

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to KAYSIM HOUSING GROUP, INC.

LEGAL ENTITY

To operate KAYSIM-COURT MANOR

NAME OF FACILITY OR AGENCY

Located at 5909-19 WAYNE AVENUE, PHILADELPHIA, PA 19144

(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 81
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 December 13, 2010 until December 13, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 109660

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

DEC 23 2010

PHONE: (717) 783-3670

FAX: (717) 783-5662

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

Dear Ms. Blake:

As a result of the Department of Public Welfare's licensing inspection on September 22, 2010, September 23, 2010 and December 2, 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

P. 003/018

(FAX)

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 DATES (include all dates of the inspection) 09/22/2010, 9/23/10		REGIONAL REPRESENTATIVE Kimberli A. Foulkes, Christine Mattala	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Kaysim Court Manor			
SIGNATURE OF LEGAL ENTITY <i>Kawana Blake</i>	DATE 11-8-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 11/29/10

REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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)	DATE COMPLIANCE VERIFIED BY
25c2 (2) A fee schedule that lists the actual amount of allowable resident charges for each of the home's available services.	The contract for resident #1 did not include the monthly rate.	9-22-10	When we are unsure of the actual income amount for a resident we will put a 0 in the rent amount area. When income is verified we will issue a rent increase notice and a back rent amount owed notice if resident receives a retro check.	Steps have been taken to correct violation; full compliance is not verifiable 12/2/10 <i>[Signature]</i> Date Initials (DPW)

11/12/2010 13:19

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

Page 2 of 15 14

P. 004/018

(FAX)

NAME AND ADDRESS OF PERSONAL CARE HOME KAYSIM COURT MANOR, 5909 19 WAYNE AVENUE PHILADELPHIA, PA 19144		CURRENT LICENSE NUMBER 109661	
INSPECTION DATES (include all dates of the inspection) 09/22/2010		REGIONAL REPRESENTATIVE Kimberli A. Foulkes	
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 <i>Kawana Blake</i>	DATE 11-8-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 12/2/10

REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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)	DATE COMPLIANCE VERIFIED BY
25c4 (4) The party responsible for payment.	The contract for resident #1 does not specify the party responsible for payment.	9-22-10	<p>Contract is written in such a way that if no additional name is added to the line "who is responsible for rental payment" it is understood that payment is expected from the resident. Will create resident if this will meet requirement.</p> <p>The administrator reviews all contracts upon admission to ensure they are completed thoroughly. <i>12/2/10</i></p>	<p>Steps have been taken to correct violation; full compliance is not verifiable.</p> <p><i>12/2/10</i> Date <i>[Signature]</i> Initials (DPW)</p>

11/12/2010 13:19

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 DATES (Include all dates of the inspection) 09/22/2010		REGIONAL REPRESENTATIVE Kimberli A. Foulkes	
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 <i>Kawana Blele</i>	DATE 11-8-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>KAWANA</i>	DATE 11/29/10

REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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)	DATE COMPLIANCE VERIFIED BY
<p>51/52 Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).</p> <p>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 (relating to</p>	<p>Direct Care Staff Person A, date of hire 3/10/10, had a criminal background check completed on 7/20/10 which is greater than 30 days after the date of hire.</p>	<p>9-22-10</p>	<p>Staff person A misplaced the original criminal background check that was done when he was first hired. When a review of his employee folder was done and the omission was noticed another criminal background was done. This is why the hire date and the criminal background don't match. We are requesting that staff who are newly hired allow the criminal background to be sent to their work address. Employee did not have a criminal background.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable 11/29/10 Date Initials (DPW)</p>

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

Page 4 of 14

P. 006/018

NAME AND ADDRESS OF PERSONAL CARE HOME KAYSIM COURT MANOR, 5909 19 WAYNE AVENUE PHILADELPHIA, PA 19144		CURRENT LICENSE NUMBER 109661	
INSPECTION DATES (Include all dates of the inspection) 09/22/2010		REGIONAL REPRESENTATIVE Kimberli A. Foulkes	
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 <i>Kawana Blake</i>	DATE 11-8-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE

