



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 22 2015

Ms. Kawana Blake-Williams, President
Kaysim Housing Group, Inc.
5919 Wayne Avenue
Philadelphia, Pennsylvania 19144

RE: Kaysim Court Manor
License #: 109660

Dear Ms. Blake-Williams:

As a result of the Department of Human Services' annual licensing inspections on August 12, 2015 and November 24, 2015 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.

Sincerely,


Matthew J. Jones
Director

1/5/16

Enclosure
License Inspection Summary

Violation Report: 10966 - 08/12/2015 - Colon, Lissette PCH Name: KAYSIM COURT 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 On 8/12/15, the 2nd floor bathroom door next to room # 204, did not lock to provide privacy to residents.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.</i>	
<p>Bathroom door was replaced. Staff person responsible for 2nd & 3rd floor will fully deliberately and intentionally failed to perform his duties to notify administrator of needed repairs. Staff person was hoping to be fired so he could apply for unemployment. Staff person was given a written warning and his supervisor will check his floors to ensure compliance with his work requirements. Written documentation will be complied to substantiate his termination if he fails to perform his assigned duties.</p>	
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 <u>9-24-15</u>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>10/22/15</u> (Date)	Plan of correction implementation status as of <u>10/22/15</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

Violation Report: 10966 - 08/12/2015 - Colon, Lissette
 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

- The bedroom door leading into room # 207 was not attached at the hinges.
- The wooden double doors leading to the smoking area courtyard did not shut completely. There were gaps between the doors, and pieces of wood missing that do not prevent the possibility of infestation.

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): 08/20/2014

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 *9-24-15*

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The above plan of correction was approved by <i>[Signature]</i> (Initials)	

Door was repaired on September 4, 2015. Supervisor of staff person will check his floors and document any issues as it relates to none performance of his duties. Documentation will be used to substantiate his termination. As soon as the home receives an increase a new door will be purchased and installed.

Doors leading to the smoke yard constantly being repaired. These doors get constant use do to the high volume of smokers that live here. The home only receives between \$20-35 per day per person. We cannot afford to pay in full our monthly operating expense such as utilities. We don't have sufficient financial resources to pay for appropriate repairs, such as new doors. We were working on these doors on the day of our inspection. Door were repaired on August 12, 2015. The home will continue to make repairs based on priority as it relates to the health safety and welfare of the residents. As soon as the home receives a permanent financial increase we will happily purchase new doors.

Violation Report: 10966 - 08/12/2015 - Colon, Lissette
 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 3rd floor hallway window across room # 205 was not securely screened.
- The bottom part of the screen, located on the 3rd floor back landing window, was not properly attached.
- The bottom half of the window in room # 301 next to bed B was broken.
- In room # 305, there was a gap on the right side of the window between the window frame and the window air conditioning unit. The gap exposes the outside, in which it does not prevent the possibility of infestation.

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.

Bottom half window pane in room 301 was repaired on August 12, 2015. Back landing window screen was adjusted on August 12, 2015. Window in room 305 was fitted with plywood to close gaps. Screens were adjusted properly on August 12, 2015. Hallway window has adjustable screens. Staff person did not follow protocol and check that it was positioned properly in the window. His supervisor will check his work daily and document any failure to perform his duties as assigned. Written documentation will be used to substantiate his termination. As soon as the home receives a financial increase new windows will be purchased and installed.

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Violation Report: 10966 - 08/12/2015 - Colon, Lissette
 PCH Name: KAYSIM COURT MANOR

1. REGULATION 65 Pa.Code §2600
 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION
 In room #305, the five-drawer dresser by bed B was missing the front panel on the bottom drawer.

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.

Same employee is responsible for 2nd & 3rd floor. The majority of my violations are because of his desire to get fired and collect unemployment. His supervisor will check his work to ensure compliance and will document any instance of failure to perform duties as assigned. This documentation will be used to substantiate his termination. Dresser was repaired on August 12, 2015.

