



NOV 21 2014

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

RE: Kaysim Court Manor  
License #: 109660

Dear Ms. Blake-Williams:

As a result of the Department of Public Welfare's licensing inspection on August 20, 2014 and August 21, 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 (relating to Personal Care Homes) must be maintained.

Your regular license for the period December 14, 2013 to December 14, 2014 was issued on October 22, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew Jones".

Matthew Jones  
Director

*SH*

Enclosure  
License Inspection Summary

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

PCH Name: KAYSIM COURT MANOR		License Number: 10988
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 1-2 09/07/2000 City of Philadelphia		
Staffing Hours Resident Support: 0      Total Daily Staff: 69      Working Staff: 52		
Type of Inspection: Full      BHA Docket Number:      Notice: Unannounced		
Reason(s) for Inspection(s) Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site 08/20/2014: Kazimer, Lauren; McHale, Christine 08/21/2014: Kazimer, Lauren; McHale, Christine		
Off-Site Inspection Dates and Inspectors, If Applicable		
Other Details Partial or Full Triggers:      Random Indicators:		
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 81 Number of Residents Served: 69 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: 0 Number of Hospice Residents in past year: 0		Number of Residents who: Receive Supplemental Security Income: 54 Are 60 Years of Age or Older: 19 Have Mental Illness: 61 Have an Intellectual Disability: 1 Have a Mobility Need: 0 Have a Physical Disability: 1

**Kaysim Court Manor**  
5909-5919 Wayne Ave

Violation Report: 10966 - 08/20/2014 - Kazimer, Lauren  
PCH Name: KAYSIM COURT MANOR

1. REGULATION 55 Pa.Code §2600  
2600.26(b) - The quality management plan shall address the periodic review and evaluation of the following:  
(1) The reportable incident and condition reporting procedures.  
(2) Complaint procedures.  
(3) Staff person training.  
(4) Licensing violations and plans of correction, if applicable.  
(5) Resident or family councils, or both, if applicable.

2a. DESCRIPTION OF VIOLATION  
The home's 2013 quality management review did not address reportable incidents and condition reporting procedures, complaint procedures, staff person training, and resident council.

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.

When there are no reportable incidents Administrator will document that on the appropriate Quality Management form. When there are no issues regarding reporting procedures and complaint procedure that will be documented on the appropriated Quality Management form. When there are no issues regarding staff person training that will be documented on the appropriated Quality Management form. When there are no issues regarding the resident council meeting that will be documented on the appropriated Quality Management form.

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 *9-17-14*

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

The above plan of correction is approved as of: <i>10/10/14</i> (Date)	Plan of correction implementation status as of <i>10/10/14</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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

Violation Report: 10966 - 08/20/2014 - Kazimer, Lauren  
 PCH Name: KAYSIM COURT MANOR

1. REGULATION 55 Pa.Code §2600-2600.85(b) - There may be no evidence of infestation of insects or rodents in the home.

2a. DESCRIPTION OF VIOLATION

An exterminator was present in the home on 8/20/2014 to treat for the presence of bed bugs. During a physical site inspection, several small living bed bugs were found in resident room #120, on the mattress to the left of the doorway. According to interviews, residents state they see bed bugs present in the home and have been bit by them recently.

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 Administrator disagrees with this violation for the following reasons.....

- 1) The home has aggressively addressed this issue by having the exterminator come weekly to treat any room with signs of activity.
- 2) The home is changing from mattresses and box springs to bedding to mattresses and metal platforms that don't require a box spring for Residents who continually have issues.
- 3) Residents have signed sanitation notices and are counseled on the importance of bringing any donated or purchased clothes at the thrift store or obtained from donation boxes to the office to be sanitized.
- 4) Staff are trained to look for any signs of issues when they clean the Residents bedrooms.
- 5) Staff are trained on being proactive by using alcohol everyday on the beds, hallways, and bathrooms
- 6) Residents travel on public transportation, vans, and go to program as well as visit places where they may come into contact with bed bugs and bring them back to our home.
- 7) Philadelphia is the second leading city in the country with this epidemic. This is not an issue specific to our home.
- 8) DPW ha not established a consistent protocol for observing this issue throughout all personal care homes. Other inspectors do not pull back sheets to inspect mattresses.
- 9) I feel that my home is being targeted.