(FAX)

REGULATION
55 Pa.Code §2600

VIOLATION

DATE BY WHICH
CORRECTION
WILL BE

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)

DATE
COMPLIANCE
VERIFIED BY

protective services for older adults) and other applicable regulations.			<i>see page 3 for</i>	
---	--	--	-----------------------	--

11/12/2010 13:19

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

Page 5 of 14

NAME AND ADDRESS OF PERSONAL CARE HOME KAYSIM COURT MANOR, 5909 19 WAYNE AVENUE PHILADELPHIA, PA 19144		CURRENT LICENSE NUMBER 109661	
INSPECTION DATES (Include all dates of the inspection) 09/22/2010		REGIONAL REPRESENTATIVE Kimberli A. Foulkes	
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 <i>Kayana Blake</i>	DATE 11-8-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 12/2/10

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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)	DATE COMPLIANCE VERIFIED BY
54a Direct care staff persons shall have the following qualifications: (1) Be 18 years of age or older, except as permitted in subsection (b). (2) Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry. (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with	Direct care staff persons A, B, and C do not have a high school diploma, GED diploma, or active registration status on the Pennsylvania nurse aide registry.	11-30-10	<p>Staff person (A) was not a direct care staff person but a house keeping staff member. Staff person D bought another copy of his diploma for his employee record on 9-22-10. Have received notarized affidavits from staff persons B and C. Staff person D's 1st day and 40 hr training was misfiled under (the) another employee's tab in the binder that contains employee training information. Documents were faxed to Ms. Foulkes.</p> <p>Office Manager has developed a checklist</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>12/2/10 <i>[Signature]</i> Date Initials (DPW)</p>

to utilize for all next staff persons. date 12/2/10

P. 007/018

(FAX)

11/12/2010 13:20

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

Page 6 of 15 14

P. 008/018

NAME AND ADDRESS OF PERSONAL CARE HOME KAYSIM COURT MANOR, 5909 19 WAYNE AVENUE PHILADELPHIA, PA 19144		CURRENT LICENSE NUMBER 109661	
INSPECTION DATES (Include all dates of the inspection) 09/22/2010		REGIONAL REPRESENTATIVE Kimberli A. Foulkes	
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 <i>Kawana Blake</i>	DATE 11-8-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE

(FAX)

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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)	DATE COMPLIANCE VERIFIED BY
reasonable skill and safety.			<i>See page 5 for Correction</i>	

11/12/2010 13:20

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

P. 009/018

NAME AND ADDRESS OF PERSONAL CARE HOME KAYSIM COURT MANOR, 5909 19 WAYNE AVENUE PHILADELPHIA, PA 19144		CURRENT LICENSE NUMBER 109661	
INSPECTION DATES (Include all dates of the inspection) 09/22/2010		REGIONAL REPRESENTATIVE Kimberli A. Foulkes	
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 <i>Kawana Blake</i>	DATE 11-8-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 12/2/10

(PAX)

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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)	DATE COMPLIANCE VERIFIED BY
--------------------------------	-----------	--	---	-----------------------------------

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 (35 P. S. §§ 10225.101—10225.5102). (4) Reporting of reportable incidents and conditions.	Direct care staff person D, date of hire 2/27/10, did not receive orientation in resident rights, emergency medical Plan, OAPSA, and reportable incidents.	9-22-10	<i>This was my first time hiring an employee from a home closing I was under the impression that he did not need documentation of his first day and 40 hr. training. If in the future anyone is hired from a home closing they will be retrained and documents 1st day and 40 hr training will be maintained.</i> <i>Direct Care Staff Person D was trained, but the training documents were not in his file at the time of the</i>	<i>12/2/10</i> <i>[Signature]</i>
--	--	---------	--	--------------------------------------

11/12/2010 13:20

inspection. The administrator and office manager will ensure all documents are filed and available during a future inspection 12/2/10

P. 010/018

(FAX)

