

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to HAYES MANOR, INC.

LEGAL ENTITY

To operate HAYES MANOR

NAME OF FACILITY OR AGENCY

Located at 2210 BELMONT AVENUE, PHILADELPHIA, PA 19131

(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

65

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 March 15,

2010

until September 15,

2010

unless sooner revoked for non-compliance with applicable laws and regulations.

No: 142233

Robert E. Robinson

ISSUING OFFICER

Kenneth 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 REQUESTED

MAILING DATE:

MAR 16 2010

Ms. Robyn Burns, Administrator
Hayes Manor, Inc.
Hayes Manor
2210 Belmont Avenue
Philadelphia, Pennsylvania 19131

Dear Ms. Burns:

As a result of the Department of Public Welfare's (Department) licensing inspection on November 30, 2009 of the above personal care home, we found that violations specified for your previous PROVISIONAL license have not been corrected, and we found new violations not found during our previous inspection.

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

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.

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:

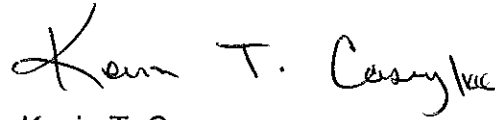
Karen E. Kroh, Director
Adult Residential Licensing
Department of Public Welfare
423 Health and Welfare Building
Seventh and Forster Streets
Harrisburg, Pennsylvania 17120

Ms. Robyn Burns

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The 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 cursive script that reads "Kevin T. Casey". The signature is written in black ink and is positioned above the printed name.

Kevin T. Casey
Deputy Secretary

Enclosures
License
Violation Report



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

NAME AND ADDRESS OF PERSONAL CARE HOME Hayes Manor 2210 Belmont Avenue, Philadelphia, PA 19131		CURRENT LICENSE NUMBER 142232	
INSPECTION DATE(S) (include all dates of the inspection) November 30, 2009		REGIONAL REPRESENTATIVE Chevon Mitchell, Michelle Morton	
SIGNATURE OF LEGAL ENTITY 	DATE 11/30/09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 1/15/10

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
20b4 Resident funds and property shall only be used for the resident's benefit.	The "Hayes Manor Employee Handbook" stated that, "... Hayes Manor sends a letter to residents and their families inviting donations to the Employees Christmas Fund. Donations are collected in the office and distributed to employees based on their years of service and employment services."	12-29-09	Hayes Manor's handbook has been updated to read tips, solicitation, and gifts are not permitted under any circumstances. Any employee caught receiving any of the above will be terminated. A copy of the updated handbook is enclosed. This action of distributing request for the employees Christmas gifts has been prohibited since Nov. 2007 and all employees will receive another letter on Jan. 6, 2010 with their paycheck and made aware.	2/4/10 JDA

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

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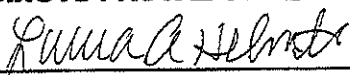
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<p>22a1, 224a</p> <p>22a1 The following admission document shall be completed for each resident - Preadmission screening completed prior to admission on a form specified by the Department.</p> <p>224a A determination shall be made within 30 days prior 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 screening for Resident #1 dated 6/24/09 did not indicate if the resident's needs can be met by the home.</p> <p>-Resident #2 was admitted to the home on 10/5/09. The preadmission screening was completed on 10/6/09, after the resident was admitted to the home.</p> <p>Repeat Violation – 1/13/09, et al</p>	12-08-09	<p>A task team has been developed consisting of all administrative and nursing staff. This team will review weekly following the department head mtg. all documentation regarding the residents chart. This documentation will include all new residents and old residents periodic reviews. Ex. contracts, pre-admission screens, med evals., home assessments, support plans, and change in status.</p> <p>The admission personnel will now be required to check all pre-admission screening forms 24-48 hours prior to a resident's admission to ensure that all areas have been correctly completed. After which, all admitting forms must be reviewed and approved by the Dir. of Nursing prior to arrival.</p>	2/4/10 JSH

This document will again be checked during the Wkly Dept. Head mtg. by the task team to ensure Compliance.

All administrative and nursing staff have been In serviced and trained to this new procedure.