10/11/14

900 P

(FAX)

11:58 AM 08/20/14

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *XAWANA Blake-Williams*      Date *9-17-14*

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Plan of correction implementation status as of *10/10/14* (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 - 08/20/2014 - Kazimer, Lauren  
 PCH Name: KAYSIM COURT 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

- In the first floor bathroom located in the medication room hall, there was a fist-sized hole in the wall between the mirror and the hand dryer.
- The wooden storage closet door next to room # 205 was not attached at the hinges. When opened, the entire door fell forward.
- The wooden double doors leading to the smoking area courtyard did not shut completely and have gaps and pieces of wood missing that do not prevent the possibility of infestation.
- There was a circular gash in the floor at the entrance of the third floor cottage bathroom. The indentation poses a tripping hazard to residents.

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.*

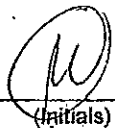
- 1) The hole in the bathroom was repaired. Cleaning staff was retrained on August 20, 21, and 22 about the importance of identifying issues that need repair. Repairs were made on August 24, 2014
- 2) Door was removed on August 20, 2014. Staff was retrained on August 20, 21, and 22 on the need to use the hallway checklist to identify repair issues.
- 3) The double doors leading to the smoking yard have been measured for installation of new doors. As soon as funds become available doors will be replaced. Due to a lack of appropriate funding the home must prioritize repairs based on the repairs that most negatively impact the health and safety of the Residents. The inspectors observed the major renovations that were performed in the dishwasher area and the kitchen area of the home. Many other repairs needed to be performed throughout the building. The home will continue to make repairs based on a priority that I determined by the severity of the need. Will be repaired by the end of September.
- 4) The gash at the entrance of the third floor cottage house was repaired on August 24, 2014. The staff was retrained on August 20, 21, and 22 about the importance of using the bathroom checklist to identify issues that require repair.
- 5) Repairs will be completed in one year

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/26/2013	
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Kawana Blake-Williams*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>KAWANA BLAKE-Williams</i>	Date <i>9-17-14</i>
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Violation Report: 10986 - 08/20/2014 - Kazimer Lauren  
 PCH Name: KAYSIM COURT MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION  
 The telephone in the kitchen does not have emergency service numbers posted nearby.

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 attachment

~~Signature~~  
 withdrawn  
 [Signature]

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 *9-17-14*

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

Violation Report: 10966 - 08/20/2014 - Kazimer, Lauren  
 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 second window from the entrance to the Cottage was missing the bottom left corner pane of glass.
- In room #108, there was a gap on the left side of the window between the window frame and the window air conditioning unit. The gap exposes the outside and contained a spiderweb and large spider.
- The screen in the window across from room #124 was separated from the window frame on the left side.

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 staff were retrained on August 20, 21, and 22 to use the hallway check list to report repair issues.

Staff was retrained on August 20, 21, and 22 to use bedroom check list to report repair issues.

Check list are placed in the maintenance binder

Maintenance staff and Administrator to review and prioritize repair issues

Monday - Thursday.

Work will be completed by October 7, 2014

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/26/2013	
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Violation Report: 10966 - 08/20/2014 - Kazimer, Lauren  
 PCH Name: KAYSIM COURT 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

- In room # 2A there was a dresser with a broken top right hand drawer. The drawer was broken off the track and the wood panel on the back of the dresser was not completely attached.
- The baseboard heater in the hallway outside of the kitchen had an approximately six foot piece of metal that was detached and bent outward.
- There was a rose-colored fabric and wood chair in the hallway across from the kitchen that was broken. The wooden left arm of the chair was detached and the legs were unsteady.

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.

Dresser in room 2A was repaired. Staff was retrained on the importance of using the bedroom check list to report any repair issues. Repairs were made on August 24, 2014.

I have purchased material to repair the open gap in for the baseboard heater in the hallway. Repairs will be completed by October 7, 2014.

The Administrator removed the chair when making rounds with the inspector's on August 20, 2014. Evidently it had just been broken. No other Chairs were sighted. Retrained staff in August 20, 21, and 22 on using the hallway check list to document any repair issues as well as immediately removing and broken chairs ect. That represents a hazard.

Staff are to look for deplorable furniture and if found dispose of it immediately and use the check list to report the disposal.

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Violation Report: 10966 - 08/20/2014 - Kazimer, Lauren  
 PCH Name: KAYSIM COURT MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.102(d)(1) - Toilet and bath areas must have grab bars, hand rails or assist bars.

2a. DESCRIPTION OF VIOLATION  
 There is no grab bar or assist bar next to the toilet of the common bathroom next to room # 305.

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.