11/12/2010 13:20

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

8 14
Page 3 of 15

NAME AND ADDRESS OF PERSONAL CARE HOME KAYSIM COURT MANOR, 5909 19 WAYNE AVENUE PHILADELPHIA, PA 19144		CURRENT LICENSE NUMBER 109661	
INSPECTION DATES (Include all dates of the inspection) 09/22/2010		REGIONAL REPRESENTATIVE Kimberli A. Foulkes	
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 <i>Kawiana Blake</i>	DATE 11-8-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 12/2/10

REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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)	DATE COMPLIANCE VERIFIED BY
93a Each ramp, interior stairway and outside steps shall have a well-secured handrail.	At the top of the first flight of stairs leading to the third floor there is a step that does not have a handrail. Repeated Violation - 2/8/10.	9-23-10 12/4/10	Handrail was added I did not recognize the need for a handrail in that area. Kimberli Foulkes has inspected this home several times in the last year. She didn't see it until a mos. later. I don't agree with this as a repeat violation. The administrator or designee will check the entire premise for any stairs or steps that do not have a handrail. Handrails will be installed and maintained as needed. WPA 12/2/10	12/2/10 <i>[Signature]</i>

will be installed and maintained as needed. WPA 12/2/10

P. 011/018

(FAX)

11/12/2010 13:20

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

9 14
Page No of 15.

NAME AND ADDRESS OF PERSONAL CARE HOME KAYSIM COURT MANOR, 5909 19 WAYNE AVENUE PHILADELPHIA, PA 19144		CURRENT LICENSE NUMBER 109661	
INSPECTION DATES (Include all dates of the inspection) 09/22/2010		REGIONAL REPRESENTATIVE Kimberli A. Foulkes	
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 <i>Kayman Blake</i>	DATE 11-8-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Lee</i>	DATE 12/2/10

REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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)	DATE COMPLIANCE VERIFIED BY
101j6 Each resident shall have the following in the bedroom: A mirror.	-Room 113 does not have a mirror. -Room 201 has three residents and has 1 mirror. Repeated Violation - 2/8/10	9-23-10	I did not read the LMI correctly. The room did have a mirror, but it was a three person room. Subsequently the LMI requires an additional mirror, for room 201. While rearranging something in room the mirror broke. Maintenance personnel was in the process of replacing mirror informed licensed reps at the time of inspection. I do not agree with this as a repeat violation. Mirrors installed in all three man rooms.	12/2/10 <i>Lee</i>

Staff utilize a daily checklist of bedrooms to ensure mirrors are present and the appropriate number of mirrors are in each room. *Lee 12/2/10*

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 DATES (Include all dates of the inspection) 09/22/2010		REGIONAL REPRESENTATIVE Kimberli A. Foulkes	
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 <i>Kawana Blake</i>	DATE 11-8-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 12/7/10

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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)	DATE COMPLIANCE VERIFIED BY
102d1 Toilet and bath areas shall have grab bars, hand rails or assist bars.	-There is no grab bar, hand rail or assist bar for the bathtub in the bathroom to the right of room 111. -There is no grab bar, hand rail or assist bar for the toilet or shower in the bathroom to the left of room 112. Repeated Violation - 2/8/10	9-23-10	These rooms 111 and 112 share the bathroom that is in question grab bar was installed Housekeeping staff check the grab bars in each bathroom throughout the course of their daily routine. work 12/7/10	12/7/10 error 12/7/10 LHJ Date Initials (DPW)

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

16 14
Page 12 of 15

NAME AND ADDRESS OF PERSONAL CARE HOME KAYSIM COURT MANOR, 5909 19 WAYNE AVENUE PHILADELPHIA, PA 19144		CURRENT LICENSE NUMBER 109661	
INSPECTION DATES (Include all dates of the inspection) 09/22/2010		REGIONAL REPRESENTATIVE Kimberli A. Foulkes	
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 <i>Kayana Blake</i>	DATE 11-8-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Kawmull</i>	DATE 11/29/10