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


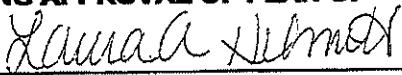
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25c5 The contract shall specify the method for payment of charges for long distance telephone calls.	The following resident contracts did not include the method of payment for long distance calls: -The contract for resident Resident #1 dated 6/25/09. -The contract for Resident #2 dated 10/5/09. -The contract for resident Resident #3 dated 5/1/09.	12-07-09 3/1/10	All new contracts have been updated and standard information pre-printed to show all of the following: <ul style="list-style-type: none"> • Charges for long distance calls • Each resident retains 100% of rent rebates • Refund policy • Entrance fee policy • Smoking policy All new contracts will be reviewed by the task Team within 7 days of admission, and a follow up Review in 30 days of admission to ensure compliance. Contracts for residents #1, #2, and #3 will be updated to include the method of payment for long distance calls.	2/4/10 JSH

2/10/10
 Contracts for all current residents will be reviewed and updated as needed.
 WSH 1/15/10 / DD 1/16/10

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

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51, 52 51 Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (protective services for older adults). 52 Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101—10225.5102) and 6 Pa.Code Chapter 15 (protective services for older adults) and other applicable regulations.	Direct Care Staff Person A was hired on 2/19/08 but the criminal background check was not completed until 1/4/09, almost one year later. Repeat Violation – 1/13/09, et al	12-03-09	It is our procedure to request a criminal background check immediately upon hiring. This request is done via the internet which usually results in an immediate response. It is now our practice that all new hires which Response is "Request under review" will be placed in a pending file. If results are not received within 30 days the employee will be notified in writing as per OAPSA/DPW's regs, they will have to be removed from the work schedule. If results are not received within the 30 day period, then the employee will be terminated. If we receive acceptable results after the employee has been terminated, and a position is available they will be able to reapply.	Steps have been taken to correct violation; full compliance is not verifiable 1/15/09 [Signature] Initials (DPW) Date

**VIOLATION REPORT
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SIGNATURE OF LEGAL ENTITY <i>Mary Kane</i>	DATE 11/30/09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Laura Helms</i>	DATE 1/15/10

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
Cont'd			<p>All HR personnel have been in-serviced and Trained to all the above procedures regarding criminal/FBI background checks.</p> <p>The employee handbook, and orientation packet have been updated regarding this new procedure on criminal background and FBI checks.</p> <p>All employees files will be monitored semi-Annually by HR and administrative staff ongoing to prevent this violation from reoccurring.</p>	

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SIGNATURE OF LEGAL ENTITY <i>[Signature]</i>	DATE 11/30/09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 1/15/10

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65b Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following: (1) Resident rights. (2) Emergency medical plan. (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act. (4) Reporting of reportable incidents and conditions.	-Ancillary Staff Person B was hired on 4/22/09 and received training on resident rights, OAPSA, and reportable incidents on 7/8/09, 77 days after hire. Staff Person B did not receive training on the emergency medical plan. -Direct Care Staff Person C was hired on 10/21/09 and did not receive training on OAPSA. -Ancillary Staff Person D was hired on 10/2/07 and did not receive training on OAPSA within 40 working hours. -Direct Care Staff Person E was	12-03-09 2/1/10	A new policy and procedure has been developed to ensure that all mandatory training for both new hire orientation (40 hours), and annual training (12 hours) is received by all employees. This training will include all of the following: <ul style="list-style-type: none"> • Fire safety & evacuation procedures • Smoking policies • Resident Rights • OAPSA • Emergency Medical Plan/Preparedness • Reportable Incidents Staff person B will receive training on the emergency medical plan. Staff persons C, D, E, and F will receive training on OAPSA.	Steps have been taken to correct violation; full compliance is not verifiable. <i>[Signature]</i> Date 1/15/10 Initials (DPW) <i>[Initials]</i>

1/15/10 The administrator will be responsible for the implementation and oversight of the above policy to ensure staff receive the required trainings within timeframes. 1/15/10 TAB 1/16/10



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65b – continued	<p>hired on 3/6/08 and did not receive OAPSA training within 40 working hours.</p> <p>-Ancillary Staff Person F was hired on 5/16/09 and did not receive training on OAPSA.</p>	12-03-09	<p>All required DPW training for new hires will be on their first day, and annually thereafter, and any additional training will be in their first 40 hour work week, which will consist of the following:</p> <ul style="list-style-type: none"> • DPW Direct Care Staff • Diabetic Training • First Aid /CPR • Falls & accident prevention • Infection control • Medication Administration • Med eval., support plans, home assessments, • Pre-admission screening 	



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

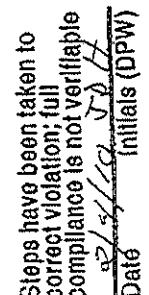
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65e Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.	-Direct Care Staff Person G received 6 hours of training in the 2008 training year. -Direct Care Staff Person H received 8 hours of training in the 2008 training year.	12-03-09 3/1/10 3/1/10	All training will be tracked by HR for orientation and annual training, the HR staff has updated the check-off lists. The HR department will review all employee files quarterly to assess what training is necessary and schedule training according to the training calendar. Direct care staff person G will receive 6 additional hours of training to make up for the 2008 training year. Direct care staff person H will receive 4 additional hours of training to make up for the 2008 training year.	<p align="center">Steps have been taken to correct violation; full compliance is not verifiable</p> <p align="center">Date: 3/1/10 Initials (DPW): JVA</p>

