



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

ADULT RESIDENTIAL LICENSING

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

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
Mailing Date: September 3, 2010

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

Dear Ms. Burns

As a result of the Department of Public Welfare's licensing inspection on May 13, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

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

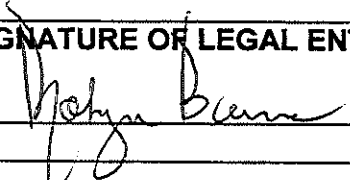
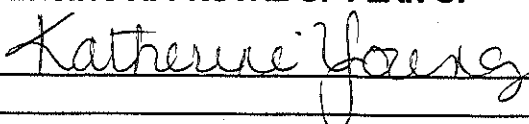
Sincerely,

A handwritten signature in black ink that reads "Chevon Mitchell".

Chevon Mitchell
Acting Regional Licensing Administrator

Enclosure(s)
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME Hayes Manor 2210 Belmont Avenue, Philadelphia, PA 19131		CURRENT LICENSE NUMBER 142233	
INSPECTION DATE(S) (Include all dates of the inspection) May 13, 2010		REGIONAL REPRESENTATIVE Michelle Morton and Patricia Adams	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 	DATE 7/29/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 7/29/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	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
25c4 The contract shall specify the party responsible for payment.	<ul style="list-style-type: none"> -The contract for Resident #1 dated 4/6/10 did not include who is responsible for payment. -The contract for Resident #2 dated 3/16/10 does not include who is responsible for payment. -The contract for #3 dated 1/27/10 does not include who is responsible for payment. 	<ul style="list-style-type: none"> 6/16/10 6/16/10 	<p>Residents #1,2, and3 fiduciaries, the responsible payees have been added to the contract.</p> <p>All contracts now show responsible parties for payment. All residents listed here are veterans and often at the time of admission VA personnel did not have fiduciary information available. The VA has been informed that this information is now required at the time of admission. A form has been developed and is now a part of the admission packet. All VA admission documentation will be reviewed 24 hrs. prior to the move in by the Dir. of Nursing and Dir. of Finance.</p>	<p><i>Key 8/10/10</i></p>

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Melvin Burns</i>	DATE 7/29/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Katherine J. J. J.</i>	DATE 7/29/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	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
65a Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following: (1) Evacuation procedures. (2) Staff duties and responsibilities during fire drills, as well as during	Ancillary Staff Person A, hired on 4/22/09, did not receive any of the training required by this regulation.	6/16/10	Ancillary staff person A did receive all necessary training. HR person dated the orientation for 7-22-09, instead of 4-22-09, this has been corrected. All orientation documentation will now be reviewed for dates and completion at the end of the orientation day to ensure accuracy by the HR person and will be reviewed by the administrator within 24 hrs. . All new hires will be kept in a separate file for the first 30 days of employment for a final review.	<i>by 8/10/10</i>

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emergency evacuation, transportation and at an emergency location if applicable. (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire. (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable. (5) The location and use of fire extinguishers. (6) Smoke detectors and				

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fire alarms. (7) Telephone use and notification of emergency services.				

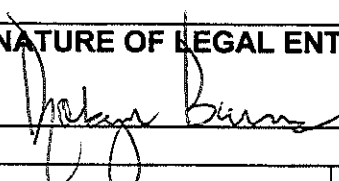
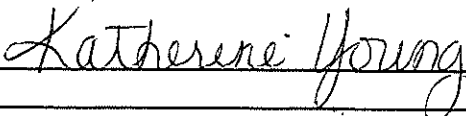
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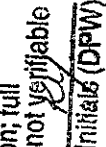
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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Michelle Morton</i>	DATE 7/29/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Katherine Young</i>	DATE 7/29/10

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65c Ancillary staff persons shall have a general orientation to their specific job functions as it relates to their position prior to working in that capacity.	The following Ancillary Staff Persons did not receive a general orientation to their specific job functions: -Ancillary Staff Person B, hired on 4/6/10 -Ancillary Staff Person C, hired on 4/1/10 -Ancillary Staff Person D, hired on 2/4/10 -Ancillary Staff Person E, hired on 2/3/10	7-26-10	All employees listed above, as well as all staff persons now have a signed and dated copy of their job description in their employee file. Our job descriptions have been updated to include a space for signatures and dates. All new hires are now are required to sign and date their job description on their first day of orientation. A copy is given to the employee, and a copy is kept in the employee folder. <i>This will be review at the end of the 1st working day</i>	<i>7/31/10</i>

by H.K and again during their 30 day file check by adm.

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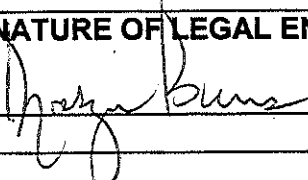
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141a-2 The medical evaluation shall include the following: (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.	The Medical Evaluation for Resident #2 dated 10/16/09 instructs to "see attached" for medications. The attached medication list is dated 3/16/10.	7-26-10	In the future doctors have been advised to date the MAR the same day as they completed to MA. The Dir. of Nursing will review them upon completion to ensure accuracy. All new residents charts will be reviewed by the review team within their first 30 days of residency. <i>The resident's physician has been notified via lt. 7/29</i>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p align="right">  Date: 8/10/10 Initials (DPW): </p>

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187d The home shall follow the directions of the prescriber.	The Medication Record for Resident #3 indicates that the resident did not receive the following medications and the record does not indicate any reason for the omission: -Benzotropine .5 mg tablet at 9am and 5pm on 3/19/10. -Naltrex One HCL 50 mg at 9am on 3/19/10 and 3/23/10.	7-26-10	The resident had refused his meds during the med pass and the refusal was not documented. All med pouring staff members have been re-in serviced on documenting on the MAR. The Dir. on Nursing is now required to check documentation daily regarding refusals. The 24 hr nursing log has been updated to show any med refusals for that day. <i>Revised 24° nursing log to show med refusals and documentation of notifications.</i>	<div style="border: 1px solid black; padding: 5px; transform: rotate(-90deg); transform-origin: center;"> Steps have been taken to correct violation; full compliance is not verifiable <i>7/29/10</i> Date <i>KL</i> Initials (DPW) </div>

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252 Each resident's record shall include the following information: (18) An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.	The record for Resident #1 did not include an inventory of the resident's personal belongings.		All residents have an inventory sheet for personal belongings as noted in Regulation 252. This is voluntary. Our form now indicates if residents chooses not to complete. This form is presented at the time of admission. It will be signed and dated after it is completed by the nursing staff.	Steps have been taken to correct violation; full compliance is not verifiable Date <u>8/10/10</u> Initials (DPW) <u>MM</u>