

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 (MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

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 September 21, 2010 until September 21, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 142230

Robert E. Robinson

ISSUING OFFICER

Kevin T. 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

SEP 22 2010

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

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 licensing inspection on August 4, 2010 and August 5, 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.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey".

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 142233	
INSPECTION DATES August 4, 2010 and August 5, 2010		REGIONAL REPRESENTATIVE Paul Metzger, Sanford Stone	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Robin Burns - Administrator			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Robin Burns</i>		DATE 8/21/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherion Mitchell</i>
			DATE 9/15/10

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
102d Toilet and bath areas shall have grab bars, hand rails or assist bars.	Handrails and/or grab bars were missing in the bathrooms located in: Room 2 – shower. Room 6 – shower and toilet. Room 11 – shower and toilet. Room 200 – shower. Room 201 – shower. Room 206 – shower. Room 219-220 – shower. Room 301 – shower.	Aug. 9, 2010	All previous built-in handrails in the showers of the following rooms, #'s 2, 6, 11, 200, 201, 206, 219, 220, and 301 have been upgraded with suction grab bars. Handrails have been installed beside the toilets in rms. 6 and 11. All toilet and bath areas used by residents have been checked and now have handrails or grab bars where needed. Upon making daily rounds the admin., dir. of maint., or person on coverage will monitor to ensure compliance. All housekeeping staff have been informed to notify the dir. of maint. if handrails or grab bars become detached or removed.	9/15/10 <i>elw</i>

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215-473-0718

Joan

Sep 15 10:24a

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

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215-473-0718

NAME AND ADDRESS OF PERSONAL CARE HOME Hayes Manor 2210 Belmont Avenue, Philadelphia, PA 19131		CURRENT LICENSE NUMBER 142233	
INSPECTION DATES August 4, 2010 and August 5, 2010		REGIONAL REPRESENTATIVE Paul Metzger, Sanford Stone	
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>Melby Burns</i>	DATE 8/21/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>	DATE 9/15/10

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
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.	The door leading to the Kuehner wing had a key operated lock.	Aug. 5, 2010	The key operated lock on the exit door leading to the Kuehner Wing has been removed. <i>Director of Maintenance has checked</i> All exits doors in the bldg. have been checked to make sure that there are no key operated locks on them. No key operated exit doors will be installed.	9/15/10 <i>CJM</i>

Joan

Sep 15 10 10:25a

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

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215-473-0718

NAME AND ADDRESS OF PERSONAL CARE HOME Hayes Manor 2210 Belmont Avenue, Philadelphia, PA 19131		CURRENT LICENSE NUMBER 142233	
INSPECTION DATES August 4, 2010 and August 5, 2010		REGIONAL REPRESENTATIVE Paul Metzger, Sanford Stone	
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>Nehya Burns</i>	DATE 8/7/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>	DATE 9/15/10

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
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.	A fire drill conducted by a fire safety expert had not been completed annually.	Aug. 5, 2010 Aug. 9, 2010 Aug. 9, 2010	A fire drill was conducted by Engine 16 on Aug 5 th during the time of inspection. Our annual fire safety expert is scheduled for our inspection on September 9, 2010. Maintenance and administration has been in-serviced regarding fire and safety inspection, annual expert conducted fire drills, and documentation of such. Maintenance has developed a prompting calendar as a reminder to schedule annual inspections for future compliance: <ul style="list-style-type: none"> • Expert conducted drills. • Fire department training. • Inspection of fire extinguisher system • Emergency electrical systems 	Steps have been taken to correct violation; full compliance is not yet attainable. Date: 9/15/10 Initials (DPW): <i>DPW</i>

The administrator will monitor calendar to ensure compliance.

Sep 15 10:25a Joan

**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 DATES August 4, 2010 and August 5, 2010		REGIONAL REPRESENTATIVE Paul Metzger, Sanford Stone	
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>Debra Burns</i>		DATE 8/21/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>
			DATE 9/15/10

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
141b2 A resident shall have a new medical evaluation if the medical condition of the resident changes prior to the annual medical evaluation.	Resident #1 was hospitalized from 01/12/2010 to 01/20/2010 for renal failure and has been receiving dialysis since [redacted] return to the home. A new medical evaluation had not been completed following this new medical condition. The most recent medical evaluation in the resident's record was completed on 07/28/2009.	Aug. 9, 2010	<p>A new medical evaluation has been completed for resident #1 on Aug., 23, 2010.</p> <p>The nursing and administrative staff has been in-serviced on the requirement of a new medical evaluation, assessment, and support plan due to the change in a resident's condition.</p> <p>All readmission documentation will be checked within 24 hrs. of the readmit by the Dir. of Nsg or charge nurse on duty.</p> <p>The administrator will review all readmission documentation within 48 hrs. to prevent future reoccurrences.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>[Signature]</i> Date: 9/15/10 Initials (DPW)</p>