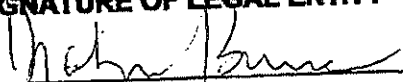
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<p>65g Direct care staff persons, ancillary staff persons, substitute personnel and regularly-scheduled volunteers shall be trained annually in the following areas:</p> <p>(1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. (2) Emergency preparedness procedures and recognition and response to crises and emergency situations. (3) Resident rights (under these regulations). (4) The Older Adult Protective</p>	<p>-Ancillary Staff Person D did not receive training in emergency preparedness or falls and accident prevention in the 2008 training year.</p> <p>-Direct Care Staff Person G and Direct Care Staff Person H did not receive training in emergency preparedness, resident rights, OAPSA, or falls and accident prevention in the 2008 training year.</p> <p>-Ancillary Staff Person I did not receive training in fire safety by a fire safety expert, emergency preparedness, or falls and accident prevention in the 2008</p>	<p>12-03-09</p> <p>3/1/10</p>	<p>Each employee will be contacted by the HR staff to re-schedule any missed training, and will be given 30 days to complete required training, or be removed from the work schedule without pay until the required training has been completed. All training will be re-offered July, August, and December.</p> <p>All employee orientation packets, and the Handbook has been updated according to this information. All employees have been made aware, pls see attached..</p> <p>Staff persons H, D, G, and I will be trained in the identified topics that were missed in 2008.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p> Date 1/15/10 Initials (DPW)</p>


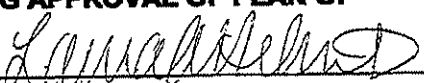
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Services Act (35 P. S. §§ 10225.101—10225.5102). (5) Falls and accident prevention.	training year.			

VIOLATION REPORT
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91 Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control center, municipal emergency management agency and personal care home complaint hotline shall be posted on or by each telephone with an outside line.	-The list of telephone numbers posted by the telephones in resident rooms #2, #7, and #301 did not include the telephone number for the personal care home complaint hotline. -The list of telephone numbers posted by the telephone in resident room #304 did not include the telephone number for hospital, poison control center, municipal emergency management agency, and the personal care home complaint hotline.	12-09-09	All employees upon making daily rounds are to note any missing list of emergency telephone number stickers. If stickers are not at residents bedside you are to notify the admin. secy. for immediate replacement. In addition the admin. secy. will be making weekly rounds to check if any emergency number stickers are missing. This list now includes the nearest hospital, police and fire dept., ambulance, poison control center, municipal emerg. mgmt agency, and personal care complaint hotline. This should be placed by each telephone with an outside line, and remain accessible to residents and staff. All employees have been inserviced.	2/4/10 JSH



1/15/10

The lists of telephone numbers in rooms #2, #7, #301, and #304 have been updated.

WRH 1/15/10

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


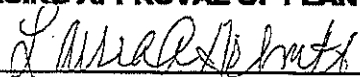
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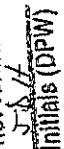
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101j7 Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on/off at bedside.	The bedside lamp in resident room #306 was inoperable due to a burned out bulb.	12-04-09	Everyday on upon entering residents rooms All housekeeping and maintenance staff Are required to turn on all electrical items. EX: lamps, exhaust/ceiling fans. All housekeeping staff will now carry light bulbs on their cleaning carts and are required to change any missing bulbs with the exception of ceiling fans, which are to be changed by the maintenance staff. Housekeepers will document any items needing repairs in the front office. The director of maintenance will review this log twice a day. At 3 :00 PM the front office staff will check and notify director of maintenance if the repair has not been completed. In addition to that the adm. will monitor the log daily.	2/4/10 JSH

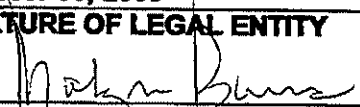
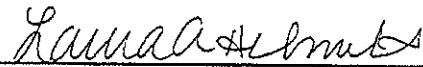
11/15/10 The lamp in room #306 is now operable.
JSH
11/15/10


