



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

OCT 17 2014

Ms. Robyn Burns, Administrator
Hayes Manor, Inc.
2210 Belmont Avenue
Philadelphia, Pennsylvania 19131

RE: Hayes Manor
License #: 142230

Dear Ms. Burns:

As a result of the Department of Public Welfare's licensing inspection on August 7, 2014 and August 8, 2014, 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 must be maintained.

Your regular license for the period November 15, 2014 to November 15, 2015 was issued on July 30, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones".

Matthew J. Jones
Director

MJ

Enclosure
License Inspection Summary

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

PCH Name: HAYES MANOR		License Number: 14223
Address: 2210 BELMONT AVENUE, PHILADELPHIA, PA 19131		County: Philadelphia
Administrator: Robin Burns		Region: SOUTHEAST
Legal Entity Name: HAYES MANOR INC		
Legal Entity Address: 2210 BELMONT AVENUE, PHILADELPHIA, PA 19131		
Certificate(s) of Occupancy I-2 04/12/1985 Phila L & I		
Staffing Hours		
Resident Support:	Total Daily Staff: 49	Waking Staff: 37
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 08/07/2014: Adams, Patricia; Kazimer, Lauren 08/08/2014: Adams, Patricia; Kazimer, Lauren		
Off-Site Inspection Dates and Inspectors, If Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 66 Number of Residents Served: 39 Secured Dementia Care Unit In Home: No Area: Secured Dementia Unit Capacity, If Applicable: Number of Residents Served In Secured Dementia Care Unit, If applicable: Number of Current Hospice Residents: 2 Number of Hospice Residents in past year: 3	Number of Residents who; Receive Supplemental Security Income: 2 Are 60 Years of Age or Older: 38 Have Mental Illness: 20 Have an Intellectual Disability: 0 Have a Mobility Need: 10 Have a Physical Disability: 0	

Violation Report: 14223 - 08/07/2014 - Adams, Patricia
 PCH Name: HAYES MANOR

1. REGULATION 55 Pa.Code §2600
 2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

- The home's boiler certificates expired 4/2/14.
- The home's Ansul system does not have the required inspection sticker.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Robyn Burns</i>	Date <i>8/28/14</i>
--	---------------------

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

The above plan of correction is approved as of *8/15/14*
 (Date)

Plan of correction implementation status as of *8/15/14*
 (Date)

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

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

Plan of Correction for 2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

BOILERS

Step 1 – Reviewed

Step 2 – Reviewed

Step 3 – Fix the immediate problem – Waiting for paperwork to be sent from Harrisburg about our new boiler certifications.

Step 4 – Determine the root cause of the violation – Our boilers did not pass inspection therefore not certification was sent.

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

Step 6 – Designate responsibility and specific target dates for correction – This will be corrected very soon. Once we found out that we did not pass inspection we notified [REDACTED] to have service done to the boilers. Elliott Lewis sent all of the necessary paperwork to Harrisburg and we should receive our updated certifications very shortly and we will forward upon receipt.

Attachments:

ANSUL SYSTEM

Step 1 – Reviewed

Step 2 – Reviewed

Step 3 – Fix the immediate problem – After further investigation of the Ansul violation it has been noted and proven by Keyston Fire Protection Company that this was a miscommunication between them and their kitchen and fire system. The system was tied in and the system does work. Please see the enclosed letter with all of the details.

Step 4 – Determine the root cause of the violation – See enclosed letter

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

Step 6 – Designate responsibility and specific target dates for correction – See enclosed letter

Attachments:

Kitchen Inspection letter from Keystone Fire Protection Co.

Violation Report: 14223 - 08/07/2014 - Adams, Patricia
 PCH Name: HAYES MANOR

1. REGULATION 55 Pa.Code §2600

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION

The contract for resident # 1 was not signed by the resident.

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

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----------------------	-----------------------------------	--	--

Signature of Legal Entity Representative
 (Required on EVERY Page)

Robyn Burns

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Robyn Burns</i>	

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The above plan of correction is approved as of 9/15/14
 (Date)

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

Plan of correction implementation status as of 9/15/14
 (Date)

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

Plan of Correction for 2600.25b The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Step 1 – Reviewed

Step 2 – Reviewed

Step 3 – Fix the immediate problem – Resident #1 has signed the contract. Being aware that his Power of Attorney is not his Guardian and after approaching the resident several times along with his responsible party we were able to get the resident to sign the contract.

Step 4 – Determine the root cause of the violation –

Step 5 – Prevent future occurrences – to prevent additional occurrences we have implemented the following step: We will make sure that all residents and/or legal guardians sign the contracts.

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

Attachments:

Signed contract for Resident #1

Violation Report: 14223 - 08/07/2014 - Adams, Patricia
PCH Name: HAYES MANOR

1. REGULATION 56 Pa.Code §2600

2600.41(e) - A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in § 2600.41(d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION

Resident # 1's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

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

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* Date *8/28/14*

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(Date)

Plan of correction implementation status as of *9/15/14*
(Date)

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 2600.41(e) - A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in § 2600.41(d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Step 1 – Reviewed

Step 2 – Reviewed

Step 3 – Fix the immediate problem – Resident #1 has signed a copy of the resident rights and complaint procedures on August 26, 2014.

