

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
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 November 15, 2012 until November 15, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 142230

Robert E. Robinson

ISSUING OFFICER

R. C. King

DIRECTOR

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 - 01/11



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

OCT 04 2012

Ms. 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 (Department) licensing inspection on August 17, 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 Human Services 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 black ink, appearing to read "R. Melusky".

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 14223 - 08/17/2012 - Kurtz, Andrea
 PCH Name: HAYES MANOR

1. REGULATION 55 Pa.Code §2600
 2600.86(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

- On 8-17-12, in the morning, a 12 inch in diameter mound of bird feces was on the #10 fire escape.
 - While reviewing the accucheck records for Resident #1, staff person A attempted to turn on the resident's glucometer. The glucometer would not turn on. When asked how the evening accucheck would be done, Staff person A stated the home has a spare glucometer to use when any resident's glucometer does not work.

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.

8/22/12

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 8/22/12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of

9/14/12
 (Date)

Plan of correction implementation status as of

9/14/12
 (Date)

The above plan of correction was approved by

CRM
 (Initials)

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

Plan of Correction for 2600.85(a)

1.

Step 1 – Reviewed

Step 2 – Reviewed

Step 3 – Fix the immediate problem – We immediately powerwashed the area on Monday August 20, 2012. The Administrator will be monitoring this area for bird feces and debris while performing weekly rounds. We will be utilizing the enclosed Housekeeping Log to keep accurate records of the inspection and monitoring of this area.

Please see enclosed photo of the cleaned area.

Step 4 – Determine the root cause of the violation – It was determined that we have large birds that have nested in the area in our surrounding trees.

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

- 1. We will immediately implement the Housekeeping log and perform the weekly inspections of this area by the Administrator.

Step 6 – Responsibility of the area will be performed by the Housekeeping Staff and will be monitored by the Administrator on a weekly basis.

Attachments:

Photographs of the powerwashed area

Housekeeping Log

Plan of Correction for 2600.85(a)

2.

Step 1 – Reviewed

Step 2 – Reviewed

Step 3 – Fix the immediate problem – We have ordered a backup glucometer for all residents who are eligible for one at this time and will be monitoring for the availability of all others. Under no circumstances will the glucometers be shared by residents. All direct care staff have been In-serviced.

Robyn Burns
Robyn Burns - Administrator *9/10/12*

Step 4 – Determine the root cause of the violation --One of the residents (Resident 1) glucometer machine was Inoperable and a backup machine was used by the Direct Care Staff Person (Person A)

Step 5 – Prevent future occurrences – We have implemented a random machine check protocol for machine monitoring by Director of Nursing on a weekly basis.

Step 6 --

Attachments:

Random Glucometer Check Form

Hobyn Burns
Hobyn Burns - Administrator

9/10/12

Violation Report: 14223 - 08/17/2012 - Kurtz, Andrea	
PCH Name: HAYES MANOR	
1. REGULATION 55 Pa.Code §2600 2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.	
2a. DESCRIPTION OF VIOLATION Fire escape #2 has loose flooring that could be a hazard to resident in the event of an evacuation.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Robyn Burns</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Robyn Burns Administrator</i>	Date <i>8-28-12</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u><i>9/5/12</i></u> (Date)	Plan of correction implementation status as of <u><i>9/4/12</i></u> (Date)
The above plan of correction was approved by <u><i>CEM</i></u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Plan of Correction for 2600.100(a)

Step 1 – Reviewed

Step 2 – Reviewed

Step 3 – Fix the Immediate problem – We repaired the flooring located on fire escape #2 on Saturday August 25, 2012.

Step 4 – Determine the root cause of the violation – It was determined that the loose flooring was caused by normal wear and tear of the outside of the building.

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

1. All fire escapes will be monitored by the Director of Maintenance on a monthly basis to assure safety of the structure and to make sure they are free of hazards.

