



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 July 20, 2010 and July 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

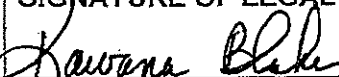
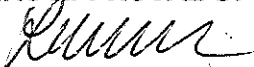
NAME AND ADDRESS OF PERSONAL CARE HOME Kaysim Court Manor 5909-19 Wayne Avenue, Philadelphia, PA 19144		CURRENT LICENSE NUMBER 109661	
INSPECTION DATE(S) (Include all dates of the inspection) July 20, 2010 and July 21, 2010		REGIONAL REPRESENTATIVE Kimberli A. Foulkes and Patricia Adams	
PRINTED NAME 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 <i>Kawana Blake</i>		DATE 9-27-10	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
85e Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.	Outside the ground level fire exit leading to Hayes Street there are two dumpsters. One dumpster had two bags of trash sticking out the top and was too full for the lid to close. There were 34 empty boxes strewn on the ground next to the dumpster and along the wall. In addition there was an uncovered white trash can next to the ramp, on the right when you exit the building, which contained 3 Dunkin Donut cups, a plastic bag, a matchbook and a cigarette pack. Repeated Violation- 2/8/10 et al		Residents had received their rent rebate monies on the evening of July 20th. Subsequently there was an increase in trash. Additionally we have a problem with neighbors using our dumpsters. A letter will be sent to our neighbors asking them to stop using our dumpsters to dump their trash. When Kimberli was out last week she saw that the dumpster and fire exit were cleaned and the white trash can was disposed of. I just received this violation report last week.	12/2/10 WR

Staff check the grounds of the home on a daily basis to make sure the exterior trash cans and dumpster are covered. WR 12/2/10

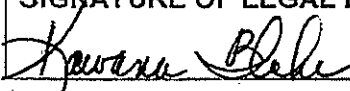
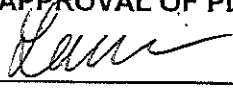
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88a Floors, walls, ceilings, windows, doors and other surfaces shall be clean, in good repair and free of hazards.	In the breezeway leading from the main building into the cottage, the third window to the left from the fire door has a broken out panel of glass and the bottom right windowpane is missing.	7-22-10	Windows were fixed. Staff was re-trained to look for broken window panes throughout the building. There were no broken window panes found during the 2 day inspection last week.	12/7/10 VAF

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89b Hot water temperature in areas accessible to the resident may not exceed 120°F.	On 7/20/10, at 10:37am the water temperature in the hand washing sinks in the wooden colored bathroom next to room #113 was measured at 129.7°F. Repeated Violation- 2/8/10 et al	7-21-10	Retrained porters regarding water temperature monitoring and documenting. Fired employee's found not in compliance hired New staff. Housekeeping staff will check the water temperatures and document the temperatures at least once each day. The water heater was adjusted.	12/2/10 1/10

12/2/10

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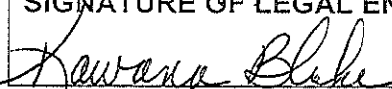

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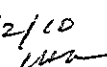
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94a Interior and exterior doors that open directly into a stairway and are used for exit doors, resident areas, and fire exits shall have a landing, which is a minimum of 3 feet by 3 feet.	There is a door that opens directly onto a flight of stairs leading to the passageway from the main building to the cottage area of the home and there is no landing on the top of the stairs. Repeated Violation- 2/8/10 et al	7-30-10	<i>This was difficult to resolve to do the expense associated with getting a ramp installed. For 90 years it was like this. The most cost effective resolution was to install a 3 foot by 3 foot landing and extend the stairs. Kaysim does not have extensive funds so many times we have to work it into the budget. The landing is installed.</i>	12/2/10 <i>[Signature]</i>

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95 Furniture and equipment shall be in good repair, clean and free of hazards.	-In room #201 the bed to the left when you walk into the room had the headboard leaning over the head of the bed loosely and not attached properly. -In room #201 the dresser to the left when you walk into the room had the back piece coming off and there were tacks sticking out of it. -The light switch to the left of the dryer did not have a cover on it. The box was open and the wires were exposed.	7-22-10	Residents received their rent rebate monies on the night of July 30. During the celebration furniture in room 201, was damaged. Staff were unable to make repairs before room inspections, on July 21. Identified items were repaired. All bedrooms have checklists for repairs (by) which are filled out daily as needed by cleaning staff.	12/2/10 

