



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

NOV 12 2015

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

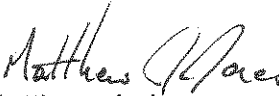
RE: Hayes Manor  
License #: 142230

Dear Ms. Burns:

As a result of the Department of Human Services' annual licensing inspection on August 25, 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  
/s/

Enclosure  
License Inspection Summary



Violation Report: 14223 - 08/25/2015 - McHale, Christine  
 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.*

Please see attached

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/07/2014		
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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
Robin Burns - Administrator	10/2/15

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

The above plan of correction is approved as of 10/16/15  
 (Date)

Plan of correction implementation status as of 10/16/15  
 (Date)

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

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

Hayes Manor- Violation Report Page 2 Of 8

Plan of Correction for 2600.25(b)

Step 1 – Reviewed

Step 2 – Reviewed

Step 3 – Fix the immediate problem – The administrator informed the resident that one page was not signed during the admission and reviewed the information with the resident. The resident signed the page that was omitted on August 25, 2015.

All other contracts were checked by the administrator and front office staff for signatures. This was completed by August 28, 2015.

Prior to any admission, all required signature spaces will be tagged to identify where signatures are needed. It now implemented that there will be three checks to verify required signatures on all contracts.

1. The admission personnel is to check for signatures prior to giving the contracts to the administrator.
2. The administrator will review all pages for signatures at the time of admission, or by the end of the day if not available at the time of admission.
3. The director of finance will also observe for required signatures upon admission when reviewing finances and preparing personal accounts.


All of the front office staff have been made aware of the new procedures to ensure compliance. All of the above listed steps have been implemented and carried out since September 1, 2015.

Attached is a copy of the resident's contract.

Signature of Legal Entity Representative -

Printed Name and Title of Legal Entity Representative-

Date-

  
Robyn Burns - Administrator  
10/2/15

Violation Report: 14223 - 08/25/2015 - McHale, Christine  
 PCH Name: HAYES MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

**2a. DESCRIPTION OF VIOLATION**

- Ancillary staff member A was hired by the home on [redacted] 15. The home did not request a criminal background check for the staff member until [redacted] 15.

- Direct care staff member B was hired by the home on [redacted] 15. The home did not request a criminal background check for the staff member until [redacted] 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.

*Please see attached*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Johann Burns*

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

*Johann Burns*

Date

*10/2/15*

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

The above plan of correction is approved as of

*10/6/15*  
 (Date)

Plan of correction Implementation status as of

*10/6/15*  
 (Date)

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

The above plan of correction was approved by

*[Signature]*  
 (Initials)

**Hayes Manor- Violation Report Page 3 Of 8**

**Plan of Correction for 2600.51**

Step 1 – Reviewed

Step 2 – Reviewed

Step 3 – Fix the immediate problem – The administrator and front office staff reviewed all of the current employee files to verify all criminal background checks.

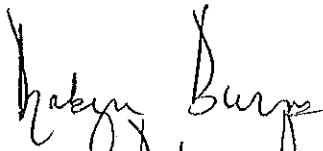
Verification from two office staff workers is now required to ensure compliance. The first will be from the HR personnel who now has a new hire check off list for all new employees. And the second will be from the director of finance who will be ordering the criminal backgrounds.

**New Hire Protocol**

- Complete an application
- Interview with the department head
- Review the job description and salary
- Complete a criminal background or FBI if required. This check must be requested prior to the start of employment but no later than the 1<sup>st</sup> day of employment. If this step has not been completed the new employee **will not** be able to start work. This document should be rec'd back from the State of PA or Federal Government within 30 days, if not the employee is to be removed from the work schedule.
- Complete a work reference check from previous employers
- Send an acceptance of employment letter

This new protocol was put into effect as of Sept 1, 2015

Signature of Legal Entity Representative -



Printed Name and Title of Legal Entity Representative-

Robyn Burns Administrator  
10/2/15

Date-

Violation Report: 14223 - 08/25/2015 - McHale, Christine  
 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 threshold of the door to resident #1's room is has a quarter-inch difference in height compared to the hallway floor. Resident #1 uses a walker which could get caught at the doorway causing potential harm to 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.

