is not breathing perform CPR," and, "If the resident is bleeding, safely stop the bleeding using methods taught in first aid training." On 2/8/10, Ancillary Staff Person A found Resident #15 in the resident's room bleeding and unresponsive. Ancillary Staff Person A used a walkie-talkie to instruct other staff members to call emergency services. Direct		<i>When staff opened the door to Resident #15's bedroom it looked like a possible crime scene. They called 911. They did not want to destroy evidence or contaminate the scene. When the police arrived they secured the room and stood guard outside the door to ensure no one disturbed anything before the crime scene detective arrived. Because the room had not been disturbed it was clear no foul play was involved.</i>	

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

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<b>SIGNATURE OF LEGAL ENTITY</b> <i>Hawana Blake</i>	<b>DATE</b> 4-30-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Chevon Mitchell</i>	<b>DATE</b> 5/3/10

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
	Care Staff Person B called 9-1-1 but did not go to the resident's room. Direct Care Staff Person C responded and went to the resident's room. Direct Care Staff Persons B and C are certified in CPR and first aid. Neither Staff Person B nor C administered first aid to the resident's wounds or performed CPR. Resident #15 did not have a do not resuscitate order.		<del>See page 16 for response.</del> <sup>cert date</sup> Staff will be trained to provide First Aid & CPR to any resident who requires these services and do not have a do not resuscitate order. <sup>cert date</sup> 5/3/10	

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

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Kaysim Court Manor 5909-19 Wayne Avenue, Philadelphia, PA 19144		<b>CURRENT LICENSE NUMBER</b> 109660	
<b>INSPECTION DATE(S)</b> (Include all dates of the inspection) February 8, 2010, February 9, 2010, March 2, 2010 and March 3, 2010		<b>REGIONAL REPRESENTATIVE</b> Michelle Morton (3/2/10, 3/3/10), Chavon Mitchell, Kimberli Foulkes (2/8/10, 2/9/10)	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Kawana Blake</i>	<b>DATE</b> 4-30-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Chavon Mitchell</i>	<b>DATE</b> 5/3/10

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
64c An administrator shall have at least 24 hours of annual training relating to the job duties.	Administrator D received 14 hours of annual training for 2009.	12-30-10	I have never in 10 years as an administrator not gotten the required hours for Administrators. I could only produce documentation for 14 of the 24 hrs. that I received. The employee who was terminated was part of the training team here at Kaysim. I believe documents were removed by this individual but I can't prove it. Will continue to get training as always throughout the year as it is offered.	

Administrator D will make up the missing 10hrs of training from 2009 in 2010 - *Chavon Mitchell* 5/3/10

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

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Kaysim Court Manor 5909-19 Wayne Avenue, Philadelphia, PA 19144		<b>CURRENT LICENSE NUMBER</b> 109660	
<b>INSPECTION DATE(S)</b> (Include all dates of the inspection) February 8, 2010, February 9, 2010, March 2, 2010 and March 3, 2010		<b>REGIONAL REPRESENTATIVE</b> Michelle Norton (3/2/10, 3/3/10), Chevon Mitchell, Kimberli Foulkes (2/8/10, 2/9/10)	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Hawana Blake</i>	<b>DATE</b> 4-30-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Chevon Mitchell</i>	<b>DATE</b> 5/3/10

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
82c Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.	The laundry room contained a bottle of bleach labeled, "if swallowed, call a poison control center immediately for treatment advice," and a bottle of "Clean N Brita" Powder Laundry detergent with instructions on the label to, "call Physician," if swallowed. The laundry room is unlocked and accessible to residents. None of the residents in the home have been assessed for the safe use of poisons.	5-2-10	Purchased a lock box to place detergent and bleach in. It will be locked at all times when staff is not using it. Staff will monitor the home daily and lock up any poisonous materials found on 5/3/10	

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

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Kaysim Court Manor 5909-19 Wayne Avenue, Philadelphia, PA 19144		<b>CURRENT LICENSE NUMBER</b> 109660	
<b>INSPECTION DATE(S)</b> (include all dates of the inspection) February 8, 2010, February 9, 2010, March 2, 2010 and March 3, 2010		<b>REGIONAL REPRESENTATIVE</b> Michelle Morton (3/2/10, 3/3/10), Chevon Mitchell, Kimberli Foukes (2/8/10, 2/9/10)	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Kayima Blake</i>	<b>DATE</b> <i>4-30-10</i>	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Chevon Mitchell</i>	<b>DATE</b> <i>5/3/10</i>

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
85a Sanitary conditions shall be maintained.	The water cooler in the television room had mold on the inside of the lid. There was a dead gnat floating in the water. The spout was clogged with black mold.	3-4-10	Water cooler is to be washed daily or more often if necessary. It will be checked by staff periodically throughout the day.	

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

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<b>INSPECTION DATE(S)</b> (include all dates of the inspection) February 8, 2010, February 9, 2010, March 2, 2010 and March 3, 2010		<b>REGIONAL REPRESENTATIVE</b> Michelle Morton (3/2/10, 3/3/10), Chevon Mitchell, Kimberl Foulkes (2/8/10, 2/9/10)	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Kayman Bleh</i>	<b>DATE</b> 4-30-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Chevon Mitchell</i>	<b>DATE</b> 5/3/10

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 this specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
85b There may be no evidence of infestation of insects or rodents in the home.	There was a live roach crawling in the pantry on the 3 <sup>rd</sup> shelf to the right of the door. The pantry is used to store food.	3-4-10  6/1/10	Our exterminator comes out bi monthly. We have had interrupted service for the past nine years. The exterminator was out on March 1. This roach that was discovered must have been dying. We will continue to clean the pantry and inform exterminator of any additional sightings.  The home will increase the number of exterminator visits per month to ensure that roaches and other pests are eradicated. R 5/3/10	

