



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: MAR 07 2016

Ms. Kawana Blake - Williams
Kaysim Housing Group INC
5909 – 19Wayne Avenue
Philadelphia Pennsylvania 19144

RE: Kaysim Court Manor
License #: 10966

Dear Ms. Kawana Blake –Williams:

As a result of the Department of Human Services' licensing inspection on 11/19/15 which we conducted on-site inspections] 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,

A handwritten signature in black ink, appearing to read "Roslyn Brewer".

Roslyn Brewer
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

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

PCH Name: KAYSIM COURT MANOR		License Number: 10966
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		
Staffing Hours		
Resident Support:	Total Daily Staff: 75	Waking Staff: 56
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 11/19/2015: McHale, Christine; Brewer, Roslyn		
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: 81 Number of Residents Served: 75 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: 69 Are 60 Years of Age or Older: 28 Have Mental Illness: 70 Have an Intellectual Disability: 1 Have a Mobility Need: 0 Have a Physical Disability: 1

Violation Report: 10966 - 11/19/2015 - McHale, Christine
 PCH Name: KAYSIM COURT MANOR

1. REGULATION 55 Pa.Code §2600
 2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION
 Resident #1 is diagnosed with Hypothyroidism. They are prescribed Levothyroxine 200 mg for this diagnosis. Per the resident's most recent Resident Assessment and Support Plan, the resident requires physical assistance with managing their healthcare. The home has it documented that they will "intercede on behalf of the resident to ensure continuity of care for follow-up appointments or procedures. Help residents understand the importance of following doctor's orders, etc." Their plan to meet this need is to "Coordinate with doctors and pharmacist to ensure changes in medications are implemented, I. E., D/C notices, changes in dosage, etc., as well as ensure prescriptions do not elapse." Resident #1 did not receive their Levothyroxine 200 mg from 9/1/15 to 10/19/15. The home did not contact the resident's primary pharmacy to have these medications filled. They did not contact the resident's primary physician to ensure that this medication was ordered. When resident #1 reported to the home that one of their regular medications was not being given to them, resident #1 was told by Administrator A to tell their doctor. Resident #1 was taken to the hospital on 10/19/15 via ambulance. They were treated for a Myxedema Coma which was a result of the resident not receiving Levothyroxine 200 mg as required. Myxedema Coma is a rare, life-threatening condition which is caused by severe hypothyroidism. The resident was hospitalized for seven days. While in the hospital, the resident needed to be intubated and placed on a ventilator due to Respiratory Distress, had Acute Kidney Failure, had an Adrenocortical Insufficiency, and a Pleural Effusion secondary to the Myxedema Coma.

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

Administrator, Assistant administrator & records supervisor will be overseeing and responsible for this. This has been trained with our Med techs and administrative staff

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

Kayana Blake Williams

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Kayana Blake-Williams	2/8/16

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

The above plan of correction is approved as of <u>2/19/16</u> (Date)	Plan of correction implementation status as of <u>2/19/16</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

2600.42b

Resident #1

The health, safety and well-being of the resident is primary.

Kaysim Court didn't have documentation stating the numerous amount of times that we contacted [redacted] primary care physician and [redacted] pharmacy regarding our concerns about [redacted] medication.

Resident #1 did not receive this medication because we attempted to contact 1st the primary physician numerous times and then the pharmacy would not deliver [redacted] medication without authorization from the physician. Resident #1 refused to see our house physician and [redacted] was aware that we are attempting to reach [redacted] primary care physician. All of this was discussed with [redacted] recovery coach from [redacted] program. Kaysim Court Manor did save [redacted] life by sending him to the hospital when all attempts to get instructions from the primary care physician failed [redacted].

Kaysim Court is aware of the lack of documentation of this incident. Our staff has been in serviced on proper documentation as to date, time, who was contacted and the conversation with all involved. We will contact our house physician for instructions on how to proceed if this situation occurs again and with documentation and call log as well. Attached is a form that will be implemented.

The Administrator will be informed and all documentation will be submitted to the administrator.

All staff has been trained on Home rules, Resident Rights and the neglect of a care dependent person. Moving forward the administrator and assistant administrator will ensure all resident's will not be neglected in anyway. RB

Laura E. Book
2/15/16

Violation Report: 10966 - 11/19/2015 - McHale, Christine
 PCH Name: KAYSIM COURT MANOR

1. REGULATION 55 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 8/24/15, does not include a list of 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 attached document will be used
 to ensure compliance

Administrator, assistant administrator and records supervisor
 are responsible for these improvements. @

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Kawar E. Blake Williams*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kawar Blake - Williams* Date *2/8/16*

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

The above plan of correction is approved as of *2/19/16*
 (Date)

Plan of correction implementation status as of *2/19/16*
 (Date)

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

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

2600.141(a)(2)

It's important to have the medical evaluation done annually with medications listed on the form or to have the attachments.

The medications list wasn't attached to the DME.

The medication list has been attached to Resident #1's DME.

To prevent this from future violation the records supervisor will use the attached form and the administrator will review the records.

Kawana E. Blak
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