



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: May 17, 2012**

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 April 6, 2012 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 Miller".

Chevon Miller  
Regional Licensing Administrator

Enclosure(s)  
Violation Report



Violation Report: 14223 - 04/06/2012 - Kurtz, Andrea

1. REGULATION 55 Pa.Code §2600

2600.28(e) - In the event of a death of a resident under 60 years of age, the administrator shall refund the remainder of previously paid charges to the resident's estate within 30 days from the date the room is cleared of the resident's personal property. In the event of a death of a resident 60 years of age and older, the home shall provide a refund in accordance with the Elder Care Payment Restitution Act (35 P.S. §§ 10226.101 - 10226.107). The home shall keep documentation of the refund in the resident's record.

2. DESCRIPTION OF VIOLATION

Resident #1 died on 11-8-10. The resident's room was cleared of personal belongings on 11-29-10. The home did not refund the resident's previously paid rent to the resident's estate until 2-8-11.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Please see attached

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Robyn Busch*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Robyn Busch - Administrator* Date *5-1-2012*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 5/9/12 (Date)

The above plan of correction was approved by *SB* (Initials)

Verification of Legal Entity Representative Signature *SB* (Date) 5/9/12

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

**Plan of Correction for 2600.28(e)**

Step 1 – Reviewed

Step 2 – Reviewed

Step 3 – Fix the immediate problem – The problem was fixed as of February 8, 2011. Check #1200 was sent certified mail to the estate of [REDACTED] for the amount of \$2,595.00. The resident's personal effects was picked up by family on November 29, 2010 and check #1204 was also refunded to the estate for one day owed for November 2010.

Step 4 – The violation occurred because the Finance Director applied incoming checks toward the outstanding balance of \$5,300 owed to Hayes Manor. This figure consisted of \$4,300 of entrance fee and \$1,000 for room damages. Payments that were never received by Hayes Manor.

Step 5 – Prevent future occurrences - To prevent future occurrences we have developed and implemented a new Resident File Closeout policy. This file closeout is now a requirement for any resident that is discharged from the facility via death or transfer. This will be completed by the Finance Director to ensure all refunds are returned within thirty (30) days from the date the room is cleared of the resident's personal property.

Step 6 – Designate responsibility and specific target dates for correction – In addition to the new File Closeout Form a monthly resident closeout checklist has also been developed that also will be reviewed and completed by the Finance Director and verified by the Administrator.

Attachments:

Policy for Resident Refund Record

Resident File Closeout Form

Monthly Resident Closeout Checklist

In-service given by Administrator on Monday April 30, 2012 to applicable staff members

Hobyn Burns - Administrator  
Hobyn Burns 5-1-2012

Violation Report: 14223 - 04/06/2012 - Kurtz, Andrea

1. REGULATION 55 Pa.Code §2600

2600.52 - 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 16 (relating to protective services for older adults) and other applicable regulations.

2. DESCRIPTION OF VIOLATION

Staff Person D was hired on 1-27-12. A Criminal Background Check was not completed until 4-6-12.  
Staff Person B was hired on 2-13-12. A Criminal Background Check was not completed until 3-29-12.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Please see attached

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

*Robyn Burns*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)

Robyn Burns - Administrator

Date 5-1-2012

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The above plan of correction is approved as of

5/9/12 (Date)

Verification of Legal Entity Representative Signature

5/9/12 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

*SN* (Initials)

*also*

**Plan of Correction for 2600.52**

Step 1 – Reviewed

Step 2 – Reviewed

Step 3 – Fix the immediate problem – immediately all files were reviewed to ensure every employee had a background check completed in their file

Step 4 – Determine the root cause of the violation – It was determined that the previous HR Director was responsible for conducting the background checks on all new hires and it was discovered that she failed to do so entirely with Staff Member B and with Staff Member D failed to check back as the request was initially under review.