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

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Kaysim Court Manor 6909-19 Wayne Avenue, Philadelphia, PA 19144		<b>CURRENT LICENSE NUMBER</b> 109660	
<b>INSPECTION DATE(S)</b> (include all dates of the inspection) February 8, 2010, February 9, 2010, March 2, 2010 and March 3, 2010		<b>REGIONAL REPRESENTATIVE</b> Michelle Morton (3/2/10, 3/3/10), Chevon Mitchell, Kimberli Foulkes (2/8/10, 2/9/10)	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Kaysim Court Manor</i>	<b>DATE</b> 4-30-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Chevon Mitchell</i>	<b>DATE</b> 5/3/10

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
85e Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.	-There was trash lying on the exterior of the home on the ground by Fire Exit D. The items included an empty Seagram's bottle, two empty soda bottles, an empty soda can, and cigarette butts.  -There was an uncovered trashcan with trash in it lying on its' side on the ground in the front yard.	3-4-10	Staff has been retrained to monitor Fire Exits and remove trash. Residents were reminded that Fire escapes are not to be used for smoking. Instructed staff to remove any unauthorized trash cans from around the buildings.  These areas will be monitored by staff daily. C.M. 5/3/10	

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

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Kaysim Court Manor 5909-19 Wayne Avenue, Philadelphia, PA 19144		<b>CURRENT LICENSE NUMBER</b> 109660	
<b>INSPECTION DATE(S)</b> (Include all dates of the inspection) February 8, 2010, February 9, 2010, March 2, 2010 and March 3, 2010		<b>REGIONAL REPRESENTATIVE</b> Michelle Morton (3/2/10, 3/3/10), Chevon Mitchell, Kimberli Foulkes (2/8/10, 2/9/10)	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Kawana Blake</i>	<b>DATE</b> 4-30-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Chevon Mitchell</i>	<b>DATE</b> 5/3/10

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
87 The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.	Fire Exit F leads to a small room with a door to the outside exit and a door to the stage. There is no light in this area and when all three doors are shut, this area is completely unlit.	5-15-10	The fixture is defective I will have an electrician replace it. Instructed staff to monitor this area to ensure fixture is operational.	

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

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<b>SIGNATURE OF LEGAL ENTITY</b> <i>Kayanna Blake</i>	<b>DATE</b> 4-30-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Chevon Mitchell</i>	<b>DATE</b> 5/3/10

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
89b Hot water temperature in areas accessible to the resident may not exceed 120°F.	On 3/2/10, the water temperature in the sink of the bathroom by Fire Exit D measure 136.5°F.	5-15-10	Staff has been trained on how to take water temperatures properly using a thermometer. In the process of designing a form that will be placed in the bathrooms. This form will indicate date, time, temperature and staff signature.  The water temperature was turned down. CIRM 5/3/10	

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

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<b>SIGNATURE OF LEGAL ENTITY</b> <i>Kayson Blake</i>	<b>DATE</b> 2-30-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Chevon Mitchell</i>	<b>DATE</b> 5/3/10

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
93a Each ramp, interior stairway and outside steps shall have a well-secured handrail.	<ul style="list-style-type: none"> <li>-Fire Exits D and E have one step from the door to the ground but they do not have handrails.</li> <li>-Fire Exit G has a step that is 14 inches high that slopes to 17 inches. There is not a handrail present.</li> <li>-The home's main staircase includes a step between floors 2 and 2½ but there is not a handrail present.</li> <li>-There is one step from the cottage to the porch but there is not a handrail present.</li> </ul>	5-20-10	<p><i>all but one handrail has been installed. The LAST one has to be built.</i></p> <p><i>The last handrail will be built by 5/20/10 and installed. Staff will monitor handrails daily for safety. Done 5/3/10</i></p>	

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

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<b>SIGNATURE OF LEGAL ENTITY</b> <i>Kawana Blake</i>	<b>DATE</b> 4-30-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Chevon Mitchell</i>	<b>DATE</b> 5/3/10

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	<p>-The handrail on the main staircase from floor 2½ to 3 had a loose railing that was able to be moved 2" from side-to-side.</p> <p>-There were 3 steps down from Fire Exit L. There was not a railing on the steps.</p>	5-20-10	<p>See response on page 21.</p> <p>Loose handrail was repaired 3-5-10. It was on the agenda for repair.</p>	

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

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<b>SIGNATURE OF LEGAL ENTITY</b> <i>Kawana Blake</i>	<b>DATE</b> 2-30-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Chevon Mitchell</i>	<b>DATE</b> 5/3/10

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94a Interior and exterior doors that open directly into a stairway and are used for exit doors, resident areas, and fire exits shall have a landing, which is a minimum of 3 feet by 3 feet.	There was a door that opened directly onto a flight of stairs that led to the passageway from the main building to the cottage area of the home. There was no landing at the top of the stairs.	<del>3-5-10</del> 6-15-10	<del>Changed the direction of the swing of the door.</del> <sup>COV 5/3/10</sup> The Home will build either a ramp or new steps with a 3x3 landing from the identified door to lower Brezway. Maintenance will check daily for any needed repairs. <sup>COV 5/3/10</sup>	

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

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<b>SIGNATURE OF LEGAL ENTITY</b> <i>Kawana Blake</i>	<b>DATE</b> 4-30-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Chevon Mitchell</i>	<b>DATE</b> 5/3/10

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96a The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.	On 3/3/10, the first aid kit in the kitchen next to the exit door contained only tweezers. It did not contain nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, and eye coverings.	5-5-10	The first aid kit was restocked with the necessary items. In the process of developing a check list form that will be inside the kits, indicating what has been used so that in the future this violation will not occur again. Will monitor checklist monthly. This will be the new hires responsibility.	