Step 4 – Determine the root cause of the violation – Due to the resident's diagnosis all of his admission paperwork was completed by his Power of Attorney.

Step 5 – Prevent future occurrences – to prevent additional occurrences we have implemented the following step: Going forward the resident's rights and complaint procedures will be completed by all residents or guardians.

Step 6 – Designate responsibility and specific target dates for correction – All documentation will be reviewed by the Administrator within 24 hours of admission to ensure compliance.

Attachments:

Signed Residents Rights and Complaint Procedures by Resident #1

Violation Report: 14223 - 08/07/2014 - Adams, Patricia
 PCH Name: HAYES MANOR

1. REGULATION 55 Pa.Code §2600
 2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION
 The home has five non recording cameras in hallways, exit ramps, front door and deck. There are no signs posted.

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Robin Burns* Date *8/28/14*

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 (Date)

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 (Date)

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

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

Plan of Correction for 2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Step 1 – Reviewed

Step 2 – Reviewed

Step 3 – Fix the immediate problem – On the day of inspection we immediately posted signs throughout the building at each area that is being monitored indicating that our security office is monitoring the grounds. We also purchased and posted a sign in the front of our building entrance that states “Closed Circuit Television On Premises” (see enclosed pictures)

Step 4 – Determine the root cause of the violation – Even though we have the 5 non-recording cameras located in public areas only such as hallways, exit ramps, the front door and deck we neglected to post signs stating that the residents are being monitored.

Step 5 – Prevent future occurrences – This has been corrected immediately by purchasing and posting signs stating that we are monitoring certain public areas of the building as listed in Step 4.

Step 6 – Designate responsibility and specific target dates for correction – The Administrator or designee will make sure that the signs stay in place at all times and observe for such on daily rounds.

Attachments:

Photo of signs posted inside and outside of the building for all residents and visitors to see.

Violation Report: 14223 - 08/07/2014 - Adams, Patricia
 PCH Name: HAYES MANOR

1. REGULATION 55 Pa.Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

- Direct care staff person A, hired on 2/18/13, assists with feeding residents and does not have successful completion and passing the Department-approved direct care training course and passing of the competency test.
- Direct care staff person B, hired on 2/18/13, assists with feeding residents and does not have successful completion and passing the Department-approved direct care training course and passing of the competency test.


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

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date	
Robert Burns		8/28/14	

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

The above plan of correction is approved as of <u>9/16/14</u> (Date)	Plan of correction implementation status as of <u>9/16/14</u> (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Plan of Correction for 2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

(1) Training that includes a demonstration of job duties, followed by supervised practice. (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test. (3) Initial direct care staff person training to include the following:

(i) Safe management techniques.

(ii) ADLs and IADLs.

(iii) Personal hygiene.

(iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.

(v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.

(vi) Implementation of the initial assessment, annual assessment and support plan.

(vii) Nutrition, food handling and sanitation.

(viii) Recreation, socialization, community resources, social services and activities in the community.

(ix) Gerontology.

(x) Staff person supervision, if applicable.

(xi) Care and needs of residents with special emphasis on the residents being served in the home.

(xii) Safety management and hazard prevention.

(xiii) Universal precautions.

(xiv) The requirements of this chapter.

(xv) Infection control.

(xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

Step 1 – Reviewed

Step 2 – Reviewed

Step 3 – Fix the immediate problem – No one other than direct care staff persons will assist residents with feeding or provide companionship.

Step 4 – Determine the root cause of the violation – We were misinformed that we could count a portion of some staff member's hours towards direct care for feeding and companionship for our dietary, administrative and security departments.

Step 5 – Prevent future occurrences – to prevent additional occurrences we have immediately implemented the following steps: No one other than direct care staff can or will assist residents with feeding or companionship.

Step 6 – Designate responsibility and specific target dates for correction. This was immediately corrected and Nursing and Dietary Director will monitor the dining room to make sure that only direct care staff members are assisting residents.

Attachments: None

Violation Report: 14223 - 08/07/2014 - Adams, Patricia
 PCH Name: HAYES MANOR

1. REGULATION 55 Pa.Code §2600
 2600.81(b) - Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
 The arms of resident # 2's wheel chair are torn, with exposed stuffing.

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.

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Signature of Legal Entity Representative
 (Required on EVERY Page)

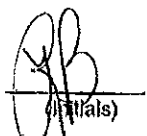
Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Date 8/28/14

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The above plan of correction is approved as of 9/16/14
 (Date)

Plan of correction implementation status as of 9/15/14
 (Date)

The above plan of correction was approved by 
 (Initials)

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

Plan of Correction for 2600.81(b) - Wheelchairs, walkers, prosthetic devices and other apparatus used by resi

Step 1 – Reviewed

Step 2 – Reviewed

Step 3 – Fix the immediate problem – Family member and Power of Attorney were informed of the condition of Resident #2's wheelchair. Mainline Medical Supplies was notified by family to repair the arm of the wheelchair. This was completed on Friday August 22, 2014.

Step 4 – Determine the root cause of the violation –

Step 5 – Prevent future occurrences – to prevent additional occurrences we have implemented the following step: Upon making daily rounds the Director of Nursing and Administrator or designee will observe all wheelchairs, walkers, prosthetic devices and all other apparatus used by resident are clean and free from hazards and in good condition.