Step 5 – Prevent future occurrences – to prevent additional occurrences we have implemented the following step:

1. All background checks will initially be processed before the employee begins employment. If the request is under review we will check daily within (30) days for Pennsylvania State Police e-patch system and within (90) days for FBI checks. If a non-favorable request comes back the employee will immediately be removed from the schedule.

Step 6 – Designate responsibility and specific target dates for correction – this has immediately been implemented. We have also designated additional staff members who are responsible for conducting and monitoring background checks in the absence of the HR Director. We have designated the Finance Director and then the Administrator so we will have three (3) people monitoring instead of relying on one (1) staff member.

Attachments:

Since the complaint inspection on April 6, 2012 we have hired new employees. We are attaching their orientation checklist showing date of hire and a copy of the completed background checks. Employee 1 was hired on 4/17/12 and background check was completed on 4/16/12. Employee 2 was hired on 4/24/12 with her shift to start at 3:00 PM and background check was conducted on the morning of 4/24/12.

Debyn Burns - Administrator  
Debyn Burns - 5-1-2012

Violation Report: 14223 - 04/06/2012 - Kurtz, Andrea

1. REGULATION 55 Pa.Code §2600

2800.65(a) - 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 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 fire alarms.
- (7) Telephone use and notification of emergency services.

2. DESCRIPTION OF VIOLATION

Staff Person A, whose first day of work was 2-16-12, did not receive orientation in evacuation procedures; staff duties and responsibilities during fire drills; designated meeting place outside the building or within fire-safe area; smoking procedures; location and use of fire extinguishers; smoke detectors and fire alarms; telephone use and notification of emergency services.

Staff Person B, whose first day of work was 2-13-12, did not receive orientation in evacuation procedures; staff duties and responsibilities during fire drills; designated meeting place outside the building or within fire-safe area; smoking procedures; location and use of fire extinguishers; smoke detectors and fire alarms; telephone use and notification of emergency services.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Please see attached

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

*Robyn Burns*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)

Robyn Burns - Administrator

Date

5-1-2012

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of

5/9/12 (Date)

Verification of Legal Entity Representative Signature

5/9/12 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

*RB* (Initials)

*hls*

**Plan of Correction for 2600.65(a)**

Step 1 – Reviewed

Step 2 – Reviewed

Step 3 – Fix the immediate problem – immediately notified Department Heads that all potential new hires must be discussed with HR Director to set up new hire orientation and first day training. Effective immediately, no employee will be able to begin work until necessary training in 2600.65(a) is complete.

Step 4 – Determine the root cause of the violation – It was determined that the Staff Person A & B were hired during a period where there was no HR Director.

Step 5 – Prevent future occurrences – to prevent additional occurrences we have implemented the following step:

1. All new hire start dates must be approved in advance by the HR Director. In the absence of the HR Director, approvals must be made by the Director of Finance and then the Administrator. This is to ensure that the staff member responsible for providing first day training has allowed enough time on their schedule to properly train the new staff.
2. We have created new orientation sign-off sheets for both the staff and employee (see attached)

Step 6 – Designate responsibility and specific target dates for correction – Immediately corrected

**Attachments:**

Attached is a copy of the old form previously used and a copy of the new form that we began implementing on 4/17/2012.

Robyn Burns - Administrator  
Robyn Burns - 5-1-2012

Violation Report: 14223 - 04/06/2012 - Kurtz, Andrea

1. REGULATION 56 Pa.Code §2600

2600.65(b) - 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.

2. DESCRIPTION OF VIOLATION

Staff Person A hired on 2-16-12 did not receive training in Resident rights, Emergency medical plan, Mandatory reporting of abuse and neglect, and Reporting of reportable incidents and conditions.

Staff Person B hired on 2-13-12 did not receive training in Resident rights, Emergency medical plan, Mandatory reporting of abuse and neglect, and Reporting of reportable incidents and conditions.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

*Please see attached*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

*Robyn Burns - Administrator*

Date

*5-1-2012*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

*5/9/12*  
(Date)

Verification of Legal Entity Representative Signature

*[Handwritten Signature]*  
(Date)

*5/9/12*

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

*[Handwritten Initials]*  
(Initials)

**Plan of Correction for 2600.65(b)**

Step 1 – Reviewed

Step 2 – Reviewed

Step 3 – Fix the immediate problem – immediately notified Department Heads that all potential new hires must be discussed with HR Director to set up new hire orientation and first forty (40) Scheduled Hours.