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

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Kaysim Court Manor 5909-19 Wayne Avenue, Philadelphia, PA 19144		<b>CURRENT LICENSE NUMBER</b> 103660	
<b>INSPECTION DATE(S)</b> (Include all dates of the inspection) February 8, 2010, February 9, 2010, March 2, 2010 and March 3, 2010		<b>REGIONAL REPRESENTATIVE</b> Michelle Morton (3/2/10, 3/3/10), Chevon Mitchell, Kimberli Foulkes (2/8/10, 2/9/10)	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Kawana Blake</i>	<b>DATE</b> 4-30-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Chevon Mitchell</i>	<b>DATE</b> 5/3/10

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
100b The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.	-On 3/2/10, there was snow covering the walkway at the bottom of the fire escape that comes down from fire doors H and J and the fire escape that comes down from fire doors G and I.  -On 3/2/10, the steps from Fire Exit M leading down to the ground were covered in wet leaves. The pavement at the bottom of the steps was covered in snow.	5-15-10	Retrained staff regarding the importance of removing all snow from the fire escapes as well as other hazards such as leaves. They are instructed to monitor fire escapes daily. In the process of developing a check-off list that will identify the name, date, time fire escape was inspected.	

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

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<b>INSPECTION DATE(S) (include all dates of the inspection)</b> February 8, 2010, February 9, 2010, March 2, 2010 and March 3, 2010		<b>REGIONAL REPRESENTATIVE</b> Michelle Morton (3/2/10, 3/3/10), Chevon Mitchell, Kimberli Foulkes (2/8/10, 2/9/10)	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Kawana Blake</i>	<b>DATE</b> 4-30-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Chevon Mitchell</i>	<b>DATE</b> 5/3/10

1 REGULATION 55 Pa.Code § 2800.	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
101j2 Each resident shall have the following in the bedroom: A chair for each resident that meets the resident's needs.	On 3/3/10, resident room #205 did not have a chair for the resident.  Repeat Violation – 117/09	3-3-10	Mirror and chair were installed immediately. Staff person responsible for ensuring compliance for that room was terminated.  Staff will monitor contents of resident rooms daily and replace any missing items. Done 5/3/10	

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

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Kaysim Court Manor 6909-19 Wayne Avenue, Philadelphia, PA 19144		<b>CURRENT LICENSE NUMBER</b> 109660	
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<b>SIGNATURE OF LEGAL ENTITY</b> <i>Kawana Blake</i>	<b>DATE</b> 4-30-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Chevon Mitchell</i>	<b>DATE</b> 5/3/10

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
101j6 Each resident shall have the following in the bedroom: A mirror.	On 3/3/10, resident room #205 did not have a mirror.  Repeat Violation – 1/7/09	3-3-10	<del>See page 25 for response.</del> Mirror was installed immediately. Staff person responsible for ensuring compliance for that room was terminated. Staff will monitor contents of resident rooms daily and replace any missing items. Cems/3/10	

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

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Kaysim Court Manor 5909-19 Wayne Avenue, Philadelphia, PA 19144		<b>CURRENT LICENSE NUMBER</b> 109660	
<b>INSPECTION DATE(S)</b> (include all dates of the inspection) February 8, 2010, February 9, 2010, March 2, 2010 and March 3, 2010		<b>REGIONAL REPRESENTATIVE</b> Michelle Morton (3/2/10, 3/3/10), Chevon Mitchell, Kimberli Foukes (2/8/10, 2/9/10)	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Kawana Blake</i>	<b>DATE</b> 4-30-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Chevon Mitchell</i>	<b>DATE</b> 5/3/10

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 DPH
102d Toilet and bath areas shall have grab bars, hand rails or assist bars.	On 3/2/10, there was not a grab bar by the toilet in the 3 <sup>rd</sup> floor shared bathroom in the main building.	3-2-10	Grab bar was installed STAFF re-trained as to what all bathrooms must have. Staff will monitor grab bars for safety daily comm 3/3/10	

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

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<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Kayaim Court Manor 5909-19 Wayne Avenue, Philadelphia, PA 19144		<b>CURRENT LICENSE NUMBER</b> 109660
<b>INSPECTION DATE(S)</b> (include all dates of the inspection) February 8, 2010, February 9, 2010, March 2, 2010 and March 3, 2010		<b>REGIONAL REPRESENTATIVE</b> Michelle Morton (3/2/10, 3/3/10), Chevon Mitchell, Kimberli Foulkes (2/8/10, 2/9/10)
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Kayaim Blake</i>	<b>DATE</b> 4-30-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Chevon Mitchell</i>
		<b>DATE</b> 5/3/10

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 DEW
102i A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.	On 3/2/10, there was an unlabeled bar of soap lying on the sink closest to the door in the bathroom by Fire Exit D.	3-5-10  5/15/10	We recently got new residents from a home closing. Reminded them to use liquid soap instead of bar soap because it is easy to forget and leave the soap behind in the bathroom. Out of the thirteen bathrooms we in home you can see this was an unusual occurrence. Will continue to monitor bathrooms to maintain compliance.  The direct-care staff will check bathrooms daily to ensure that bar soap is not in use unless it is clearly labeled. ra 5/3/10	

(FAX)