Step 6 – Designate responsibility and specific target dates for correction – Dir. Of Nursing, Administrator or designee. Corrected on Friday August 20, 2014.

Attachments:

Photo of replaced wheelchair arm.

Violation Report: 14223 - 08/07/2014 - Adams, Patricia
 PCH Name: HAYES MANOR

1. REGULATION 55 Pa.Code §2600
 2600.86(b) - A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

2a. DESCRIPTION OF VIOLATION
 The bathroom in room # 6, does not have an operable window or ventilation fan.

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

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Signature of Legal Entity Representative
 (Required on EVERY Page)

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

Robyn Burns

Date *8/28/14*

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

The above plan of correction is approved as of *9/5/14*
 (Date)

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

Plan of correction implementation status as of *9/5/14*
 (Date)

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

Plan of Correction for 2600.86(b) - A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Step 1 – Reviewed

Step 2 – Reviewed

Step 3 – Fix the immediate problem – The exhaust fan in the bathroom of Room #6 was repaired on Monday August 11, 2014. All other bathroom were checked by the maintenance department to ensure that all exhaust fans were in proper working order.

Step 4 – Determine the root cause of the violation –

Step 5 – Prevent future occurrences – to prevent additional occurrences we have implemented the following step: All exhaust fans will be checked daily by the housekeeping department upon leaning the bathroom and will be monitored by the maintenance department and administrator or designee on rounds to ensure compliance. The housekeeping department has be in serviced on a daily observation checklist. This included notifying maintenance if exhaust fans are inoperable

Step 6 – Designate responsibility and specific target dates for correction – Completed on August 11th. Maintenance, housekeeping administrator or designee responsible for following up while making rounds.

Attachments:

Inservice

Violation Report: 14223 - 08/07/2014 - Adams, Patricia
 PCH Name: HAYES MANOR

1. REGULATION 55 Pa.Code §2600
 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

A new alarm system was installed; requiring the upgrade and removal of the old fire station pulls. Holes were left in the walls throughout the home as a result of the upgrade.

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

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 Date *8/28/14*

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 (Date)

Plan of correction implementation status as of *9/15/14*
 (Date)

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 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Step 1 – Reviewed

Step 2 – Reviewed

Step 3 – Fix the immediate problem – The walls of the entire building were checked and all holes from the previous fire system have been repaired throughout the building. This was completed on August 25, 2014.

Step 4 – Determine the root cause of the violation –

Step 5 – Prevent future occurrences – to prevent additional occurrences we have implemented the following step: The condition of all floors, walls, ceilings, doors, windows and other surfaces will be monitored dally by Administrator or designee on rounds.

Step 6 – Designate responsibility and specific target dates for correction – Corrected on August 25, 2014 and all department heads that participate in administrative coverage have been in serviced and implemented as of August 26, 2014.

Attachments:

Inservice

Photos of repairs

Violation Report: 14223 - 08/07/2014 - Adams, Patricia
PCH Name: HAYES MANOR

1. REGULATION 66 Pa.Code §2600
2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION
On 8/8/14, the water temperature at the bathroom sink in room # 200 measured 127 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 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 Date
(Required on EVERY Page) *Robyn Burns* *8/28/14*

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(Date)

Plan of correction implementation status as of *9/15/14*
(Date)

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 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

Step 1 – Reviewed

Step 2 – Reviewed

Step 3 – Fix the immediate problem – The hot water in Room 200 was adjusted immediately on the day of inspections. The water temperature was checked in all rooms throughout the building to measure temperatures and adjustments were made if needed to ensure the safety of all residents on August 11, 2014.

Step 4 – Determine the root cause of the violation –

Step 5 – Prevent future occurrences – to prevent additional occurrences we have implemented the following step: A new Hot Water Temperature Log was developed, in serviced on and implemented on August 26, 2014 to ensure compliance.

Step 6 – Designate responsibility and specific target dates for correction

Attachments:

Hot Water Temperature Log

Inservice

Violation Report: 14223 - 08/07/2014 - Adams, Patricia
 PCH Name: HAYES MANOR

1. REGULATION 55 Pa.Code §2600
 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

- The toilet seat in the first floor bathroom was loose and presents a hazard to residents.
- The toilet seat in room # 6 is broken and not available for use.
- On 8/8/14, the living room floor of resident # 2 was littered with extension cords; presenting a tripping hazard for the resident.
- The upholstered furniture in the television room and throughout the home is threadbare and soiled.

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

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Robert Burns</i>
--	---------------------

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Robert Burns</i>	<i>8/28/14</i>

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- Partially Implemented - Inadequate Progress
- Not Implemented

Plan of Correction for 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

Step 1 – Reviewed

Step 2 – Reviewed

Step 3 – Fix the immediate problem –

- a. The toilet seat in the first floor bathroom was replaced on the day of inspection and no longer presents a hazard to residents.
- b. The toilet seat in room #6 was replaced on the day of inspection and is now available for the resident to use.
- c. On the day of inspection we removed the extension cords from the room of Resident #2 and they no longer present a tripping hazard for the resident.
- d. We completely renovated the entire television room. We replaced all of the upholstered furniture including 2 chairs and an ottoman. We also replaced the leather couch with a new one and we replaced the old rug with a new one.