The administrator or designee will conduct monthly checks of the entire home to ensure everything is in good repair, starting within 30 days of receipt of this plan of correction.

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Violation Report: 10966 - 08/12/2015 - Oolor, Lissette
 PCH Name: KAYSIM COURT MANOR

1. REGULATION 55 Pa.Code §2600
 2600.101(j)(1) - Each resident shall have the following in the bedroom: A bed with a solid foundation and fire retardant mattress that is in good repair, clean and supports the resident.

2a. DESCRIPTION OF VIOLATION
 The box spring on bed A in room # 305, is encased in plastic.

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.

Employee responsible for 2nd & 3rd floor wanted to get fired so he could collect unemployment. He deliberately placed this mattress without removing the plastic packing. He deliberately broke protocol and did not contact administrated to get approval to do so. Employee told licensing representatives that he knew he was not supposed to leave the plastic on the mattress. His supervisor will check his work floors for any signs of noncompliance with established protocols. Written documentation regarding failure to perform assigned duties will be used to substantiate termination. Plastic was removed on August 12, 2015.

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Violation Report: 10966 - 08/12/2015 - Coin, Lisette
 PCH Name: KAYSIM COURT MANOR

1. REGULATION 56 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
 - The bed inside room # 111, does not have a source of light that can be turned on/off from bedside.
 - Inside room # 301, bed B does 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.

The room 111 has a lamp. This room number was wrongly sighted during inspection and should not have been given a violation.

Staff person responsible for the 2nd & 3rd floor deliberately sabotage so he could get fired and collect unemployment compensation. All rooms he is responsible for are checked daily by his supervisor. Any future failure to perform duties as assigned will be documented and he will be terminated. Lamp was replaced on August 12, 2015.

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 (Initials)

Violation Report: 10968 - 08/12/2015 - Colon, Lisette
 PCH Name: KAYSIM COURT MANOR

1. REGULATION 55 Pa.Code §2600
 2600.101(r)(2) - Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

2a. DESCRIPTION OF VIOLATION
 The window blind inside room # 301, next to bed B, is broken and in poor repair.

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.

Staff person responsible for the 2nd & 3rd floor deliberately committed sabotage so that he could get fired and collect unemployment benefits. His supervisor check his rooms daily. Any failure to perform duties as assigned will be documented and will be used to substantiate his termination. Blinds was replaced on August 12,2015.

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

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Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *KAWANA BLAKE-Williams* Date *9-24-15*

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Violation Report: 10966 - 08/12/2015 - Colon, Lissette
 PCH Name: KAYSIM COURT MANOR

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

2a. DESCRIPTION OF VIOLATION
 Resident # 3 was admitted on 2/12/15. The resident's medical evaluation was completed on 4/16/15.

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.

Resident's initial medical evaluation record was lost and another had to be completed. Retrained clerical staff on the importance of being organized. Protocols put in place by the home caught the problem of the missing medical evaluation.

The administration will conduct bi-annual audits of all resident records to insure all required documentation is maintained in the file, starting within 30 days of receipt of this plan of correction.

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Printed Name and Title of Legal Entity Representative
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Violation Report: 10966 - 08/12/2015 - Color, Lissette
 PCH Name: KAYSIM COURT 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 #4 last medical evaluation was completed on 4/3/14.

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.

Resident #4 has his own primary care physician. He does not use s medical director. His ICM lost his original medical evaluation form. ICM called during the day of inspection and I put her on speaker phone. The inspectors heard her admit this was her fault. Kaysim the resident a 30 day notice to move. ICM got him an appointment with his physician before the 30 day's notice had expired and had his medical evaluation completed. Kaysim clerical staff now keeps a record of residents who have their own physician and have made up a check off list with the dates medical evaluation are due.

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *KAYANA BLAKE-Williams* Date *9-24-15*

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Violation Report: 10986 - 08/12/2015 - Colon, Lissette
 PCH Name: KAYSIM COURT MANOR

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

- Resident # 1 has an order for Trazadone 50 mg 1/2 tab at bedtime. However, on the medication administration record it was written as Trazadone 50 mg 1 tab at bedtime.