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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.	-In resident room #119 there is no lamp and no source of lighting that can be turned on or off at the bedside. -In resident room #201 the two bedside lamps are not operable. -In resident room #2A the bedside lamp is not operable. -In resident room #304 the bedside lamp is not operable for the bed facing the door. -In resident #2's room there is no bed side source of lighting.	Aug 10, 2010	Hired an electrician to install outlets close enough to lamps without the need of extension cords. Replaced all battery operated lamps with wall mounted lamps. Require staff to do daily work sheet forms indicating any problems with lamps. They are checked throughout the day. Inspection last week did not find any unoperable lamps. Room # 119, 201, 2A, 304 # 2 are operational.	Steps have been taken to correct violation; full compliance is not verifiable 12/2/10 Date Initials (DPW)

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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 7/20/10, the temperature in the kitchen refrigerator on the left as you walk through the kitchen to the rear of the building was 57°F. Repeated Violation- 2/8/10 et al	7-21-10	Because of the extremely hot temperatures and the excessive use of the refrigerator being up opened and closed for the morning meal preparation the temperature had risen but was back to normal before the end of the inspection. Staff will now document refrigerator temperatures on a form every 2 hrs. in order to show the temperature as it relates to a pattern.	12/2/10 [Signature]

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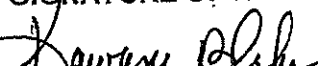
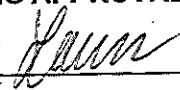
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
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144d Smoking outside of the smoking room is prohibited.	The home's designated smoking area is the courtyard in the middle of the main building. Outside the ground level fire exit leading to Hayes Street there were more than 10 cigarette butts scattered about the ramp and on the concrete near the boxes and the 2 dumpsters. Repeat Violation-(2/8/10, et. al)	7-21-10	Staff was reminded to dispose of boxes by flattening them then placing them inside the dumpsters. Staff are to sweep the dumpster area several times a day to ensure area is clean. During the inspection last week dumpster area had no boxes and no cigarette butts on the ground. Residents are using smoking area. Residents were notified in writing that the designated smoking area must be utilized when smoking. Staff was trained on the smoking area and instructed to monitor for compliance.	12/2/10 <i>[Signature]</i>

[Signature]
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183b Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.	All residents in the home are not able to self administer medications. -Shared resident room #2C was unlocked and on the dresser near the window was medication Hydrocortisone Cream 1% and two white round pills labeled A-1 Aspirin. -Shared resident room #33 was unlocked and on the dresser near the television there were prescription eye drops Tobramycin/Dexameth Susp. and Atropine Sul Sol 1% OP	7-21-10 9-30-10	Medications were removed from all cited rooms. Employee was terminated for falsifying documents indicating no medications prescribed or over the counter were in resident rooms. New addendum as well as a 30 day notice are being drawn up for residents to sign regarding Kaysim's Medication Policy. Staff have been instructed to monitor for unlocked medications throughout the course of their daily routine and bring any unlocked medications to the office immediately. 12/2/10	12/2/10 

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183f Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or	-The home's first aid kit contained antiseptic wipes that expired 2/10. -On the dresser near the window in resident room #2C was medication Hydrocortisone Cream 1% that expired on 4/5/10. -On the dresser to the right of the closet in the room shared by residents #5, #6 and #7 was a Combivent Inhalation Aerosol that expired on 6/10, a Ventolin HFA 90 mcg per actuation inhaler that expired on 4/10 and	7-22-10	Got new antiseptic wipes discarded the out dated ones. 30 Day notice and new medication policy will be signed off on by the resident's no later than 9-30-10. Staff have been instructed to monitor for medications throughout the course of their daily	12/2/10 [Signature]

routine and bring any medications to the office immediately. var 12/2/10

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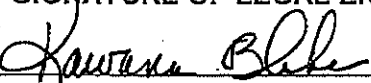