Step 4 – Determine the root cause of the violation – The violations for the toilet seats and the extension cords were determined to be caused by lack of communication between departments. All staff members need to keep maintenance informed of all repairs/replacements that need to be made. Immediately after inspection renovations to the television room was completed.

Step 5 – Prevent future occurrences – to prevent additional occurrences we have implemented the following step: To prevent future occurrences we have informed all staff to utilize our maintenance log and the log will be checked throughout the day by all members of our maintenance staff. If it is an emergency we will log it in and immediately inform maintenance of the issue. Maintenance staff will sign off on the completed job. See attached log. The maintenance log will be kept in the front office area so every staff member has access to it.

Step 6 – Designate responsibility and specific target dates for correction – The correction(s) to violations a, b and c listed above were made immediately and on the day of inspection. Every staff member has the responsibility to log issues. The responsibility to complete the task will be the maintenance department. The Administrator will monitor the maintenance log and check for completion dates. The renovation of the television room was completed on August 25, 2014 and the condition of all furniture and equipment will be monitored by the Administrator or designee daily upon rounds.

Attachments:

1. Maintenance log
2. Photos of old furniture
3. Photo of replaced furniture

Violation Report: 14223 - 08/07/2014 - Adams, Patricia
 PCH Name: HAYES MANOR

1. REGULATION 55 Pa.Code §2600
 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
 Rooms # 10 and # 14 do not have a source of light that can be turned on/off from bedside.

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

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/08/2013
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Signature of Legal Entity Representative
 (Required on EVERY Page)

Robyn Burns

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

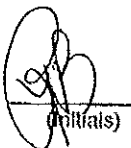
Robyn Burns

Date *8/28/14*

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

The above plan of correction is approved as of *9/15/14*
 (Date)

Plan of correction implementation status as of *9/15/14*
 (Date)

The above plan of correction was approved by 
 (Initials)

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

Plan of Correction for 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.

Step 1 – Reviewed

Step 2 – Reviewed

Step 3 – Fix the immediate problem – Rooms #10 & #14 lights and bulbs were replaced immediately. Their furniture was also rearranged so that upon the resident moving their night stand the cord will not be over stretched or disconnected.

Step 4 – Determine the root cause of the violation –

Step 5 – Prevent future occurrences – to prevent additional occurrences we have implemented the following step: All other resident lightings sources have been checked. All housekeeping staff have been in serviced on August 26, 2014 to check all lamps for proper operation and all bulbs. In addition pop lights have been implemented in all residents rooms that continue to remove their lighting source on a consistent basis have been installed.

Step 6 – Designate responsibility and specific target dates for correction – This was completed on 8/11/14 and has been monitored daily by housekeeping and administrator or designee on rounds.

Attachments:

Photographs of the new operable lamps enclosed

Maintenance Log

Inservice

Violation Report: 14223 - 08/07/2014 - Adams, Patricia
 PCH Name: HAYES MANOR

1. REGULATION 55 Pa.Code §2600
 2600.101(o) - The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

2a. DESCRIPTION OF VIOLATION

The vinyl flooring in room #6 has numerous bubbles and presents a tripping hazard as well as presenting possible difficulties in maneuvering with the use an asslitive device. The resident who occupies the room uses a wheelchair.

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.

Step 1 – Reviewed

Step 2 – Reviewed

Step 3 – Fix the immediate problem – The flooring in room #6 has been replaced as of 8/22/14.

Step 4 – Determine the root cause of the violation –

Step 5 – Prevent future occurrences – to prevent additional occurrences we have implemented the following step: All of the flooring throughout the building has been checked and areas that were in need of repairs have been addressed.

Step 6 – Designate responsibility and specific target dates for correction – Maintenance and Administrator or designee will continue to monitor all walls, floors and ceilings on a daily basis. Staff was in serviced to maintenance log and follow-up within 48 hours to verify completion.

Attachments:

Photos of Room #6 replacement of flooring

Inservice

Repeat Violation: No	Date(s) of Previous Violation(s):		
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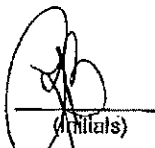
Signature of Legal Entity Representative (Required on EVERY Page)	<i>Hobyn Burns</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Hobyn Burns</i>	<i>8/28/14</i>

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 (Date)

Plan of correction implementation status as of 9/15/14
 (Date)

The above plan of correction was approved by 
 (Initials)

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

Violation Report: 14223 - 08/07/2014 - Adams, Patricia
 PCH Name: HAYES MANOR

1. REGULATION 55 Pa.Code §2600
 2600.103(b) - Kitchen surfaces must be of a nonporous material and cleaned and sanitized after each meal.

2a. DESCRIPTION OF VIOLATION
 On 8/7/14, the bottom of the freezer had food particles and dried spills.

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.

Step 1 – Reviewed

Step 2 – Reviewed

Step 3 – Fix the immediate problem – The freezers and refrigerators were cleaned immediately at time of inspection.