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

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215-473-0718

NAME AND ADDRESS OF PERSONAL CARE HOME Hayes Manor 2210 Belmont Avenue, Philadelphia, PA 19131		CURRENT LICENSE NUMBER 142233	
INSPECTION DATES August 4, 2010 and August 5, 2010		REGIONAL REPRESENTATIVE Paul Metzger, Sanford Stone	
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>Michelle Burns</i>	DATE 8/21/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherise Mitchell</i>	DATE 9/13/10

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
190b A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.	Staff A administers insulin injections to residents and had not completed a Department-approved diabetes patient education program within the past 12 months.	Aug. 5, 2010 Aug. 9, 2010	Staff person A's job functions has changed as of Aug. 5, 2010 and she is no longer administering insulin injections. The Dir. of Nsg. and Dir. of Human Resource have been in-serviced regarding monitoring diabetic Patient Education by all direct care staff that function in the capacity if administering insulin. All other direct care staff that administer insulin employee files have been checked and are compliant. All direct care staff who administers medications or insulin trainings will be monitored annually by the administrator.	Steps have been taken to correct violation; full compliance is not verifiable <i>[Signature]</i> Date 9/13/10 Initials (DPW)

Joan

Sep 15 10:10:25a

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
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INSPECTION DATES August 4, 2010 and August 5, 2010	REGIONAL REPRESENTATIVE Paul Metzger, Sanford Stone
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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 <i>Robyn Burns</i>	DATE 8/27/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>	DATE 9/15/10
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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
225c The resident shall have additional assessments as follows: (1) Annually. (2) If the condition of the resident significantly changes prior to the annual assessment. (3) At the request of the Department upon cause to believe that an update is required.	Resident #1 was hospitalized from 01/12/2010 to 01/20/2010 for renal failure and has been receiving dialysis since [redacted] return to the home. A new assessment had not been completed following this new medical condition. The most recent assessment in the resident's record was completed on 08/01/2009.	Aug. 9, 2010	A new assessment on resident #1 has been completed to show updated information regarding medical condition on Aug., 6, 2010. The nursing and administrative staff has been in-serviced on the requirement of a new medical evaluation, assessment, & support plans due to the change in a resident's condition. All readmission documentation will be checked within 24 hrs of the readmission by the Dir. of Nsg. or charge nurse on duty. The administrator will review all readmission documentation within 48 hrs to prevent future occurrences.	Steps have been taken to correct violation; full compliance is not verifiable <i>[Signature]</i> Initials (DPW)

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2800**

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215-473-0718

NAME AND ADDRESS OF PERSONAL CARE HOME Hayes Manor 2210 Belmont Avenue, Philadelphia, PA 19131		CURRENT LICENSE NUMBER 142233
INSPECTION DATES August 4, 2010 and August 5, 2010		REGIONAL REPRESENTATIVE Paul Metzger, Sanford Stone
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 8/21/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 
		DATE 9/15/10

1 REGULATION 55 Pa.Code § 2800.	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
226a The resident shall be assessed for mobility needs as part of the resident's assessment.	The home failed to resolve a discrepancy with the physician's mobility assessment on the medical evaluation with the home's mobility assessment for two residents. The medical evaluations for residents #2 and #3 indicate that they are unable to move from one location to another without oral prompting. However, their assessments indicate that they are mobile.	Aug., 11, 2010 Aug., 25, 2010	Resident #2 medical evaluation corrected by Dr. [redacted] on Aug., 11, 2010. Resident walks without assistance as noted on personal care home assessment plan. Copy of assessment enclosed. Resident #3 assessment plan corrected by [redacted] LPN, Dir of Nsg on 8/4/10. Correction was signed off by Dr. [redacted] on 8/25/10. Copy of personal care home assessment enclosed. The Director of Nursing will review all medical evaluations, assessment plans, and home assessments when received. The task force will check the forms weekly at our department head meetings as a second review.	Steps have been taken to correct violation; full compliance is not verifiable  Date _____ Initials (DPW) _____

Joan

Sep 15 10:26a