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2500**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Kaysim Court Manor 5909-19 Wayne Avenue, Philadelphia, PA 19144		<b>CURRENT LICENSE NUMBER</b> 109560	
<b>INSPECTION DATE(S)</b> (include all dates of the inspection) February 8, 2010, February 9, 2010, March 2, 2010 and March 3, 2010		<b>REGIONAL REPRESENTATIVE</b> Michelle Merton (3/2/10, 3/3/10), Chevon Mitchell, Kimberli Foulkes (2/8/10, 2/9/10)	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Kawana Blake</i>	<b>DATE</b> 4-30-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Chevon Mitchell</i>	<b>DATE</b> 5/3/10

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
1021 Shelves or hooks for the resident's towel and clothing shall be provided.	On 3/2/10, the 3 <sup>rd</sup> floor shared bathroom in the main building did not have a hook for towels or clothing.	3-2-10	Hooks were placed in this bathroom. House keeping is trained to look for and report on their bathroom log records any damaged or missing items.	

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

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Kaysim Court Manor 6969-19 Wayne Avenue, Philadelphia, PA 19144		<b>CURRENT LICENSE NUMBER</b> 109660	
<b>INSPECTION DATE(S) (include all dates of the inspection)</b> February 8, 2010, February 9, 2010, March 2, 2010 and March 3, 2010		<b>REGIONAL REPRESENTATIVE</b> Michelle Morton (3/2/10, 3/3/10), Chevon Mitchell, Kimberli Foulkes (2/8/10, 2/9/10)	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Kawana Blake</i>	<b>DATE</b> 4-30-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Chevon Mitchell</i>	<b>DATE</b> 5/2/10

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
103f Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers shall be required in refrigerators and freezers.	On 3/2/10, the temperature in the home's stainless steel refrigerator was 48°F. The refrigerator was in use and contained food.  Repeat Violation – 1/7/09.	3-3-10	Have two new back-up refrigerators in the kitchen to handle emergencies such as this. Perishable food was transferred to the other refrigerators. Technician fixed problem the next day. I hope to have enough funds to replace that refrigerator in the near future.  Staff will monitor temperatures in the home's refrigerator daily. 5/2/10.	

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

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Kaysim Court Manor 5909-19 Wayne Avenue, Philadelphia, PA 19144		<b>CURRENT LICENSE NUMBER</b> 109660	
<b>INSPECTION DATE(S)</b> (include all dates of the inspection) February 8, 2010, February 9, 2010, March 2, 2010 and March 3, 2010		<b>REGIONAL REPRESENTATIVE</b> Michelle Morton (3/2/10, 3/3/10), Chevon Mitchell, Kimberli Foulkes (2/8/10, 2/9/10)	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Kawana Blake</i>	<b>DATE</b> 4-30-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Chevon Mitchell</i>	<b>DATE</b> 5/3/10

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
103g Food shall be stored in closed or sealed containers.	On 3/2/10, there was an open, unsealed five-pound bag of milk powder and an open, unsealed 16-ounce box of cornstarch in the pantry on the 2 <sup>nd</sup> shelf to the right of the door.	3-3-10	Reminded staff to be more observant. Everything else in the pantry were in sealed containers.  These items were thrown out. Staff will monitor the pantry daily. COM 5/3/10	

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

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Kaysim Court Manor 5909-19 Wayne Avenue, Philadelphia, PA 19144		<b>CURRENT LICENSE NUMBER</b> 109660	
<b>INSPECTION DATE(S)</b> (include all dates of the inspection) February 8, 2010, February 9, 2010, March 2, 2010 and March 3, 2010		<b>REGIONAL REPRESENTATIVE</b> Michelle Morton (3/2/10, 3/3/10), Chevon Mitchell, Kimberli Foulkes (2/8/10, 2/9/10)	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Kawana Blake</i>	<b>DATE</b> 4-30-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Chevon Mitchell</i>	<b>DATE</b> 5/3/10

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
105g To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.	On 3/2/10, there was a 1/2" thick layer of lint in the dryer in the laundry room.	3-2-10	Employee responsible for Laundry that day was put on probation for failing to follow directions. There is a sign posted next to the dryer which the licensing representative saw, reminding staff to remove lint from dryer after each use. Retained staff everyone is to do periodic inspections to ensure compliance is maintained. If laundry area is not in compliance they are to fix immediately and report findings to supervisor.	

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

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Kaysim Court Manor 5909-19 Wayne Avenue, Philadelphia, PA 19144		<b>CURRENT LICENSE NUMBER</b> 109660	
<b>INSPECTION DATE(S)</b> (include all dates of the inspection) February 8, 2010, February 9, 2010, March 2, 2010 and March 3, 2010		<b>REGIONAL REPRESENTATIVE</b> Michelle Morton (3/2/10, 3/3/10), Chevon Mitchell, Kimberl Foulkes (2/8/10, 2/9/10)	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Kawana Blake</i>	<b>DATE</b> 4-30-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Chevon Mitchell</i>	<b>DATE</b> 5/3/10

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
109b Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.	The vaccination record for the home's dog "Big Man" does not include a rabies vaccination.	3-25-10	Thought the shot record we had for "Big Man" included his rabies shots. "Big Man" got his rabies shots on 3-25-10 Am shift supervisor will be responsible for making sure "Big Man's" shots are kept up to date CPMS/10	

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

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Kaysim Court Manor 6909-19 Wayne Avenue, Philadelphia, PA 19144		<b>CURRENT LICENSE NUMBER</b> 109660	
<b>INSPECTION DATE(S)</b> (Include all dates of the inspection) February 8, 2010, February 9, 2010, March 2, 2010 and March 3, 2010		<b>REGIONAL REPRESENTATIVE</b> Michelle Morton (3/2/10, 3/3/10), Chevon Mitchell, Kimberli Faulkes (2/8/10, 2/9/10)	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Kayana Blake</i>	<b>DATE</b> 4-30-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Chevon Mitchell</i>	<b>DATE</b> 5/3/10