Step 4 – Determine the root cause of the violation –

Step 5 – Prevent future occurrences – to prevent additional occurrences we have implemented the following step: The dietary staff has been retrained in cleaning all surfaces in the dietary department. A new cleaning schedule and accountability sheet has been implemented in dietary and is checked daily by Director of Dietary and administrator at the end of the day shift and the evening cook is responsible to check all surfaces prior to leaving the shift.

Step 6 – Designate responsibility and specific target dates for correction – Dietary Manager and Administrator or designee will monitor the checklist.

Attachments:

Inservice

Cleaning signature/initial sheet

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Habyn Burns</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Habyn Burns</i>	<i>8/28/14</i>

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

The above plan of correction is approved as of *9/15/14*
 (Date)

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

Plan of correction implementation status as of *9/15/14*
 (Date)

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

Violation Report: 14223 - 08/07/2014 - Adams, Patricia
 PCH Name: HAYES 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 8/07/14, box #2, freezer located in the main kitchen did not have thermometer.
- On 8/8/14, at 10:08 am, the temperature in the medication refrigerator was 60 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.

Step 1 – Reviewed

Step 2 – Reviewed

Step 3 – Fix the immediate problem – A new thermometer was installed in the freezer in dietary and the medication refrigerator at the time of inspection.

Step 4 – Determine the root cause of the violation –

Step 5 – Prevent future occurrences – to prevent additional occurrences we have implemented the following step: the thermometer's location and temperatures are checked daily by Dietary manager and cook on each shift. Staff has been in serviced to new protocol on Tuesday 8/26/14. In addition, the nursing department now has a temperature log that must be recorded on each shift.

Step 6 – Designate responsibility and specific target dates for correction - Corrected immediately and it will be monitored by the Nursing Director and the Administrator or designee on a daily basis.

Attachments:

Temperature log

In service

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Makyma Burns* Date *8/28/14*

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

The above plan of correction is approved as of *9/15/14*
 (Date)

Plan of correction implementation status as of *9/15/14*
 (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: 14223 - 08/07/2014 - Adams, Patricia
 PCH Name: HAYES MANOR

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

2a. DESCRIPTION OF VIOLATION

A box of Aunt Jemima pancake mix, in the basement dry good storage area, was 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.

Step 1 – Reviewed

Step 2 – Reviewed

Step 3 – Fix the immediate problem – The box of pancake mix was discarded immediately from the basement storage. All other boxes and containers have been checked to make sure they are sealed and maintained in a closed container daily by the manager and the cook.

Step 4 – Determine the root cause of the violation –

Step 5 – Prevent future occurrences – to prevent additional occurrences we have implemented the following step: This will be monitored by the administrator or designee on rounds. All dietary staff made aware on 8/26/14 via an In service.

Step 6 – Designate responsibility and specific target dates for correction – Corrected immediately.

Attachments: In service

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

Robin Burns

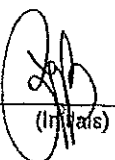
Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Robin Burns

Date 8/26/14

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

The above plan of correction is approved as of 9/15/14
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 9/15/14
 (Date)

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

Violation Report: 14223 - 08/07/2014 - Adams, Patricia
 PCH Name: HAYES MANOR

1. REGULATION 55 Pa.Code §2600
 2600.104(b)(3) - Plastic and paper plates, utensils and cups for meals may not be used on a regular basis.

2a. DESCRIPTION OF VIOLATION
 Some resident regularly use styrofoam cups and plastic ware during all meals.

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.

Step 1 – Reviewed

Step 2 – Reviewed

Step 3 – Fix the immediate problem – All Styrofoam cups and plastic ware was removed for all personal care residents. Styrofoam cups, paper plates and plastic ware will be available for emergency use only for personal care residents.

Step 4 – Determine the root cause of the violation –

Step 5 – Prevent future occurrences – to prevent additional occurrences we have implemented the following step: We will only use plastic and paper plates, utensils and cups on an emergency basis.

Step 6 – Designate responsibility and specific target dates for correction – This was corrected immediately and will be ongoing. This will be monitored daily by the Director of Dietary, Administrator or designee on rounds.

Attachments: None

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Robyn Burns</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	<i>Robyn Burns</i>	Date	<i>8/28/14</i>
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Plan of correction implementation status as of *9/15/14*
 (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: 14223 - 08/07/2014 - Adams, Patricia
POH Name: HAYES MANOR

1. REGULATION 66 Pa. Code §2600

2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION

The home's emergency procedures are 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.

Step 1 - Reviewed

Step 2 - Reviewed

Step 3 - Fix the immediate problem - On the day of inspection we posted copies of the emergency procedures in a 3 ring binder on the bookcase by the front door that is accessible to everyone. In addition, the emergency procedures were posted on various bulletin boards throughout the building.

Step 4 - Determine the root cause of the violation - Emergency procedures were posted in the front office but it was determined that they were not accessible to everyone.

Step 5 - Prevent future occurrences - to prevent additional occurrences we have implemented the following step: We made sure we posted the procedures in at least 5 open areas, accessible to all, throughout the building.

Step 6 - Designate responsibility and specific target dates for correction. This was corrected immediately on the day of inspection and the Administrator and the Department Heads will make sure that they stay posted and will check while doing walking rounds.