Step 6 – Designate responsibility and specific target dates for correction – The responsibility to monitor this area will be that of the Director of Maintenance. The inspection and maintenance of these areas will be recorded on the Maintenance Log – see attached.

Attachments:

Photographs of the repaired fire escape

Maintenance Log

Hayes Burns

Hayes Burns - Administrator

9/10/12

Violation Report: 14223 - 08/17/2012 - Kurtz, Andrea
 PCH Name: HAYES MANOR

1. REGULATION 65 Pa.Code §2600
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION

The last drill conducted during sleeping hours was on 7-16-12 at 10:40 pm. The previous fire drill conducted during sleeping hours was on 8-2-11 at 10:48 pm.

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.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Mobyen Burns Administrator</i>	Date <i>8-28-12</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 9/14/12
 (Date)

Plan of correction implementation status as of 9/14/12
 (Date)

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

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

Plan of Correction for 2600.132(e)

Step 1 – Reviewed

Step 2 – Reviewed

Step 3 – Fix the immediate problem – We immediately held a sleeping hour fire drill on August 20, 2012 @ 11:20pm. A fire drill schedule has been developed by the Administrator to ensure that they are completed as required.

Step 4 – Determine the root cause of the violation – It was determined that we neglected to schedule one of the mandatory sleeping hours fire drills.

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

1. Immediately implemented a fire drill schedule for the next 12 months that only the Director of Maintenance and Administrator have access to. This schedule will include the necessary drills to maintain compliance and will be monitored monthly by the Administrator to ensure compliance.
2. We have implemented an additional sleeping hour drill to ensure compliance.

Step 6 – Designate responsibility and specific target dates for correction –The responsibility to monitor the schedule of fire drills is that of the Administrator and the Director of Maintenance. Every month during our regularly scheduled Department Head Meetings we will make sure that we are following and completing the schedule implemented above and that all fire drills will be recorded in our Fire Drill Log.

Attachments:

Fire Drill Log showing the fire drill held during sleeping hours on August 20, 2012 at 11:20pm

Hayden Burns

Hayden Burns - Administrator 9/10/12

Violation Report: 14223 - 08/17/2012 - Kurtz, Andrea
 PCH Name: HAYES MANOR

1. REGULATION 55 Pa.Code §2600

2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION

The home's designated smoking area in front of the cottage at the rear of the main building has a seat cushion that states "careful around cigarettes and flames."

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.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Dobyn Burns Administrator</i>	Date <i>8-28-12</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>9/5/12</u> (Date)	Plan of correction implementation status as of <u>9/5/12</u> (Date)
The above plan of correction was approved by <u>DBM</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Plan of Correction for 2600.144(c)(1)

Step 1 – Reviewed

Step 2 – Reviewed

Step 3 – Fix the immediate problem – Policy reviewed and rewritten for Personal Care Residents that states that “there is only one designated area for Personal Care Residents in the front of the building”.

Step 4 – Determine the root cause of the violation – This violation was a result of having listed two designated smoking areas in our Resident Handbook when in fact we only have one designated smoking area for our Personal Care Residents.

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

1. Immediately rewrote the Smoking Policy for our Personal Care Residents to show that our Personal Care Residents have only one designated smoking area located in the front of our main building so that any Personal Care Resident smoking outside may be monitored. Any smoking outside of the designated smoking area for Personal Care Residents is strictly prohibited.
2. Direct Care staff is assigned to monitor all Personal Care Residents when smoking and the smoking area is to be cleaned a minimum of four times per day by the housekeeping/security staff to minimize safety hazards.

Step 6 – Designate responsibility and specific target dates for correction – The responsibility to monitor the designated smoking area belongs to the Direct Care Staff and Housekeeping/Security staff on duty. Any staff person who finds a Resident smoking outside of the designated smoking area must immediately report the Resident to the Administrator.

Attachments:

Revised smoking policy for Resident Handbook

Log for Smoking Area

Hobyn Burns
Hobyn Burns - Administrator 9/10/12