Step 4 – Determine the root cause of the violation – It was determined that the Staff Persons A & B were hired during a period where there was no HR Director.

Step 5 – Prevent future occurrences – to prevent additional occurrences we have implemented the following steps:

1. All new hire start dates must be approved in advance by the HR Director. In the absence of the HR Director, approvals must be made by the Director of Finance and then the Administrator. This is to ensure that the staff member responsible for providing first day training has allowed enough time on their schedule to properly train the new staff. No employee will be permitted to begin work without receiving this training.
2. We have created new orientation sign-off sheets for both the staff and employee (see attached) and all orientation is now scheduled. For the two new staff members, their first day of work orientation has been completed and one is scheduled to have training on Monday April 30, 2012 with the HR Director to complete the training for Resident Rights, Emergency medical plan, mandatory reporting and OAPSA and reporting of reportable incidents and conditions. The other is scheduled on Wednesday May 2, 2012 and will still be within the first 40 scheduled work hours.

Step 6 – Designate responsibility and specific target dates for correction -- Immediately corrected and in there is now a primary trainer and two back up trainers for new hire training and orientation.

**Attachments:**

New Orientation form that we began using 4/17/12

Completed form for new hire(s) – one showing full completion. The other is scheduled for full completion on Wednesday May 2, 2012 and we will forward the documentation to you.

Robyn Burns - Administrator  
 Robyn Burns 5-1-2012

Violation Report: 14223 - 04/06/2012 - Kurtz, Andrea

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2. DESCRIPTION OF VIOLATION

Staff Person C did not receive training in Fall and Accident Prevention and Reportable Incidents during training year 2011.  
Staff Person E did not receive training in Fall and Accident Prevention and Reportable Incidents during training year 2011.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Please see attached

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Nobyn Burns*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Nobyn Burns - Administrator*      Date *5-1-2012*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 5/9/12 (Date)

Verification of Legal Entity Representative Signature (Signature) (Date) 5/9/12

The above plan of correction was approved by (Signature) (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

**Plan of Correction for 2600.65(g)**

Step 1 – Reviewed

Step 2 – Reviewed

Step 3 – Fix the immediate problem – Staff Person(s) C & E were given the Fall and Accident Prevention Safety Awareness Training on Monday April 30, 2011 (see attached). Fall and Accident Prevention has been scheduled for all remaining staff members on Wednesday May 2, 2012 at 9:30am and 2:00pm as well as Thursday May 3, 2012 at 9:30am and 2:00pm (see attached).

Step 4 – Determine the root cause of the violation – It was determined that we did provide the training on June 28<sup>th</sup> and June 29<sup>th</sup>, 2011. Unfortunately, we cannot locate the sign in sheets for all of the staff members which is why we have scheduled the additional In-services for 5/2 & 5/3/12.

Step 5 – Prevent future occurrences – to prevent additional occurrences we have implemented the following step:

1. We will immediately record all In-service training in our company master file as well as immediately put into each staff members training record for all staff members who have received the training. We will also hold make-up training days for those staff members who originally did not participate.

Step 6 – Designate responsibility and specific target dates for correction – We provided Fall and Accident Prevention Safety Awareness Training for Staff members C & E and have scheduled in-service training for all other staff members within 1 week of POC submission. Administrator will be randomly spot-checking training records to ensure that Director of HR is accurately recording all training.

**Attachments:**

Fall and Accident Prevention Safety Awareness Training for Staff Person(s) C & E

Copy of notice of In-service training scheduled for May 2 & May 3, 2012

Copy of staff training will be forwarded to you after completion on May 3, 2012.

Robyn Burns - Administrator  
Robyn Burns - 5/3/12