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
121a Stairways, hallways, doorways, passageways and egress routes from rooms and from the building shall be unlocked and unobstructed.	-On 3/2/10, there were 5 large trash bags and 1 pillowcase, all filled with laundry, lying on the floor in the laundry room, blocking the path through the laundry room. The laundry room is used as a means of egress from the passageway leading from the main building to the home's cottage building.  -On 3/2/10, the door to Fire Exit P required excessive force and three attempts to open.	3-2-10          5/20/10	Signs were placed in the Laundry room informing staff and residents not to store laundry in this area. Other signs were posted indicating where to store laundry. Retrained staff on the importance of not blocking means of egress, and to open each Fire Exit door and inspect Fire escapes daily to ensure we maintain compliance.  The door to Fire Exit P will be repaired.	

*5/3/10*

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

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Kaysim Court Manor 5909-19 Wayne Avenue, Philadelphia, PA 19144		<b>CURRENT LICENSE NUMBER</b> 109660	
<b>INSPECTION DATE(S)</b> (include all dates of the inspection) February 8, 2010, February 9, 2010, March 2, 2010 and March 3, 2010		<b>REGIONAL REPRESENTATIVE</b> Michelle Morton (3/2/10, 3/3/10), Chevon Mitchell, Kimberli Foulkes (2/8/10, 2/9/10)	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Kaysim Court Manor</i>	<b>DATE</b> 4-30-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Chevon Mitchell</i>	<b>DATE</b> 5/3/10

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
123a Exit doors shall be equipped so that they can be easily opened by residents from the inside without the use of a key or other manual device that can be removed, misplaced or lost.	There was a passage leading from the main building to the laundry room and then to the cottage that had doors at each end of it. The door between the passage and the laundry room had a lock with a key locking mechanism on the laundry room side of it. The door from the laundry room to the cottage had a lock with a key locking mechanism on the cottage side of it. The door from the main building to the passage had a lock with a key locking mechanism on the passage side of it. These doors are used as means of egress from each building in an emergency.	5-2-10	Will have door knobs replaced with unlocking ones by 5-2-10. There are two other means of egress on that 1st floor of the cottage house. One is off the sitting room next to the laundry room the other is the front door. All residents who live in the building know about these exits. They are shown them when they move in.	

5/20/10 All doors equipped with key locking devices will be modified or repaired to ensure easy opening from the inside and protection from exterior threats. *5/3/10*

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

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Kaysim Court Manor 5809-19 Wayne Avenue, Philadelphia, PA 19144		<b>CURRENT LICENSE NUMBER</b> 109660	
<b>INSPECTION DATE(S)</b> (include all dates of the inspection) February 8, 2010, February 9, 2010, March 2, 2010 and March 3, 2010		<b>REGIONAL REPRESENTATIVE</b> Michelle Morton (3/2/10, 3/3/10), Chevon Mitchell, Kimberli Fouikes (2/8/10, 2/9/10)	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Kawanna Blake</i>	<b>DATE</b> 2-30-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Chevon Mitchell</i>	<b>DATE</b> 5/3/10

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 DFV
132b A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.	The home did not have documentation that a fire safety expert has inspected the home within the past year.		In the process of scheduling another inspection. Kaysim provided documentation that we had an observed fire drill and training from a fire safety expert. This individual went throughout the entire building checking fire escapes etc. but did not provide additional documentation other than signing the fire drill book and providing us a certificate for training. Will get the additional form required.	

6/1/10 The home will have a supervised drill and fire-safety inspection by a fire-safety expert  
*5/3/10*

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

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Kaysim Court Manor 5909-19 Wayne Avenue, Philadelphia, PA 19144		<b>CURRENT LICENSE NUMBER</b> 109660	
<b>INSPECTION DATE(S)</b> (include all dates of the inspection) February 8, 2010, February 9, 2010, March 2, 2010 and March 3, 2010		<b>REGIONAL REPRESENTATIVE</b> Michelle Morton (3/2/10, 3/3/10), Chevon Mitchell, Kimberli Foulkes (2/8/10, 2/9/10)	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Kaysim Court Manor</i>	<b>DATE</b> 4-30-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Chevon Mitchell</i>	<b>DATE</b> 5/3/10

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
133a1 If the home serves nine or more residents, signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.	Fire Exit F leads from the dining room to small room with an exit door to the outside and a door to the stage. There is no exit sign over the door to the outside.	5-15-10	Have called an electrician to replace ceiling fixture that is not operational. Exit sign has been placed in identified area. Staff will monitor that signs are posted daily. Complete	

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

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<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Kaysim Court Manor 5909-19 Wayne Avenue, Philadelphia, PA 19144		<b>CURRENT LICENSE NUMBER</b> 109660	
<b>INSPECTION DATE(S)</b> (Include all dates of the inspection) February 8, 2010, February 9, 2010, March 2, 2010 and March 3, 2010		<b>REGIONAL REPRESENTATIVE</b> Michelle Morton (3/2/10, 3/3/10), Chevon Mitchell, Kimberli Foulkes (2/8/10, 2/9/10)	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Kawana Blake</i>	<b>DATE</b> 4-30-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Chevon Mitchell</i>	<b>DATE</b> 5/3/10