Contractor repainted the bathroom and grab bar was removed. Contractor has been instructed to not open bathrooms until Administrator has approved the work. Staff was retrained on the need to use the bathroom check list and identify any issued related to repair and missing items. Grab bar was replaced on August 20, 2014  
 Before contractor is paid Administrator will do a visual sight inspection to ensure all required items are in place.

Repeat Violation: Yes      Date(s) of Previous Violation(s): 08/26/2013

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Violation Report: 10966 - 08/20/2014 - Kazimer, Lauren  
 PCH Name: KAYSIM COURT MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.102(k) - Use of a common towel is prohibited.

2a. DESCRIPTION OF VIOLATION  
 The mechanical hand dryer located in the common bathroom across from room # 204 and #205 was not operable, and there were no paper towels available.

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 exterminator uses a high powered vacuum cleaner when treating the room. If someone turn on their air conditioner on the second floor wing, it blows the fuse. The inspectors were shown that the hand dryer was operational. In the future the Administrator will have that bathroom temporarily closed down until the exterminator is finished on that floor. Hand dryer was operational on August 20, 2014.

Residents will be redirected to us another bathroom until the exterminators are finished. Assistant Administrator will post sign for the bathroom door.

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

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Violation Report: 10966 - 08/20/2014 - Kazimer, Lauren  
 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 refrigerator in the main kitchen, next to the dishwasher, contained a large bag of approximately ten loaves of bread that were 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.

The Administrator has instructed staff to no longer keep bread for the birds in the refrigerator. Bread was removed on August 20, 2014.

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

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 (Required on EVERY Page) *Kawana Blake-Williams*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *KAWANA BLAKE-WILLIAMS*      Date *9-17-14*

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Violation Report: 10988 - 08/20/2014 - Kazlmer, Lauren  
 PCH Name: KAYSIM COURT MANOR

1. REGULATION 55 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 were posted in a locked bulletin board, not accessible to individuals of the home to view.

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.

When the inspectors brought to my attention that the emergency procedure had to be accessibility without assistance from staff. Procedure were removed from the locked cabinet and placed in the binder where the pink book and our violation reports are posted on August 20, 2014.  
 The assistant administrator will check weekly to ensure compliance.

Repeat Violation: Yes.	Date(s) of Previous Violation(s):	08/26/2013
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Kawana Blake-Williams*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>KAWANA Blake-Williams</i>	Date	<i>9-17-14</i>
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Violation Report: 10966 - 08/20/2014 - Kazimer, Lauren  
 PCH Name: KAYSIM COURT MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION  
 The last drill conducted during sleeping hours was on 1/25/2014 at 11:08 PM.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The Administrator has retrained staff on what DPW identifies as sleep hours.  
 There was a sleeping drilled performed on August 21, 2014 at 4:38am.  
 The Administrator has instructed staff to bring the fire drill log to the Administrator for review every 5 months to ensure compliance.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/28/2013
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Kawana Blake-Williams</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>KAWANA BLAKE-Williams</i>	<i>9-17-14</i>

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Violation Report: 10966 - 08/20/2014 - Kazimer, Lauren  
 PCH Name: KAYSIM COURT MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.181(c) - A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

2a. DESCRIPTION OF VIOLATION

Resident #1 self-administers Flovent HFA and Ventolin HFA but has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding ability to self-administer and the need for reminders to take 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.

The Administrator brought this violation to the attention of the Doctor, Dr. [REDACTED] corrected it by notating on the DME that the resident may self-administer the inhalers. A review was performed regarding any other medication that the Residents are self-administrating to ensure these also are documented on the DME.

Medication audit on self-administration of our residents monthly. Dr. will determine what medications can be self-administered. Med-techs will initial off on manifest after audit is complete. Effective Oct. 1, 2014 and will continue monthly

Repeat Violation: No	Date(s) of Previous Violation(s):			
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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 *9-17-14*

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Violation Report: 10966 - 08/20/2014 - Kazimer, Lauren  
 PCH Name: KAYSIM COURT 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  
 Resident # 2's PRN milk of magnesla was not available 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 medication techs will ensure all medications are accounted for and in stock.  
 The medication was ordered and received the day of inspection, August 20, 2014.  
 Every week a percentage of the population will be audited to ensure PRNs are available.

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Kawana Blake-Williams*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>KAWANA Blake-Williams</i>	Date <i>9-17-14</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>10/10/14</u> (Date)  The above plan of correction was approved by <u><i>(Signature)</i></u> (Initials)	Plan of correction implementation status as of <u>10/10/14</u> (Date)  <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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