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

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103g Food shall be stored in closed or sealed containers.	The home's kitchen included the following food items that were opened and unsealed: one box of Domino sugar, one box of Pepperidge Farm crackers, one box of Golden Dipt pancake mix, and one box of Honey Maid graham cracker crumbs.	12-01-09 1/15/10	We have purchased new resealable containers and have instructed all dietary staff that all items not housed in an original closed or resealable container, must be placed in one. All items are to be stored in this manner: Date when opened, date when exp. Placed in a resealable/closed container. Do not mark on the containers as they will be reused. Must be washed after each use. EX: Noodles/Sugar/Flour Staff inserviced. <i>The identified items were discarded. VAH 1/15/10</i>	Steps have been taken to correct violation; full compliance is not verifiable  Date 1/15/10 Initials (DPW)

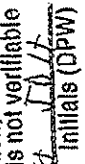
VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Hayes Manor 2210 Belmont Avenue, Philadelphia, PA 19131		CURRENT LICENSE NUMBER 142232	
INSPECTION DATE(S) (Include all dates of the inspection) November 30, 2009		REGIONAL REPRESENTATIVE Chevon Mitchell, Michelle Morton	
SIGNATURE OF LEGAL ENTITY 	DATE 12/30/09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 1/15/10

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132e A fire drill shall be held during sleeping hours once every 6 months.	Sleeping hour fire drills were held on 2/2/09 at 2:22am and on 10/22/09 at 6:06am, eight months apart.	12-08-09 1/15/10	A 2010 calendar has been developed for fire drills. This calendar shows sleeping hour drills to take place in the months of April, July, and October. To ensure sleeping hour drills every six months. The fire drill log will be monitored by the director of maintenance who performs the drills and by the administrator semi-annually to ensure compliance. <i>The exact date and time of each drill will be unannounced to staff and residents.</i> WAT 1/15/10	Steps have been taken to correct violation; full compliance is not verifiable  Date 1/15/10 Initials (DPW) JAH

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

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INSPECTION DATE(S) (Include all dates of the inspection) November 30, 2009		REGIONAL REPRESENTATIVE Chevon Mitchell, Michelle Morton	
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187a A medication record shall be kept to include the following for each resident for whom medications are administered: (14) Name and initials of the staff person administering the medication.	The Master key for the medication administration records did not include the staff initials that corresponded with the staff signatures. Repeat Violation – 1/13/09, et al	12-15-09 2/1/10	The medication administration records will be monitored weekly by the dir. of Nsg. And again monthly while doing recaps. The Dir. of Nsg. will monitor that all medication dispensing personnel initials correspond with their signatures. Also to assure no empty spaces. The master key will be updated on the 1 st of each month. The master key will include the printed staff name, the signature of the staff, and the initials of the staff for all staff persons that administer medications.	Steps have been taken to correct violation; full compliance is not verifiable  Date 1/15/10 Initials (DPW)

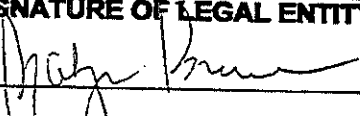
1/15/10
1/16/10

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

NAME AND ADDRESS OF PERSONAL CARE HOME Hayes Manor 2210 Belmont Avenue, Philadelphia, PA 19131		CURRENT LICENSE NUMBER 142232	
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SIGNATURE OF LEGAL ENTITY <i>Hayes Manor</i>	DATE 12/30/09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Laura Belmont</i>	DATE 1/15/10

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
251b The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.	<ul style="list-style-type: none"> -The support plan for Resident #2 dated 11/3/09 had white-out under medication Service Needs, Dental Service Needs, and Social Recreational Needs. -The support plan for Resident #3 dated 5/26/09 had white-out under Care Services, service needs, and plan/activity. -The assessment for Resident #4 dated 5/21/09 had white-out on the month and date of completion and also on special health and dietary needs. -The support plan for Resident #4 dated 6/2/09 had white-out on service needs. 	12-01-09	<p>All white out has been removed from the nursing dept. Admin staff has been instructed to never order white out again. White out has been banned from Hayes Manor. A documentation inservice has been given to all nursing personnel on how to properly change or correct information. They have been instructed to make a single line, write error above the line and to date and initial below the line. And as all other records all new support plans will be observed within 7 days by the task team, and a follow up within 30 days. All old support plans will be monitored annually unless there is a change in status. The Dir. Of Nursing has developed a calendar for all annual support plans.</p>	2/4/10 JSH

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251b – continued	-The support plan for Resident #5 dated 7/2/09 had white-out under Care Services, service needs. -The Support Plan for Resident #6 dated 8/12/09 had white-out in the medical section, service needs. -The assessment for resident #7 dated 7/1/09 had white-out on the month/date of completion and also under frequency/schedule.			