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
133a2 If the home serves nine or more residents, if the exit or way to reach the exit is not immediately visible, access to exits shall be marked with readily visible signs indicating the direction to travel.	-The main staircase leads from the main vestibule to the top of the home. There is a door at each landing. When the doors are closed, the exit down the stairs is not visible. None of the doors are labeled with exit signs (The doors are on the landings at the tops of floors 1, 1½, 2, 2½, and 3).  -The door from the main building to the passageway that leads to the cottage and laundry room did not have an exit sign on it. The door leads to an emergency egress with 2 fire exits in it.	3-4-10	Exit signs are in place on each side of the doors. Maintenance staff will monitor signs daily - com 5/3/10	

(FAX)

P. 040/055

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

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Kaysim Court Manor 5909-19 Wayne Avenue, Philadelphia, PA 19144		<b>CURRENT LICENSE NUMBER</b> 109660	
<b>INSPECTION DATE(S)</b> (include all dates of the inspection) February 8, 2010, February 9, 2010, March 2, 2010 and March 3, 2010		<b>REGIONAL REPRESENTATIVE</b> Michelle Morton (3/2/10, 3/3/10), Chevon Mitchell, Kimberli Foulkes (2/8/10, 2/9/10)	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Kayman Blake</i>	<b>DATE</b> 4-30-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Chevon Mitchell</i>	<b>DATE</b> 5/3/10

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
	-There is a sitting room in the cottage that does not have a visible exit. There is no indication how to get to an exit.	3-15-10	Have called an electrician to install an exit sign in this area. All residents are shown where exits are on each floor when they move in.	

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

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Kaysim Court Manor 5909-19 Wayne Avenue, Philadelphia, PA 19144		<b>CURRENT LICENSE NUMBER</b> 109660	
<b>INSPECTION DATE(S)</b> (Include all dates of the inspection) February 8, 2010, February 9, 2010, March 2, 2010 and March 3, 2010		<b>REGIONAL REPRESENTATIVE</b> Michelle Morton (3/2/10, 3/3/10), Chevon Mitchell, Kimberli Fouikes (2/8/10, 2/9/10)	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Kawana Blake</i>	<b>DATE</b> 4-30-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Chevon Mitchell</i>	<b>DATE</b> 5/3/10

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
141a The medical evaluation shall include the following:  (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.	The medical evaluation for Resident #13, dated 1/28/10, says "see attached" under medication. There is no attachment.  Repeat Violation – 1/7/09	7-30-10	Dr. is re-doing all MASS's. Administrative Assistant will be responsible for making sure any "see attached" paperwork is attached. The Administrator will do frequent periodic random reviews to assure compliance.	

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

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Kaysin Court Manor 5909-19 Wayne Avenue, Philadelphia, PA 19144		<b>CURRENT LICENSE NUMBER</b> 109660	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> February 8, 2010, February 9, 2010, March 2, 2010 and March 3, 2010		<b>REGIONAL REPRESENTATIVE</b> Michelle Morton (3/2/10, 3/3/10), Chevon Mitchell, Kimberli Foulkes (2/8/10, 2/9/10)	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Kawana Blake</i>	<b>DATE</b> 4-30-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Chevon Mitchell</i>	<b>DATE</b> 5/3/10

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
141b1 A resident shall have a medical evaluation at least annually.	The most recent medical evaluation for Resident #3 is dated 1/29/09, more than 12 months ago.  Repeat Violation – 1/7/09	7-30-10	Staff person who was responsible for ensuring compliance was terminated. New staff hired and is working diligently with the doctor in correcting the situation. This employee will be responsible for ensuring compliance. Administrator will do frequent periodic random reviews to assure compliance.	

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

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Kaysim Court Manor 5909-19 Wayne Avenue, Philadelphia, PA 19144		<b>CURRENT LICENSE NUMBER</b> 109660	
<b>INSPECTION DATE(S)</b> (Include all dates of the inspection) February 8, 2010, February 9, 2010, March 2, 2010 and March 3, 2010		<b>REGIONAL REPRESENTATIVE</b> Michelle Morton (3/2/10, 3/3/10), Chevon Mitchell, Kimberli Foulkes (2/8/10, 2/9/10)	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Kayana Blake</i>	<b>DATE</b> 4-30-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Chevon Mitchell</i>	<b>DATE</b> 5/3/10

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
144c If smoking is permitted, the designated smoking room or area outside the home shall have fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, fire resistant furniture and fire extinguishers.	The designated smoking area on the Haines Street side of the home is littered with cigarette butts too numerous to count.	3-30-10	There has been considerable improvement since the inspection. STAFF and residents are working together to keep cigarette butts in the ASH cans. Area is much cleaner. Staff will monitor the area daily. COM 5/3/10 Staff will be responsible for cleaning the area. Residents will not perform work on behalf of the home. <i>[Signature]</i> 5/3/10	

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

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Kaysim Court Manor 5909-19 Wayne Avenue, Philadelphia, PA 19144		<b>CURRENT LICENSE NUMBER</b> 109660	
<b>INSPECTION DATE(S)</b> (Include all dates of the inspection) February 8, 2010, February 9, 2010, March 2, 2010 and March 3, 2010		<b>REGIONAL REPRESENTATIVE</b> Michelle Morton (3/2/10, 3/3/10), Chevon Mitchell, Kimberil Foulkes (2/8/10, 2/9/10)	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Kawana Blake</i>	<b>DATE</b> 4-30-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Chevon Mitchell</i>	<b>DATE</b> 5/3/10

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
144c The location of a smoking room or outside smoking area shall be a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits:	One of the home's designated smoking areas is located on the front porch of the home. On 3/2/10 and 3/3/10, residents were smoking in this area directly next to the main entrance of the home.  Repeat Violation – 1/7/09	7-30-10	When funds become available I want to change the designated smoking area to the enclosed courtyard located on the first floor of the main building. This area needs cement or pavers before the residents can use this area. Resident's will be given a 30 day notice prior to the change. Residents have been directed not to smoke on the front porch beyond the designated line. Crows are kept away from the main entrance.	