- Resident # 2's "as needed" Acetaminophen w/Codeine 300/30 mg was discontinued in July. However, on 8/12/15, it was still written on the medication administration record.

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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Med tech failed to follow protocol as it relates to using 2 people when new medication and Medical administration records are delivered. Protocol is to have one person read the MAR's and the other person verify the packaged medication says the same thing. Med tech are now required to provide administrator with an audio recording for verification purpose to ensure compliance with protocol.

11/24/15
8

Violation Report: 10966 - 08/12/2015 - Colon, Lissette
 PCH Name: KAYSIM COURT MANOR

1. REGULATION 55 Pa.Code §2600
 2600.187(b) - The Information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION
 The direct care staff members have been installing resident # 2's medication administration record for accu-checks from 8/1/15 - 8/12/15 at 7am, and 8/1/15 - 8/11/15 at 7pm. However, the accu-checks were not being done. The last reading on the glucometer for accu-checks was dated for 7/17/15.

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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Staff offered resident #2's glucometer twice daily. Staff does not perform accu checks on resident's here at Kaysim Court Manor.

Resident refused glucometer on 8-11-15 at 7:00pm. Staff did not annotate the MAR's with A code because they did not know what code to use since it was not medication.

This is the first time a resident at Kaysim Court Manor had a requirement for accu check to be performed.

This resident come from a home closing. The last reading on the glucometer was 7-17-15. Kaysim could not reach the physician for clarification regarding resident #2 accu check. Resident #2 was never on insulin. Resident stated he never had staff nor was he required to take his levels in the past but had been agreeing to do so now that he came to Kaysim Court Manor. Resident #2 has new primary care physician. Accu-check have been removed from his MAR's as his sugar level remain normal. Resident's blood work is performed by lab tech who come to the home from an outside agency. The pharmacy who generated the MAR's has been shut down by FBI! I disagree with this violation.

11/24/15


Violation Report: 10966 - 08/12/2015 - Colon, Lissette
 PCH Name: KAYSIM COURT MANOR

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
 Resident # 2 has an order for accu-checks to be completed twice a day at 7am and 7pm. On 8/12/15, it was noted the last accu-check the resident received was on 7/17/15.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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This is the first time a resident at Kaysim Court Manor had a requirement for accu check to be performed.

This resident come from a home closing. The last reading on the glucometer was 7-17-15. Kaysim could not reach the physician for clarification regarding resident #2 accu check. Resident #2 was never on insulin. Resident stated he never had staff nor was he required to take his levels in the past but had been agreeing to do so now that he came to Kaysim Court Manor. Resident #2 has new primary care physician. Accu-check have been removed from his MAR's as his sugar level remain normal. Resident's blood work is performed by lad tech who come to the home from an outside agency. The pharmacy who generated the MAR's has been shut down by FBI! I disagree with this violation.

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Violation Report: 10966 - 08/12/2015 - Colon Lissette
 PCH Name: KAYSIM COURT MANOR

1. REGULATION 55 Pa.Code §2600
 2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

2a. DESCRIPTION OF VIOLATION
 On 8/12/15, an error in resident # 2's medication administration was noted involving the resident's accu-checks, in which the accu-checks were not done twice a day since 7/17/15. The error was not reported to the resident, the resident's designated person, and the prescriber.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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This is the first time a resident at Kaysim Court Manor had a requirement for accu check to be performed.

This resident come from a home closing. The last reading on the glucometer was 7-17-15. Kaysim could not reach the physician for clarification regarding resident #2 accu check. Resident #2 was never on insulin. Resident stated he never had staff nor was he required to take his levels in the past but had been agreeing to do so now that he came to Kaysim Court Manor. Resident #2 has new primary care physician. Accu-check have been removed from his MAR's as his sugar level remain normal. Resident's blood work is performed by lab tech who come to the home from an outside agency. The pharmacy who generated the MAR's has been shut down by FBI! I disagree with this violation.

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