*Please 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
<i>Robyn Burns - Adm</i>	<i>10/2/15</i>

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

The above plan of correction is approved as of *10/2/15*  
 (Date)

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

Plan of correction implementation status as of *10/2/15*  
 (Date)

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

Hayes Manor- Violation Report Page 4 of 8

Plan of Correction for 2600.101(0)

Step 1 – Reviewed

Step 2 – Reviewed

Step 3 – Fix the immediate problem – The maintenance department repaired the threshold to rm. # 215. The repair was completed on August 25, 2015.

The administrator and the director of maintenance made walking rounds throughout the building on August 27, 2015, and checked every doorway in the building that had thresholds to make sure that there was a smooth transition from the resident's room to the hallway for everyone's safety. All repairs were completed to all doorways by September 10, 2015.

An in-service was provided to the housekeeping and maintenance staff regarding the importance of observation and reporting of any potential dangers or harm that may occur to the residents. This was done to assure that no resident be exposed to any potential harm.

Upon making daily rounds, both the administrator and director of maintenance will observe all thresholds, potential hazards, and surfaces to assure that the residents are safe in their home.

Attached are pictures to show the repairs.

Copy of safety in-service

Signature of Legal Entity Representative -

Printed Name and Title of Legal Entity Representative-

Date-

*Robyn Burns*  
Robyn Burns - Adm  
10/2/15

Violation Report: 14223 - 08/25/2015 - McHale, Christine  
PCH Name: HAYES MANOR

1. REGULATION 55 Pa.Code §2600  
2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION  
On 8/25/15, the bottom lint trap of the large industrial dryer had a large sheet of lint on top of it.

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

*Please see attached*

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

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Debra Burns - Adm*      Date *10/8/15*

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

The above plan of correction is approved as of *10/10/15*  
(Date)

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

Plan of correction implementation status as of *10/10/15*  
(Date)

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

Hayes Manor- Violation Report Page 5 of 8

Plan of Correction for 2600.105(g)(1)

Step 1 – Reviewed

Step 2 – Reviewed

Step 3 – Fix the immediate problem – All of the lint was removed from the lint trap immediately by the director of maintenance on August 25, 2015.

All laundry and housekeeping personnel have been in-serviced on August 26, 2015 to reduce the risk of fire hazards and the importance removing lint from the lint traps in the clothes dryers. They are also required to sign after each dryer use that they removed the lint from all surfaces of the trap. Maintenance has supplied the laundry with an extension brush so that they are able to reach the back of the dryer and all surfaces of the drum.

It is enforced by the administrator that the lint must be removed after each use. This is now monitored by the administrator and maintenance staff and various times daily during the shift while the dryer is in use.

Attached is a copy of the dryer lint removal sheet

Copy of the in-service

Signature of Legal Entity Representative -

Printed Name and Title of Legal Entity Representative-

Date-

*Robyn Burns*  
Robyn Burns, Adm.  
10/20/15

Violation Report: 14223 - 08/25/2015 - McHale, Christine  
 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 #2's most recent medical evaluation dated 7/20/15 was not completed by a physician or other medical professional.

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

Please see attached

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/07/2014	
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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 - Adm      Date 10/2/15

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

The above plan of correction is approved as of <u>10/2/15</u> (Date)	Plan of correction implementation status as of <u>10/2/15</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (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

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Hayes Manor- Violation Report Page 6 Of 8

Plan of Correction for 2600.141(b) (1)

Step 1 – Reviewed

Step 2 – Reviewed

Step 3 – Fix the immediate problem – Upon investigation to complete the plan of correction none of the residents listed had a medical evaluation dated for 7/20/15.

- Resident 1 – [redacted] was last completed on 10/13/14 and is not due until 10/13/15.
- Resident 2 – [redacted] was completed on 8/10/15 and signed by Dr. [redacted] on 9/14/15
- Resident 3 – [redacted] was completed on 7/13/15 and signed by Dr. [redacted] on 8/5/15

However an audit of all resident evaluations were completed by the director or nursing on September 3, 2015 to verify that all medical evaluations were signed by a medical professional as required for compliance. A monthly review and calendar is still maintained by the director of nursing.

Attached is a copy of the resident's medical evaluations.

Signature of Legal Entity Representative -

Printed Name and Title of Legal Entity Representative-

Date-

*Robyn Burns*  
 Robyn Burns - Adm  
 10/24/15

Violation Report: 14223 - 08/25/2015 - McHale, Christine  
 PCH Name: HAYES MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.143(a) - The home shall have a written emergency medical plan that includes the following:  
 (1) The hospital or source of health care that will be used in an emergency. This shall be the resident's choice, if possible.  
 (2) Emergency transportation to be used.  
 (3) An emergency-staffing plan.

2a. DESCRIPTION OF VIOLATION  
 The home's emergency medical plan does not include the hospital or source of healthcare that will be used in an emergency and an emergency staffing plan.

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

Please 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)	Date
<i>Robyn Burns - Adm</i>	<i>10/2/15</i>

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The above plan of correction is approved as of <u><i>10/10/15</i></u> (Date)	Plan of correction implementation status as of <u><i>10/10/15</i></u> (Date)
The above plan of correction was approved by <u><i>RB</i></u> (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

Hayes Manor- Violation Report Page 7 Of 8

Plan of Correction for 2600.143(a)

Step 1 – Reviewed

Step 2 – Reviewed

Step 3 – Fix the immediate problem – We have updated our policy regarding medical emergency plan:

- In case of an emergency, the staff shall provide initial first aid and or CPR if required. If more than one resident requires first aid all staff members on duty should work together to care for the residents.
- After it has been determined that emergency treatment is required the staff will call 911/Philadelphia Fire Rescue, secure the area and remain with the resident.
- If transportation to a hospital is required, the resident will be transferred to Lankenau or Roxborough Hospitals. Please be aware that 911 will usually transport to the nearest hospital. The resident will be transported to the hospital of their choice whenever possible. The following items are to accompany them upon transfer:
  - The resident’s transfer sheet
  - Insurance and billing information
  - A list of current medications including dosage and frequency
  - A copy of the resident’s medical cards
  - A copy of their advance directives if available
- The staff shall notify the physician and responsible party of the transfer to the emergency medical service, and provide them with the reason for the transfer and hospital location.
- After the resident has been transported the administrator or director of nursing shall prepare an incident report to be called in and faxed to the Department of Human Services within 24 hours as per regulation.
- If additional staff is needed, call the administrator/designee who will arrange for coverage.

When handling an emergency, always remember to stay calm. In an orderly fashion, remove all other residents to another area if needed. When discussing the emergency of medical condition you must remember to do so in private to maintain confidentiality.

Attachments:

A copy of Hayes Manor updated policy regarding medical emergencies.

A copy of signatures from employee’s regarding the updated emergency plan.

Signature of Legal Entity Representative -

Printed Name and Title of Legal Entity Representative-

Robyn Burns - Adm

Date-

10/8/15

Violation Report: 14223 - 08/25/2015 - McHale, Christine  
 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**  
 - Resident #2 has an order for Diabetic Tussin DM as needed. This medication was not available in the home.  
 - Resident #3 has an order for Guafenesin DM as needed. This medication 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.

*Please see attached*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/07/2014
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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)

*Robin Burns - Adm*      Date *10/0/15*

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

The above plan of correction is approved as of 10/6/15  
 (Date)

Plan of correction implementation status as of 10/6/15  
 (Date)

The above plan of correction was approved by   
 (Initials)

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