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

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Kaysira Court Manor 5909-19 Wayne Avenue, Philadelphia, PA 19144		<b>CURRENT LICENSE NUMBER</b> 109660	
<b>INSPECTION DATE(S)</b> (include all dates of the inspection) February 8, 2010, February 9, 2010, March 2, 2010 and March 3, 2010		<b>REGIONAL REPRESENTATIVE</b> Michelle Morton (3/2/10, 3/3/10), Chavon Mitchell, Kimberli Foulkes (2/8/10, 2/9/10)	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Kawana Blake</i>	<b>DATE</b> 4-30-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Chavon Mitchell</i>	<b>DATE</b> 5/3/10

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
144d Smoking outside of the smoking room is prohibited.	<p>-There were 4 cigarette burns in the mattress of the bed to the left of the door in Room 115.</p> <p>-The designated smoking areas of the home are the front porch and the side of the home towards Haines Street. There were 48 cigarette butts and a spent book of matches lying on the fire escape by Fire Exit J and the seating area inside this exit smelled like smoke.</p>	3-4-10	<p>Have implemented A Reward policy to anyone who helps catch smoking in prohibited places. Residents are trying to take active rolls to prevent smoking abuse. STAFF person responsible for housekeeping of that room. is on probation for not reporting this information to the on-staff supervisor for her shift. Mattress was replaced and resident moved home with mom.</p>	

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

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Kaysim Court Manor 5909-19 Wayne Avenue, Philadelphia, PA 19144		<b>CURRENT LICENSE NUMBER</b> 105660	
<b>INSPECTION DATE(S) (include all dates of the inspection)</b> February 8, 2010, February 9, 2010, March 2, 2010 and March 3, 2010		<b>REGIONAL REPRESENTATIVE</b> Michele Morton (3/2/10, 3/3/10), Chevon Mitchell, Kimberly Foulkes (2/8/10, 2/9/10)	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Kaysim Court Manor</i>	<b>DATE</b> 4-30-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Chevon Mitchell</i>	<b>DATE</b> 5/3/10

1 REGULATION 55 Pa.Code § 2800.	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
183c Prescription medications, OTC medications and CAM stored in a refrigerator shall be kept in an area or container that is locked.	On 3/2/10, there was a prescription bottle of Geri-lanta belonging to Resident #14 on the shelf above the counter in the kitchen. The kitchen was unattended and accessible to residents.	3-2-10	STAFF member put the medication there on the shelf while washing out the dispenser cup. The phone rang she went to answer it. Instructed staff to keep the medication bottle in their nurse's smock to ensure it can not be left unattended, while cleaning out dispenser cup. They are to secure the medication in the med room as soon as possible.	

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

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Kaysim Court Manor 5909-19 Wayne Avenue, Philadelphia, PA 19144		<b>CURRENT LICENSE NUMBER</b> 109660	
<b>INSPECTION DATE(S)</b> (Include all dates of the inspection) February 8, 2010, February 9, 2010, March 2, 2010 and March 3, 2010		<b>REGIONAL REPRESENTATIVE</b> Michelle Morton (3/2/10, 3/3/10), Chevon Mitchell, Kimberli Foulkes (2/8/10, 2/9/10)	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Kawana Blake</i>	<b>DATE</b> 4-30-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Chevon Mitchell</i>	<b>DATE</b> 5/3/10

1 REGULATION 55 Pa.Code § 2800.	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
185a The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.	-The home's medication policy states, "If a resident refuses to take a prescription medication, the refusal must be documented on the MAR with the refusal code..." On 2/7/10, Direct Care Staff Person C marked Resident #15's medication administration record with the home's refusal code "B" for the administration of the 8:00pm medications without actually offering the medications to the resident.  -The home's medication policy does not address the storage of or access to medications.	5-5-10          5-30-10	STAFF go through the building knocking on doors to inform residents when it's time to take their medications. If a resident doesn't come for medications they will get the bedroom key do a visual inspection to ensure it is not a case that the person is out of the building and that it is an actual refusal so that the Mar's has the correct code. A policy will be added to states All medications will be kept in the locked med room or in the locked med cart.	

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

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Kaysim Court Manor 5909-19 Wayne Avenue, Philadelphia, PA 19144		<b>CURRENT LICENSE NUMBER</b> 109660
<b>INSPECTION DATE(S)</b> (Include all dates of the inspection) February 8, 2010, February 9, 2010, March 2, 2010 and March 3, 2010		<b>REGIONAL REPRESENTATIVE</b> Michelle Morton (3/2/10, 3/3/10), Chevon Mitchell, Kimberti Foulkes (2/8/10, 2/9/10)
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Awarra Blake</i>	<b>DATE</b> 4-30-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Chevon Mitchell</i>
		<b>DATE</b> 5/3/10

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
186a Each prescription medication shall be prescribed in writing by an authorized prescriber. Prescription orders shall be kept current.	The medication administration record for Resident #10 included Clonidine HCL 0.1 mg. The label on the pharmacy bottle indicated the medication is 0.3 mg. There is no written clarification from the physician regarding the correct dosage of the medication.	4-1-10	STAFF follows dosing instructions on the label. They are to read the medications when they are delivered to the home. One person is to read the MAR's the other person visually reads the medication containers to ensure MAR's and labels are in agreement. Discrepancies are to be reported to the Administrator. Calls will be placed to the appropriate individuals to correct the problem. This problem was resolved immediately.	