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the person or entity taking responsibility for the new placement on the day of departure from the home.	Betamethason Dipropionate Lotion USP 0.05% that expired on 5/29/10	7-21-10	<i>Medication removed 30 day notice and Medication Policy will be signed off on by the resident's no later than Sept. 30, 2010.</i>	

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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 does not address the storage or access to medications. Repeated Violation- 2/8/10 et al	7-21-10	Home could not locate the policy at the time of inspection. Policy is now filed in the DPW Required policy book.	12/2/10 VHT

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187c If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.	Resident #8 refused 7am medications Clonazepam 1mg and Omeprazole 20mg on 7/14/10, 7/15/10 and 7/16/10. Resident #8 refused medication Ventolin HFA Inhaler on the following dates and times: -7/1/10 at 7pm -7/2/10 at 12pm and 7pm -7/3/10 at 12pm and 7pm -7/4/10 at 12pm and 7pm -7/5/10 at 12pm and 7pm -7/6/10 at 7am, 12pm and 7pm -7/7/10 at 7am, 12pm and	7-21-10	I faxed over the refusal forms we use. We send these forms to the Dr.'s office. When the Dr. signs off on them he faxes them back or brings them on his next visit to the home. We file them in a binder. Dr. implemented this procedure therefore we don't call him everytime someone refuses their meds. Refusals are documented on the front and back of MAR's sheets.	12/2/10 VAA

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	7pm -7/8/10 at 12pm and 7pm -7/9/10 at 12pm and 7pm -7/12/10 at 7pm -7/13/10 at 7am, 12pm and 7pm -7/14/10 at 7am, 12pm and 7pm -7/15/10 at 7am and 12pm -7/16/10 at 7am and 12pm -7/19/10 at 7am and 12pm There is no documentation to show that the resident's doctor was notified of these refusals.	7-21-10	I faxed over the forms on July 22. There were so many the fax machine ran out of paper.	

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

NAME AND ADDRESS OF PERSONAL CARE HOME Kaysim Court Manor 5909-19 Wayne Avenue, Philadelphia, PA 19144	CURRENT LICENSE NUMBER 109661
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INSPECTION DATE(S) (Include all dates of the inspection) July 20, 2010 and July 21, 2010	REGIONAL REPRESENTATIVE Kimberli A. Foulkes and Patricia Adams
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~~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 9-27-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12/2/10
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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
188c Documentation of medication errors and the prescriber's response shall be kept in the resident's record.	Resident #8 did not receive their 7pm medications Clonazepam 0.5mg, Clonazepam 1mg, Divalproex DR 500mg, Trazodone 100mg, Zyprexa 10mg and Zyprexa 20mg on 7/7/10 due to being away from the building. The prescriber's response was not available in the resident's record.	8-1-10	Dr. will notate response on Resident's progress notes. The home notified the physician via fax if a medication error occurs. The physician responds by fax or hand-delivery of notification. These notifications are kept in a binder in the office.	12/2/10 MM

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

NAME AND ADDRESS OF PERSONAL CARE HOME
Kaysim Court Manor
5909-19 Wayne Avenue, Philadelphia, PA 19144

CURRENT LICENSE NUMBER
109661

INSPECTION DATE(S) (Include all dates of the inspection)
July 20, 2010 and July 21, 2010

REGIONAL REPRESENTATIVE
Kimberli A. Foulkes 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
Kawana Bleh

DATE
9-27-10

REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION
[Signature]

DATE
12/2/10

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
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 resident transfer sheets in a binder on an open shelf in the hallway by the staff time clock. This area is unlocked and accessible to anyone. -In the hallway, behind the staircase, there is medical appointment information posted on the wall to the right of the office door. This information contains the resident's names, medical appointment times, the names of their physicians and the resident's medical conditions/diagnoses. Repeated Violation- 2/8/10 et al	7-21-10	Staff member accidentally placed book there. Book was removed to the locked office. All medical appointment information posted on the door was removed. Re-trained staff that records and binders must always be in locked area. work 7/2/10	12/2/10 <i>[Signature]</i>

(FAX)