Attachments: None

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

Date

8/28/14

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

The above plan of correction is approved as of

9/15/14
(Date)

Plan of correction implementation status as of

9/15/14
(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: 14223 - 08/07/2014 - Adams, Patricia
 PCH Name: HAYES MANOR

1. REGULATION 55 Pa.Code §2600
 2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION
 A fire safety inspection and drill observed by a fire safety expert was not conducted in 2013.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Robert Burns</i>	Date <i>8/28/14</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *9/15/14*
 (Date)

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

Plan of correction implementation status as of *9/15/14*
 (Date)

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

Plan of Correction for 2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Step 1 – Reviewed

Step 2 – Reviewed

Step 3 – Fix the immediate problem – We are up to date for 2014 as our fire safety inspection took place on and we had a fire drill conducted by a fire safety expert on

Step 4 – Determine the root cause of the violation – We had a fire on December 29, 2012 which partially destroyed our old fire system and basement wiring. They worked on that system and provided us with Partial coverage for nine months before a new one could be installed and the delay was due to wiring issues in the non-covered area. Along with the partial system our staff monitored every 15 minutes. Being a building of 127 years old, rewiring was a quite a task.

Due to the various glitches with our newly installed fire alarm system our annual fire safety inspection and observed drill was postponed and not conducted until the completion of the new system. Our regular drills were conducted by using the areas that the alarm functioned properly.

Step 5 – Prevent future occurrences – to prevent additional occurrences we have implemented the following step: Our newly installed fire alarm system is up to date and we will continue to hold our annual fire safety inspection and fire drill conducted by a fire safety expert.

Step 6 – Designate responsibility and specific target dates for correction – The Administrator will work with the Director of Maintenance to make sure that the inspections are scheduled in the proper time frames.

Attachments: None

Violation Report: 14223 - 08/07/2014 - Adams, Patricia
 PCH Name: HAYES MANOR

1. REGULATION 55 Pa.Code §2600
 2600.132(f) - Alternate exit routes shall be used during fire drills.

2a. DESCRIPTION OF VIOLATION
 Exits 1 through 11 were used during fire drills conducted on 3/10/14, 4/25/14, 5/13/14 and 6/3/14.

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)	<i>Robin Burns</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Robin Burns</i>	<i>8/26/14</i>

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

The above plan of correction is approved as of *9/13/14*
 (Date)

Plan of correction implementation status as of *9/13/14*
 (Date)

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 2600.132(f) - Alternate exit routes shall be used during fire drills.

Step 1 – Reviewed

Step 2 – Reviewed

Step 3 – Fix the immediate problem – We prepared an inservice to train staff on utilizing alternate exits.

Step 4 – Determine the root cause of the violation –

Step 5 – Prevent future occurrences – to prevent additional occurrences we have implemented the following step: A new fire drill protocol has been implanted to ensure alternate exit routes be used during the fire drills.

Step 6 – Designate responsibility and specific target dates for correction – This has been corrected and the Administrator and Maintenance staff in serviced the staff on utilizing different exits on August 27, 2014 to ensure that alternate routes are used during evacuations.

Attachments: Copy of inservice for alternate fire exits dated 8/27/14

Violation Report: 14223 - 08/07/2014 - Adams, Patricia
 PCH Name: HAYES MANOR

1. REGULATION 56 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

The medical evaluation for resident # 1, dated 3/10/14, has the following boxes checked off:

- Can self administer - assistance to store medications in a secure place
- Can self-administer assistance in remembering schedule
- Can self-administer - assistance in offering medications at prescribed times
- Can self-administer - assistance in opening container or locked storage area
- Cannot self-administer.

The number of boxes checked made it difficult to determine whether or not the resident has the ability to self-administer medications.

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)

Robert Burns

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Robert Burns	8/28/14

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The above plan of correction is approved as of _____
 (Date)

Plan of correction implementation status as of _____
 (Date)

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

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

RB

Plan of Correction for 2600.141(a)(2) - The medical evaluation must include the following:

- (1) A general physical examination by a physician, physician's assistant or nurse practitioner.
- (2) Medical diagnosis including physical or mental disabilities of the resident, if any.
- (3) Medical information pertinent to diagnosis and treatment in case of an emergency.
- (4) Special health or dietary needs of the resident.
- (5) Allergies.
- (6) Immunization history.
- (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
- (8) Body positioning and movement stimulation for residents, if appropriate.
- (9) Health status.
- (10) Mobility assessment, updated annually or at the Department's request.

Step 1 – Reviewed

Step 2 – Reviewed

Step 3 – Fix the immediate problem – Dr. [REDACTED] M.D. was called on 8/8/14 RE: Resident's ability to self-administer medications v/o was received to change DME allowing resident to self-administer medications.

Step 4 – Determine the root cause of the violation – MD checked off all of the boxes.

Step 5 – Prevent future occurrences – to prevent additional occurrences we have implemented the following step: When reviewing DME the Director of Nursing will note all boxes marked by physician. Upon receipt of the DME the DON will review it for completion and if the appropriate boxes are not marked off the DON will call MD for clarification.

Step 6 – Designate responsibility and specific target dates for correction - Fixed Immediately and Director of Nursing will follow up on an ongoing basis for all medical evaluations.

