



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: December 9, 2010

Ms. Kawana Blake, Administrator/President
Kaysim Housing Group, Inc
5909-19 Wayne Avenue
Philadelphia, Pennsylvania 19144

Re: Kaysim Court Manor

Dear Ms. Blake:

As a result of the Department of Public Welfare's licensing inspection on June 21, 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 cursive script that reads "Chevon Mitchell".

Chevon Mitchell
Regional Licensing Administrator

Enclosure(s)
Violation Report

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

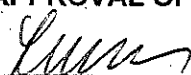
NAME AND ADDRESS OF PERSONAL CARE HOME Kaysim Court Manor 5909 – 5919 Wayne Avenue, Philadelphia, PA 19144		CURRENT LICENSE NUMBER 109661	
INSPECTION DATE(S) (Include all dates of the inspection) June 21, 2010	REGIONAL REPRESENTATIVE Patricia Adams and Justin Trupp		
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Hawanna Blake</i>	DATE 9-22-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 12/2/10

(FAX)

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
187a A medication record shall be kept to include the following for each resident for whom medications are administered: (12) Diagnosis or purpose for the medication, including pro re nata (PRN).	The June medication administration record fro resident #1 did not include a diagnosis for Penicillin VK 500 mg. Repeated Violation- 2/8/10 et al	6-21-10 6-21-10	A copy of Mars will be sent with any resident who attends program. Nurse at program will sign MARS. Copy will be kept in Homes Mars book. Upon receipt of the MAR each month from the pharmacy, the diagnosis for each medication is highlighted by the home to ensure it is present. The pharmacy is immediately notified of any missing diagnosis and a new MAR is printed and sent to the home.	12/2/10 <i>[Signature]</i>

[Signature]
12/2/10

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

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187b The information in subsections 187a13 and 187a14 shall be recorded at the time the medication is administered.	Resident #1's medication administration record was not initialed for the administration of Penicillin VK 500 mg as follows: -12 pm dose on 6/15/10 and 6/16/10 -5 pm dose on 6/15/10, 6/16/10, 6/17/10, 6/18/10 and 6/19/10 -7 pm dose on 6/17/10, 6/18/10 and 6/19/10. Repeated Violation- 12/29/09 et al and 2/8/10 et al	6-22-10	See page 1 The medication was administered to resident #1, but documented improperly. Staff have been instructed to review the prior shifts MARs when administering medications and bring any discrepancies to the attention of the supervisor.	12/2/10 <i>me</i>