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

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Kaysim Court Manor 5909-19 Wayne Avenue, Philadelphia, PA 19144		<b>CURRENT LICENSE NUMBER</b> 109660	
<b>INSPECTION DATE(S)</b> (Include all dates of the inspection) February 8, 2010, February 9, 2010, March 2, 2010 and March 3, 2010		<b>REGIONAL REPRESENTATIVE</b> Michelle Morton (3/2/10, 3/3/10), Chevon Mitchell, Kimberli Fourkes (2/8/10, 2/9/10)	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Kawana Blake</i>	<b>DATE</b> 4-30-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Chevon Mitchell</i>	<b>DATE</b> 5/3/10

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
187a A medication record shall be kept to include the following for each resident for whom medications are administered:  (9) Administration times.  (12) Diagnosis or purpose for the medication, including pro re nata (PRN).	-The medication administration record for Resident #1 does not include diagnoses for Benztropine 0.5 mg, Clozapine 25 mg, Clozapine 100 mg, or Haloperidol 50 mg/mL.  -The home had a bottle of the prescription medication Risperidone 2 mg, "Take one tablet by mouth in the morning and take two tablets at bedtime," for Resident #10. The medication administration record included the medication but the bedtime dose was not listed.  Repeat Violation – 17709	4-1-10	STAFF contacted Dr. diagnosis WAS added for listed medications.  This was a case of human error. Each Med Tech is to review the previous Med Tech's shift's documentation. There is a reward system in place for anyone who discovers situations such as this. This has been corrected.  MARs will be checked by staff monthly to ensure medications are listed properly. Conv 5/3/10	

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

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Kaysim Court Manor 5909-19 Wayne Avenue, Philadelphia, PA 19144		<b>CURRENT LICENSE NUMBER</b> 109860	
<b>INSPECTION DATE(S)</b> (Include all dates of the inspection) February 8, 2010, February 9, 2010, March 2, 2010 and March 3, 2010		<b>REGIONAL REPRESENTATIVE</b> Michelle Morton (3/2/10, 3/3/10), Chevon Mitchell, Kimberli Fourkes (2/8/10, 2/9/10)	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Kayana Blake</i>	<b>DATE</b> 4-30-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Chevon Mitchell</i>	<b>DATE</b> 5/3/10

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.	-The medication administration record for Resident #10 included Amlodopine Besylate 10 mg but the medication is not initiated by staff on the February and March 2010 medication administration records indicating the medication was given as prescribed. Direct Care Staff Person E stated the medication is given to the resident at 8 a.m. daily.  -The medication administration record for Resident #8 included Divaproex ER 500 mg ER, "Take 1 tablet by mouth in the morning and . . . take 2 tablets	5-1-10	STAFF have been trained to look for errors. A reward system has been put in place for anyone discovering discrepancies. Resident has received all doses as prescribed.	

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

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Kaysim Court Manor 5909-19 Wayne Avenue, Philadelphia, PA 19144		<b>CURRENT LICENSE NUMBER</b> 109660	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> February 9, 2010, February 9, 2010, March 2, 2010 and March 3, 2010		<b>REGIONAL REPRESENTATIVE</b> Michelle Morton (3/2/10, 3/3/10), Chevon Mitchell, Kimberli Foulkes (2/8/10, 2/9/10)	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Hawara Blake</i>	<b>DATE</b> 4-30-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Chevon Mitchell</i>	<b>DATE</b> 5/5/10

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
	by mouth at bed time." The February 2010 medication administration record does not include staff initials indicating that any of the 8 a.m. doses were administered. The March 2010 medication administration record does not have staff initials indicating that the 8 p.m. doses were administered on 3/1/10 and 3/2/10.  Repeat Violation – 1/7/09	6-1-10	Administrator will do a spot check throughout the month to ensure compliance. STAFF have been informed that carelessness will cost them their jobs. This was due to visual oversight by all parties. New staff person will help do spot checks using Fresh eyes.	

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

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<b>SIGNATURE OF LEGAL ENTITY</b> <i>Hawana Bleh</i>	<b>DATE</b> 4-30-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Chevon Mitchell</i>	<b>DATE</b> 6/5/10

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
251c The home shall use standardized forms to record information in the resident's record.	<p>-Resident #2's medical evaluation dated 9/22/09 was not completed on the Department's required form.</p> <p>-Resident #13, admitted on 4/7/09, had a medical evaluation completed on 4/2/09 that was not completed on the Department's required form. A medical evaluation completed on the Department's required form was not completed until 6/30/09.</p>	7-30-10	<p><i>medical evaluations</i></p> <p>Dr. is re-doing all MASS's Employee for ensuring quality control in this area has been terminated. Administrator is working hands on with this.</p>	



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

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<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Kaysim Court Manor 6909-19 Wayne Avenue, Philadelphia, PA 19144		<b>CURRENT LICENSE NUMBER</b> 109660	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> February 8, 2010, February 9, 2010, March 2, 2010 and March 3, 2010		<b>REGIONAL REPRESENTATIVE</b> Michelle Morton (3/2/10, 3/3/10), Chevon Mitchell, Kimberli Foulkes (2/8/10, 2/9/10)	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Kawana Blake</i>	<b>DATE</b> 4-30-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Chevon Mitchell</i>	<b>DATE</b> 5/3/10

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
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.	There were medication administration records and resident transfer sheets on an open shelf by the staff time clock. The area was unlocked and accessible to anyone.	3-3-10	These records are now stored in the medication room. On-duty shift supervisor can give access as required.	

(FAX)

P. 055/055