Attachments:

Corrected DME form

Violation Report: 14223 - 08/07/2014 - Adams, Patricia
 PCH Name: HAYES MANOR

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

- Resident # 3's last medical evaluation was completed on 6/18/14. The form was not signed by a medical professional.
- Resident # 4's last medical evaluation was completed on 6/14/13. The resident was admitted 3/13/1996.

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

Plan of correction implementation status as of 9/15/14
 (Date)

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

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

Plan of Correction for 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

Step 1 – Reviewed

Step 2 – Reviewed

Step 3 – Fix the immediate problem – Resident #3 medical evaluation was signed by a medical professional on 8/25/14. Resident # 4 had a Dr, Visit on 3/21/14 and the DME is attached.

Step 4 – Determine the root cause of the violation –

Step 5 – Prevent future occurrences – to prevent additional occurrences we have implemented the following step: All medical evaluations will be completed within 12 months of the most recent medical evaluation.

Step 6 – Designate responsibility and specific target dates for correction – An annual calendar will be kept by nursing and all residents will be scheduled for their annual checkup 30 days prior to their due date to allow enough time for completion and return. This calendar will be reviewed monthly by the Administrator to ensure compliance.

Attachments:

Resident #3 DME

Resident #4 DME

Violation Report: 14223 - 08/07/2014 - Adams, Patricia
 PCH Name: HAYES MANOR

1. REGULATION 55 Pa.Code §2600

2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION

- On 8/8/14, refrigerated medication; including suppositories, was stored at 60 degrees Fahrenheit.
- The refrigerator in the medication room, on 8/8/14, needed cleaning, as there was evidence of spills inside and on the refrigerator door.
- A loose Aspirin 81 was observed in the bottom of the pill tray on 8/8/14.

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)

Robert Burns

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

Robert Burns Date *8/28/14*

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

The above plan of correction is approved as of *9/15/14*
 (Date)

Plan of correction implementation status as of *9/15/14*
 (Date)

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

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

Plan of Correction for 2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Step 1 – Reviewed

Step 2 – Reviewed

Step 3 – Fix the immediate problem – The thermostat in the nursing department medication refrigerator was replaced at the time of inspection. The refrigerator was cleaned at time of inspection.

Step 4 – Determine the root cause of the violation –

Step 5 – Prevent future occurrences – to prevent additional occurrences we have implemented the following step: A temperature log has been implemented and all nursing staff has been inserviced on the proper way to check and log in the temperatures.

Step 6 – Designate responsibility and specific target dates for correction – This will be monitored by the Director of Nursing and the Administrator or designee on daily rounds. A new 24 hour sheet has been implemented and included on the sheet is the task of cleaning the medicine tray and medication cart for every shift every day.

Attachments:

Revised 24 hour sheet

Temperature Log

Violation Report: 14223 - 08/07/2014 - Adams, Patricia
 PCH Name: HAYES MANOR

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

On 8/8/14, resident # 5's Senexon-S 8.6 mg - 50 mg not available for PRN administration.

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)

Melburn Burns

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

Melburn Burns Date 8/28/14

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

The above plan of correction is approved as of 9/15/14
 (Date)

Plan of correction implementation status as of 9/15/14
 (Date)

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 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Step 1 – Reviewed

Step 2 – Reviewed

Step 3 – Fix the immediate problem – This violation pertained to a Caring Hospice comfort kit. Senexon-S 8.6mg -50mg was listed in error. Senexon –S 8.6mg-50mg is not part of the Caring Hospice Kit.

Step 4 – Determine the root cause of the violation –

Step 5 – Prevent future occurrences – to prevent additional occurrences we have implemented the following step: Since Caring Hospice is now our only Hospice Agency used all other Hospice Kits and information has been removed from the premises to ensure this error will not be repeated.

Step 6 – Designate responsibility and specific target dates for correction – Corrected at time of inspection and Director of Nursing will monitor to make sure no other Hospice Kits are available.

Attachments:

Hospice Medication Coverage for Facility Patient

Hospice Medication Packing List

Corrected Physician's Orders

Violation Report: 14223 - 08/07/2014 - Adams, Patricia 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 3/24/14 was not dated and compliance could not be determined.	
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):
Signature of Legal Entity Representative (Required on EVERY Page)	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by _____ (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Plan of Correction for 2600.225(a) - A resident shall have a written initial assessment that is documented on t administrator or designee, or a human service agency may complete the initial assessment.

Step 1 – Reviewed

Step 2 – Reviewed

Step 3 – Fix the immediate problem – Date was omitted, completed the RASP form in its entirety.

Step 4 – Determine the root cause of the violation –

Step 5 – Prevent future occurrences – to prevent additional occurrences we have implemented the following step: Director of Nursing was trained on how to complete the RASP form in its entirety. (See training form) This form was completed but we omitted the date of the last assessment and the last support plan. We have correctly filled in the boxes and going forward we will make sure that ALL necessary boxes are checked and/or completed.

Step 6 – Designate responsibility and specific target dates for correction – Administrator will follow up with Director of Nursing to make sure that ALL RASP forms are completed in their entirety and are correct. Administrator will monitor to assess whether or not Director of Nursing needs additional training on how to complete RASP forms.