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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)	DATE COMPLIANCE VERIFIED BY
105g1 To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.	On 9/23/10, there was an accumulation of lint in the lint trap of the dryer in the room off the walkway between the main building and the cottage. Repeated Violation - 2/8/10	9-23-10	Employee responsible for doing the laundry was terminated for failure to clean lint from dryer after each use. New employee was hired and trained. Periodic checks are performed throughout the day every 2 hrs. and documented	12/2/10 <i>[Signature]</i>

P. 013/018

(PAX)

11/12/2010 13:21

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

12 14
Page 13 of 15

NAME AND ADDRESS OF PERSONAL CARE HOME KAYSIM COURT MANOR, 5909 19 WAYNE AVENUE PHILADELPHIA, PA 19144		CURRENT LICENSE NUMBER 109661	
INSPECTION DATES (Include all dates of the inspection) 09/22/2010		REGIONAL REPRESENTATIVE Kimberli A. Foulkes	
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 <i>Kawana Blake</i>	DATE 11-8-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JMU</i>	DATE 12/2/10

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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)	DATE COMPLIANCE VERIFIED BY
1835 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.	On 9/23/10, Hydrocortisone 1% cream was unlocked and accessible to residents in room 306. Repeated Violation - 2/8/10	10-30-10	Developed new medication policy indicating grounds for termination because of medications not being given to the med tech or on shift supervisor. Med Tech Supervisor was terminated. All residents have been assessed and are capable of handling poisonous materials safely. Staff have been instructed to monitor for unlocked medications throughout the course of their daily routines and bring any unlocked medications to the office immediately. 12/2/10	12/2/10 <i>JMU</i>

Staff have been instructed to monitor for unlocked medications throughout the course of their daily routines and bring any unlocked medications to the office immediately. 12/2/10

P. 014/018

(PAX)

11/12/2010 13:21

P. 015/018

(PAX)

11/12/2010 13:21

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

13 14
Page 14 of 15

NAME AND ADDRESS OF PERSONAL CARE HOME KAYSIM COURT MANOR, 5909 19 WAYNE AVENUE PHILADELPHIA, PA 19144		CURRENT LICENSE NUMBER 109661	
INSPECTION DATES (Include all dates of the inspection) 09/22/2010		REGIONAL REPRESENTATIVE Kimberli A. Foulkes	
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 <i>Kawana Blake</i>	DATE 11-8-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 12/21/10

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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)	DATE COMPLIANCE VERIFIED BY
--------------------------------	-----------	--	---	-----------------------------------

183f1 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 person	On 9/23/10, there was Hydrocortisone 1% Cream with an expiration date of 4/5/10 in resident #3's room.	10-30-10	Developed new medication policy informing residents that with-holding medications in their possession will be grounds for termination. This is the same resident that I was cited for prior. This was deliberate concealment from staff and was placed in plain view after staff had been through [redacted] room earlier in the morning. Resident # 3 is the same resident in room 306. Staff have been instructed to monitor for unreported medications throughout the course of their daily routine and bring any medications to the office immediately. <i>12/21/10</i>	12/21/10 <i>[Signature]</i>
---	--	----------	--	--------------------------------

Staff have been instructed to monitor for ~~unreported~~ medications throughout the course of their daily routine and bring any medications to the office immediately. *12/21/10*

P. 016/018

(FAX)

11/12/2010 13:21

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

14 14
Page 15 of 15

NAME AND ADDRESS OF PERSONAL CARE HOME KAYSIM COURT MANOR, 5909 19 WAYNE AVENUE PHILADELPHIA, PA 19144		CURRENT LICENSE NUMBER 109661	
INSPECTION DATES (Include all dates of the inspection) 09/22/2010		REGIONAL REPRESENTATIVE Kimberli A. Foulkes	
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 <i>Kawana Blake</i>	DATE 11-8-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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)	DATE COMPLIANCE VERIFIED BY
or entity taking responsibility for the new placement on the day of departure from the home.			<i>Response on page 13 of 14</i>	