

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 14, 2012 until December 14, 2013,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 109660

Robert E. Robinson  
ISSUING OFFICER

[Signature]  
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



DEC 19 2012

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

Dear Ms. Blake-Williams:

As a result of the Department of Public Welfare's (Department) licensing inspection on September 18, 2012 and September 19, 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.

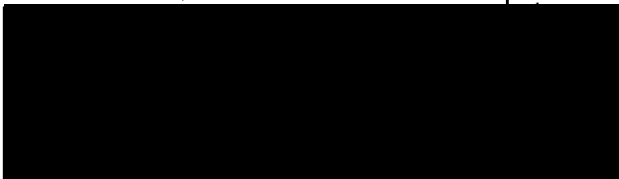
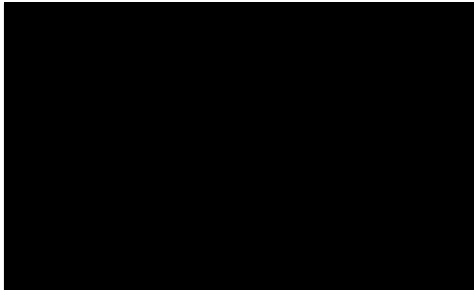
A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

Ronald Melusky  
Director

Enclosures  
License  
Violation Report

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

|   |  |                        |
|---|--|------------------------|
| PCH Name: KAYSIM COURT MANOR  |  | License Number: 109660 |
| Address: 5909 19 WAYNE AVENUE, PHILADELPHIA, PA 19144   |  | County: Philadelphia   |
| Administrator: Kawana Blake-Williams  |  | Region: SOUTHEAST      |
| Legal Entity Name: KAYSIM HOUSING GROUP INC   |  |                        |
| Legal Entity Address: 5909-19 WAYNE AVENUE, PHILADELPHIA, PA 19144  |  |                        |
| Certificate(s) of Occupancy<br>1-2<br>09/07/2000<br>Philadelphia L&I  |  |                        |
| Staffing Hours<br>Resident Support: 0      Total Daily Staff: 75      Working Staff: 56   |  |                        |
| Type of Inspection: Full      BHA Docket Number:      Notice: Unannounced   |  |                        |
| Reason(s) for Inspection(s)<br>Renewal  |  |                        |
| On-Site Inspections Dates and Department Representatives On-Site<br>09/18/2012: Kurtz, Andrea; Lomax, Dowell<br>09/19/2012: Kurtz, Andrea; Lomax, Dowell  |  |                        |
| Off-Site Inspection Dates and Inspectors, if Applicable   |  |                        |
| Other Details<br>Partial or Full Triggers:      Random Indicators:  |  |                        |
| <b>Resident Demographic Data as of Inspection Dates</b>   |  |                        |
| Licensed Capacity: 81<br>Number of Residents Served: 75<br>Secured Dementia Care Unit in Home: No<br>Area:<br>Secured Dementia Unit Capacity, if Applicable:<br> | Number of Residents who:<br> |                        |

Violation Report: 10966 - 09/18/2012 - Kurtz, Andrea  
 PCH Name: KAYSIM COURT MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION  
 On 9-19-12 the home's copy of 55 Pa.Code Chapter 2600 was not posted in a conspicuous and public place in the home.

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.

The pink book was constantly being removed from the public binder attached to the bulletin board. We suspected that it was being removed because the pink stood out. No other papers were removed from this public binder. We printed off a copy of 55 Pa Chapter 2600 on plain paper and posted it in the public binder. 9-20-12  
 Staff will check the public binder weekly and replace the copy of 55 Pa. Code Chapter 2600 as needed  
 ch

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Kawana Blake-Williams*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *KAWANA Blake-Williams*      Date *9-20-12*

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

|  |                          |   |
|--|--------------------------|---|
| The above plan of correction is approved as of | <i>11/2/12</i><br>(Date) | Plan of correction implementation status as of <i>11/2/12</i><br>(Date)   |
| The above plan of correction was approved by   | <i>ORM</i><br>(Initials) | <input checked="" type="checkbox"/> Fully Implemented<br><input type="checkbox"/> Partially Implemented - Adequate Progress<br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |

Violation Report: 10966 - 09/18/2012 - Kurtz, Andrea  
 PCH Name: KAYSIM COURT MANOR

**1. REGULATION 55 Pa.Code §2800**  
 2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person or any staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

**2a. DESCRIPTION OF VIOLATION**  
 On 9/18/12 resident records were in the home's main office unlocked and and unattended making them accessible.

**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.

*Changed the door knob to a self locking one. It automatically locks when you leave the office. No one has to remember to lock the door when you the office. 9-18-12*

*The self locking knob will be checked monthly by the Administrator to ensure it remains functional!*

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Kawana Blake Williams*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *KAWANA BLAKE-Williams*      Date *9-18-12*

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

|  |                          |   |
|--|--------------------------|---|
| The above plan of correction is approved as of | <u>11/2/12</u><br>(Date) | Plan of correction implementation status as of <u>11/2/12</u><br>(Date)   |
| The above plan of correction was approved by   | <i>CKM</i><br>(Initials) | <input checked="" type="checkbox"/> Fully Implemented<br><input type="checkbox"/> Partially Implemented - Adequate Progress<br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |

Violation Report: 10968 - 09/18/2012 - Kurtz, Andrea  
PCH Name: KAYSIM COURT MANOR

1. REGULATION 55 Pa.Code §2600

2600.57(b) - Direct care staff persons shall be available to provide at least 1 hour per day of personal care services to each mobile resident.

2a. DESCRIPTION OF VIOLATION

On 9-3-12, there were 76 residents in the home. On this day, only 68 hours of direct care staffing was provided.

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.

I would like this violation removed for the following reasons:

1. We had 75 hrs of staffing as it relates to direct care staff.
2. We have a younger population and many residents are awake and walking around the building all hours of the night.
3. To ensure the health, safety and welfare of our residents I have three awake staff on the over-night shift.
4. Many of our resident's are out of the building during the day but we maintain a full staff anyway.
5. We have hired a new person but training had not been completed therefore that person could not be added to the roster. Supervisor has hired more staff as required. Supervisor will also maintain the appropriate staffing for the personal care services to each mobile resident.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Kawana Blake-Williams*

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

KAWANA BLAKE-Williams

Date 10-15-12

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

The above plan of correction is approved as of

*11/15/12*  
(Date)

Plan of correction implementation status as of

*11/15/12*  
(Date)

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

The above plan of correction was approved by

*[Signature]*  
(Initials)

Violation Report: 10966 - 09/18/2012 - Kurtz, Andrea  
 PCH Name: KAYSIM COURT MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.57(d) - At least 75% of the personal care service hours specified in § 2600.57(b) and § 2600.57(c) shall be available during waking hours.

2a. DESCRIPTION OF VIOLATION  
 On 9-3-12, a total of 56.25 hours of direct care was required. However, only 42 of the required hours, or 56 percent, were provided during waking hours.

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 pg. 5.*

*I have hired new staff and I also have 7 staff on in the morning 3 staff members on in the 3-11pm shift and 3 staff members on the overnight shift of 11pm - 7:30am and all staff are awake at all times.*

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Kawana Blake-Williams*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *KAWANA BLAKE-Williams*      Date *10-15-12*

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

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| The above plan of correction is approved as of <u>11/15/12</u><br>(Date)<br><br>The above plan of correction was approved by <u><i>[Signature]</i></u><br>(Initials) | Plan of correction implementation status as of <u>11/15/12</u><br>(Date) <ul style="list-style-type: none"> <li><input type="checkbox"/> Fully Implemented</li> <li><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress</li> <li><input type="checkbox"/> Partially Implemented - Inadequate Progress</li> <li><input type="checkbox"/> Not Implemented</li> </ul> |
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Violation Report: 10966 - 09/18/2012 - Kurtz, Andrea  
 PCH Name: KAYSIM COURT MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION  
 Direct care staff person A received only 6.5 hours of annual training in training year 12-1-10 through 11-30-11.

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.

*This worker was absent from work due to a family emergency for an extended period of time and therefore missed several trainings. The trainer forgot to give him the training upon his return. I have instructed the trainer to use her smart phone to record voice memo reminders for tasks such as trainings that have been missed, and to review these voice reminders @ weekly until they are completed. The trainer is to send me status updates regarding the voice memos so that I can be a second form of reminders. 9-20-12 to total at least 12 hours annual training.*

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Kawana Blake-Williams*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *KAWANA Blake-Williams*      Date *10-18-12*

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

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| The above plan of correction is approved as of | <i>11/15/12</i><br>(Date) | Plan of correction implementation status as of <i>11/15/12</i><br>(Date)  |
| The above plan of correction was approved by   | <i>AB</i><br>(Initials)   | <input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress<br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |

Violation Report: 10966 - 09/18/2012 - Kurtz, Andrea  
 PCH Name: KAYSIM COURT MANOR

**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. §§ 10225.101-10225.6102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

**2a. DESCRIPTION OF VIOLATION**

Staff person A did not receive training in Emergency preparedness during training year 12-1-10 through 11-30-11.

**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 pg. 6*

*The staff member A has been informed to make up any and all trainings and supervisor will ensure all staff and all training will be done in an orderly fashion and completed as required. All other training has been up to date.*

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Kawana Blake-Williams*

|  |                      |
|--|----------------------|
| Printed Name and Title of Legal Entity Representative<br>(Required on EVERY Page) <i>KAWANA Blake-Williams</i> | Date <i>10-18-12</i> |
|--|----------------------|

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

The above plan of correction is approved as of *11/13/12*  
 (Date)

Plan of correction implementation status as of *11/13/12*  
 (Date)

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

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

Violation Report: 10966 - 09/16/2012 - Kurtz, Andrea  
 PCH Name: KAYSIM COURT MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.58(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION  
 - The entrance door in to the room next to the rear cottage fire exit is missing a door knob.  
 - In the first floor shower the floor drain is outside of the drain.

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.

*This bathroom needs to be completely gutted and redone. I have ordered a new shower stall. I have to purchase tile and other materials. This should be completed by mid Nov. 2012.*

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Kawana Blake-Williams*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *KAWANA BLAKE-Williams*      Date *10-18-12*

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

The above plan of correction is approved as of *11/15/12* (Date)      Plan of correction implementation status as of *11/15/12* (Date)

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

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

Violation Report: 10868 - 09/18/2012 - Kurtz, Andrea  
 PCH Name: KAYSIM COURT MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2a. DESCRIPTION OF VIOLATION

- The window on the 2nd floor bathroom does not have a screen.
- The window in the 3rd floor bathroom in the cottage does not have a screen.
- The screen in the window in the dining area next to the living room is torn.
- The window in the 1st floor restroom has a broken pane.

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.

*Kaysim has a check list sheet that employees are responsible for filling out which describe what the problems are. See Attached. Employee was found to be falsifying documents to indicate no problems found. Employee was terminated prior to our inspection and new employee was hired as a replacement. Employee is being trained and will be monitored/supervised closely for compliance with duties. 9-25-12  
 Supervisor will monitor check list monthly*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kawana Blake-Williams*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *KAWANA Blake-Williams*      Date *10-18-12*

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

|   |   |
|---|---|
| The above plan of correction is approved as of <u>11/13/12</u><br>(Date)      | Plan of correction implementation status as of <u>11/16/12</u><br>(Date)  |
| The above plan of correction was approved by <u>[Signature]</u><br>(Initials) | <input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress<br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |

Violation Report: 10966 - 09/18/2012 - Kurtz, Andrea

PCH Name: KAYSIM COURT MANOR

1. REGULATION 55 Pa.Code §2500

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

The flashing outside of the 2nd floor fire escape near the day room is hanging and loose and is a fall hazard.

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.

See pg. 9

Flashing was repaired on 9-19-12.

Staff and supervisor will monitor all doors daily.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Kawana Blake-Williams*

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

KAWANA BLAKE-Williams

Date: 10-18-12

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

The above plan of correction is approved as of

*11/5/12*  
(Date)

Plan of correction implementation status as of

*11/5/12*  
(Date)

The above plan of correction was approved by

*[Signature]*  
(Initials)

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

Violation Report: 10966 - 09/18/2012 - Kurtz, Andrea  
PCH Name: KAYSIM COURT MANOR

1. REGULATION 55 Pa.Code §2600  
2600.102(d)(2) - Bathtubs and showers must have slip-resistant surfaces.

2a. DESCRIPTION OF VIOLATION

- The first floor shower does not have a slip-resistant surface.
- The shower in the 3rd floor cottage does not have a slip-resistant surface.

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.

See pg. 9  
 Slip resistant mats were placed in all showers/  
 bathtubs that required them. 9-18-12  
 Staff and porters will monitor at least daily

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

|  |                              |
|--|------------------------------|
| Signature of Legal Entity Representative<br>(Required on EVERY Page) | <i>Kawana Blake-Williams</i> |
|--|------------------------------|

|   |                              |      |                 |
|---|------------------------------|------|-----------------|
| Printed Name and Title of Legal Entity Representative<br>(Required on EVERY Page) | <i>KAWANA Blake-Williams</i> | Date | <i>10-18-12</i> |
|---|------------------------------|------|-----------------|

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

The above plan of correction is approved as of 11/15/12  
(Date)

Plan of correction implementation status as of 11/15/12  
(Date)

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

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

Violation Report: 10986 - 09/18/2012 - Kurtz, Andrea  
 PCH Name: KAYSIM COURT MANOR

1. REGULATION 55 Pa. Code §2600  
 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION  
 On 9-18-12 at 10 am the temperature in the freezer in the basement was 10 degrees fahrenheit.

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.

See pg. 9  
 Freezer had developed frost around the opening.  
 Freezer was defrosted lid now shuts securely.  
 Temperature is 0°. Check off sheet was implemented where staff are to check and record temperatures daily. sheet is taped to freezer. Staff has been instructed to inform supervisor if temperature rises above 0°. 9-19-12

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Kawana Blake-Williams.*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *KAWANA Blake-Williams*      Date *10-18-12*

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

The above plan of correction is approved as of 11/2/12  
 (Date)

Plan of correction implementation status as of 11/2/12  
 (Date)

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

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

Violation Report: 10866 - 09/18/2012 - Kurtz, Andrea  
 PCH Name: KAYSIM COURT MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION  
 - The chicken breast package in the basement freezer was opened and unsealed.  
 - Dominoes Confectioners Sugar 16 oz package was opened and unsealed.  
 - Approximately 50 lb containers of sugar and rice were opened and unsealed.

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.

Posted reminder signs in pantry instructing staff to remember to keep lids on sugar and rice containers. 9-19-12

Posted reminders on freezers to check food for ripped packaging and to discard any damaged products. 9-19-12

Posted signs in pantry to seal inside zip-lock bags and opened food items. 9-19-12  
 Staff, supervisors and administrator will monitor daily.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kawana Blake-Williams*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **KAWANA BLAKE-WILLIAMS**      Date **10-18-12**

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

|  |                                  |   |
|--|----------------------------------|---|
| The above plan of correction is approved as of | <i>[Signature]</i><br>(Date)     | Plan of correction implementation status as of <i>11/5/12</i><br>(Date)   |
| The above plan of correction was approved by   | <i>[Signature]</i><br>(Initials) | <input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress<br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |

Violation Report: 10966 - 09/18/2012 - Kurtz, Andrea  
 PCH Name: KAYSIM COURT MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.103(l) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION  
 - On 9-18-12 the following food items did not have an expiration date or a date received: 4 jars of Polaner 64 oz grape jelly; Chef's Quality Vegetarian Beans in Sauce; Select Recipe Mayonnaise, 1 gal; 6 containers of Chef's Quality ketchup 114 oz.  
 - On 9-18-12 a 5 lb bag of Supremo Italiano Plain Bread Crumb with an expiration date of 8-25-11 was located in the home's kitchen.

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.

*Posted signs in pantry not to accept food donations unless expiration date is checked and verified. Removed all items that had expired dates. 9-19-12.*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kawana Blake-Williams*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kawana Blake-Williams*      Date *10-18-12*

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

The above plan of correction is approved as of *11/15/12* (Date)

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

Plan of correction implementation status as of *11/15/12* (Date)

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

Violation Report: 10966 - 09/18/2012 - Kurtz, Andrea  
 PCH Name: KAYSIM COURT MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION  
 On 9-18-12, the home had 75 residents, but only 0 gallons of emergency drinking water. The water in the home expired on 7-20-11.

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.

We now have (co) a contract with Deer Park Water Company. They will supply our building with the additional 2 gallons of water per resident. The home (with) will keep 1 gallon of water per resident and staff. (The Wat) on the premises at all times. Water Company will supply us the additional water within 24 hrs. of our request.

9-30-12

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kawana Blake Williams*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *KAWANA Blake Williams*      Date *10-18-12*

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

The above plan of correction is approved as of *11/15/12* (Date)

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

Plan of correction implementation status as of *11/15/12* (Date)

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

Violation Report: 10986 - 09/18/2012 - Kurtz, Andrea  
 PCH Name: KAYSIM COURT MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION  
 Resident #1 was admitted on 5-31-12. The resident's medical evaluation was completed on 7-18-12.

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.

Instructed staff to make copies of ALL medical evaluations and keep a master folder. Therefore if someone handling the resident's (flood) folder miss files the form we will be able to retrieve it and make another copy from the master folder. 9-19-12  
 Administrator will make sure this occurs to have a medical evaluation within the time limit of 60 days prior or 30 days after. RB

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Kawana Blake-Williams*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Kawana Blake-Williams*      Date *10-18-12*

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

|  |   |
|--|---|
| The above plan of correction is approved as of <u>11/15/12</u><br>(Date) | Plan of correction implementation status as of <u>11/15/12</u><br>(Date)  |
| The above plan of correction was approved by <u>RB</u><br>(Initials)     | <input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress<br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |

Violation Report: 10966 - 09/18/2012 - Kurtz, Andrea  
 PGH Name: KAYSIM COURT MANOR

1. REGULATION 65 Pa.Code §2600  
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION  
 Resident #2 was admitted on 7-1-11. The resident's most recent medical evaluation was completed 7-3-12, but the resident's previous medical evaluation could not be located making it impossible to determine if the medical evaluation was completed timely.

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.

see page 16

Staff will make sure all medical evaluations will be completed in a timely manner and administrator will ensure this occurs

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Kawana Blake-Williams*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Kawana Blake-Williams* Date *10-18-12*

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

The above plan of correction is approved as of 11/15/12  
 (Date)

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

Plan of correction implementation status as of 11/15/12  
 (Date)

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