Attachments:

Training certificate

Corrected RASP form for Resident 1

Violation Report: 14223 - 08/07/2014 - Adams, Patricia
 PCH Name: HAYES MANOR

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

- Resident # 4's most recent assessment does not include a finalized date and thus compliance could not be determined.
- Resident # 6 has vertigo and a history of falls. The undated RASP does not include how the home will service the resident's needs.

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

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

Robert Burns

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

Robert Burns

Date 8/28/14

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The above plan of correction is approved as of 9/13/14
 (Date)

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

Plan of correction implementation status as of 9/15/14
 (Date)

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

Plan of Correction for 2600.225(c) - The resident shall have additional assessments as follows: (1) Annually. (2) If the condition of the resident significantly changes prior to the annual assessment. (3) At the request of the Department upon cause to believe that an update is required.

Step 1 – Reviewed

Step 2 – Reviewed

Step 3 – Fix the immediate problem – RASP is now completed to include Resident #4's finalized date in order to meet compliance. Resident #6 RASP form is now complete with dates and includes how the home will service the resident's needs going forward regarding his vertigo and history of falls.

Step 4 – Determine the root cause of the violation –

Step 5 – Prevent future occurrences – to prevent additional occurrences we have implemented the following step: The Director of Nursing has received training (see enclosed training certificate) on how to properly complete the RASP forms. The RASP was completed, just omitted the dates in error. All RASP forms will be completed in their entirety going forward.

Step 6 – Designate responsibility and specific target dates for correction – The Administrator will follow up with the Director of Nursing to ensure compliance with all RASP forms. Administrator arranged for training for the Director of Nursing and will monitor to see if additional training is needed in order to fully comply with the RASP forms.

Attachments:

Resident #4 RASP

Resident #6 RASP

Training Certificate

Violation Report: 14223 - 08/07/2014 - Adams, Patricia
 PCH Name: HAYES MANOR

1. REGULATION 55 Pa.Code §2800
 2800.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION
 Resident #7 was admitted to the home on 11/27/13 does not have a completed initial RASP.

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

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

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

Date 8/28/14

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The above plan of correction is approved as of 9/1/14
 (Date)

Plan of correction Implementation status as of 9/1/14
 (Date)

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 2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Step 1 – Reviewed

Step 2 – Reviewed

Step 3 – Fix the immediate problem – Corrected the form indicating that Resident #7 refused to sign the support plan. The support plan was completed but the box was not checked indicating that the resident refused to sign.

Step 4 – Determine the root cause of the violation –

Step 5 – Prevent future occurrences – to prevent additional occurrences we have implemented the following step: We will complete all pages of the RASP. Even though resident refused to sign we needed to document it.

Step 6 – Designate responsibility and specific target dates for correction – This has been corrected immediately and all RASP's will be completed in their entirety going forward.

Attachments:

Violation Report: 14223 - 08/07/2014 - Adams, Patricia
 PCH Name: HAYES MANOR

1. REGULATION 56 Pa.Code §2600
 2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION
 Resident # 4's record, admitted 3/13/1996, does not include a photograph that is no more than 2 years old.

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

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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* Date *8/28/14*

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

The above plan of correction is approved as of *8/15/14*
 (Date)

Plan of correction implementation status as of *9/15/14*
 (Date)

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 2600.252 - Each resident's record must include the following information:

- (1) Name, gender, admission date, birth date, and Social Security number.
- (2) Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
- (3) A photograph of the resident that is no more than 2 years old.
- (4) Language or means of communication spoken or used by the resident.
- (5) The name, address, telephone number, and relationship of a designated person to be contacted in case of an emergency.
- (6) The name, address, and telephone number of the resident's physician or source of health care.
- (7) The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms.
- (8) A list of prescribed medications, OTC medications and CAM.
- (9) Dietary restrictions.
- (10) A record of incident reports for the individual resident.
- (11) A list of allergies.
- (12) The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies.
- (13) The preadmission screening, initial intake assessment and the most current version of the annual assessment.
- (14) A support plan.
- (15) Applicable court order, if any.
- (16) The resident's medical insurance information.
- (17) The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity.
- (18) An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.
- (19) An inventory of the resident's property entrusted to the administrator for safekeeping.
- (20) The financial records of residents receiving assistance with financial management.
- (21) The reason for termination of services or transfer of the resident, the date of transfer and the destination.
- (22) Copies of transfer and discharge summaries from hospitals, if available.
- (23) If the resident dies in the home, a copy of the official death certificate.
- (24) Signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 2600.41 (relating to notification of rights and complaint procedures).
- (25) A copy of the resident-home contract.
- (26) A termination notice, if any.

Step 1 – Reviewed

Step 2 – Reviewed

Step 3 – Fix the immediate problem – A new picture of Resident #4 was taken immediately at time of inspection and the picture was dated.

Step 4 – Determine the root cause of the violation –

Step 5 – Prevent future occurrences – to prevent additional occurrences we have implemented the following step: All pictures were checked for dates on 8/11/14 and replacement pictures were taken of residents if needed,

Step 6 – Designate responsibility and specific target dates for correction – Upon admission pictures will be taken and dated of all residents and dated immediately by the Director of Nursing, Administrator or designee. All residents' photos will be monitored monthly by the Director of Nursing to ensure that they are no more than two years old.

Attachments: