



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

OCT 04 2013

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 licensing inspection on August 6, 2013, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) must be maintained.

Your regular license for the period November 15, 2013 to November 15, 2014 was issued on August 5, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky".

Ronald Melusky
Director

Enclosure
License Inspection Summary

Violation Report: 14223 - 08/08/2013 - Foulkes, Kimberli
PCH Name: HAYES MANOR

1. REGULATION 55 Pa.Code §2800
2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION

-The bed in room 9 does not have a source of light that can be turned on/off from bedside. It had a short in the wiring.

-The bed in room 202 does not have a source of light that can be turned on/off from bedside. It was located too far away to be reached from the bed.

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 attached - next page & please see enclosed invoice given on 8/9/13.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Hobyn Burns, Administrator* Date *9/10/13*

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

The above plan of correction is approved as of 9/25/13 (Date)

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

Plan of correction implementation status as of 9/25/13 (Date)

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

Plan of Correction for 2600.101(j)(7)

1. Regulation - Reviewed
- 2a. Description of Violation - Reviewed
3. Plan of Correction

The lamp in Room 9 was replaced immediately on August 6, 2013 – the date of inspection.

The bedside table in Room #202 was moved closer to the resident's bed enabling the resident to be able to reach the lamp while in bed.

On August 7, 2013 the Administrator checked all resident's rooms for proper working lamps and to make sure they were in reach. Any lamp that needed to be replaced have been as of August 9, 2013.

Going forward, upon making daily walking round the Administrator or designee will observe for lamp location and proper functioning of all lamps. All department heads that make weekend rounds as well as the housekeeping staff have been in-serviced on August 12, 2013 regarding checking lamps and the location of the bedside tables. All staff is aware that the working, bedside lamps must be within reach to the resident while they are in bed.

Robyn Burns

Robyn Burns
Administrator

9/10/13

Violation Report: 14223 - 08/06/2013 - Foulkes, Kimberl
PCH Name: HAYES 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 8/8/13, a 46 ounce apple juice with an expiration date of 6/15/12, and a 48 ounce cranberry juice cocktail with an expiration date of 2/21/12, was located in the home's kitchen.

-On 8/6/13 dented cans of pineapple slices, chocolate pudding, and banana pudding 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.

See attached - next page

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 *9/10/13*

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

The above plan of correction is approved as of 9/25/13
(Date)

Plan of correction implementation status as of 9/25/13
(Date)

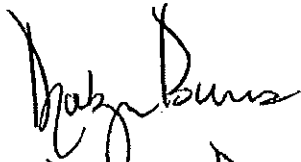
The above plan of correction was approved by CRM
(Initials)

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

Plan of Correction for 2600.103(i)

- 1. Regulation - Reviewed
- 2a. Description of Violation - Reviewed
- 3. Plan of Correction

On the day of inspection, the expired juice that was found in our emergency stock and the dented cans that were found on the shelves were removed immediately. We immediately instituted a policy of inspecting all products for dents and expiration dates before stocking. We will inspect all deliveries as well as all products that we purchase during our weekly shopping trips. All inspections will be made by the Director of Dietary on a weekly basis and will be monitored by the Administrator on a monthly basis to ensure that damaged or expired items are not stored or kept on the premises.



Robyn Burns

Administrator

9/10/13

Violation Report: 14223 - 08/06/2013 - Foulkes, Kimberli
PCH Name: HAYES MANOR

1. REGULATION 55 Pa.Code §2600
2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION
-The initial assessment for resident #1, admitted 1/9/13, was not dated and it could not be determined if the assessment was completed within 15 days of the resident's admission.

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 attached - next page

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 *9/10/13*

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

The above plan of correction is approved as of 9/25/13
(Date)

Plan of correction Implementation status as of 9/25/13
(Date)

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

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

Plan of Correction for 2600.225(a)

- 1. Regulation - Reviewed
- 2a. Description of Violation - Reviewed
- 3. Plan of Correction

On the day of inspection it was noted that the Assessment form for Resident #1 was not signed. The assessment was complete in the proper time frame but signatures were omitted and overlooked.

On August 12, 2013 all resident charts were checked to ensure that all assessments were signed. This task was completed by the Director of Nursing on August 16, 2013.

To ensure that this will not be a repeat offense the following measures have been put in place:

- a. Immediately following the completion of the assessment by the Director of Nursing, the Administrator will review each assessment for its completion and signatures. *and dates*
- b. During our weekly department head meeting all new admissions and annual assessments due will be reviewed by the Administrator and the Director of Nursing and any other members participating.
- c. All resident charts are audited monthly while doing recaps (renewal of physician orders) and this will be the third opportunity to ensure all assessments are signed. *and dated.*

Dobyn Burns
 Dobyn Burns Administrator 9/10/13

Violation Report: 14223 - 08/06/2013 - Foulkes, Kimberli
PCH Name: HAYES MANOR

1. REGULATION 55 Pa.Code §2600
2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION

Resident #1's support plan signature page was blank. It was not signed by the resident, resident's designee, or the individual who prepared the support plan.

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 attached - next page

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Debyn Burns Administrator* Date *9/10/13*

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

The above plan of correction is approved as of *9/25/13*
(Date)

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

Plan of correction implementation status as of *9/25/13*
(Date)

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

Plan of Correction for 2600.227(g)

- 1. Regulation - Reviewed
- 2a. Description of Violation - Reviewed
- 3. Plan of Correction

On the day of inspection it was noted that the Support Plan for Resident #1 was not signed. The form was complete in the proper time frame but signatures were omitted and overlooked.

On August 12, 2013 all resident charts were checked to ensure that all forms were signed. This task was completed by the Director of Nursing on August 16, 2013.

To ensure that this will not be a repeat offense the following measures have been put in place:

- a. Immediately following the completion of the support plan by the Director of Nursing, the Administrator will review each form for its completion and signatures.
- b. During our weekly department head meeting all new admissions and annual assessments due will be reviewed by the Administrator and the Director of Nursing and any other members participating.
- c. All resident charts are audited monthly while doing recaps (renewal of physician orders) and this will be the third opportunity to ensure all forms are signed.

Dobyn Burns
Dobyn Burns Administrator 9/10/13