



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: AUG 25 2016

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

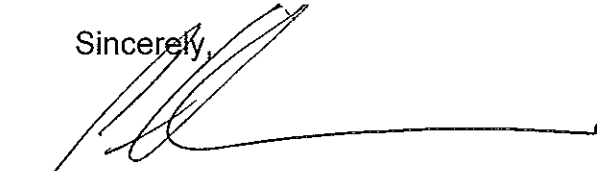
RE: Hayes Manor
License #: 142230

Dear Ms. Burns:

As a result of the Department of Human Services' licensing inspection on December 30, 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,



Patricia Adams
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 14223 - 12/30/2015 - Colon, Lisette
 PCH Name: HAYES MANOR

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

In August 2015, at approximately 7:00 am, a grease fire occurred in the kitchen resulted in a staff person going to the hospital for smoke inhalation. The fire engine company responded immediately, however, this incident was not reported to the Department until 12/30/15.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Hobyn Burns - Administrator</i>	Date <i>8/3/14</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

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

Plan of correction implementation status as of *8/8/14*
 (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 2600.16(c)

Step 1 – Reviewed

Step 2 – Reviewed

Step 3 – Fix the immediate problem – The administrative staff has been in-serviced on reportable incidents and reporting procedures according to the regulations and policy and procedures.

The administrator was on vacation and none of the employees completed an incident report or notified the department of a grease fire resulting in the fire departments arrival. The fire was put out by two staff members and both inhaled powder from the extinguisher. Both were treated cleared and release from the hospital.

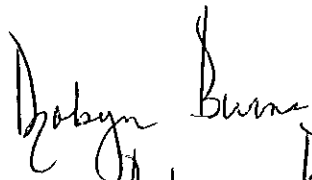
1. All administrative staff members were in-serviced on reportable incidents, the procedures and reasons to complete reportable incidents on 8/1/16.
2. The administrative staff is now also aware of the proper submission required, as well as the time frame according to protocol. This was completed on 8/1/16
3. The reportable incident report check list has been updated as of 8/1/16.

All front office and administrative staff have been made aware of the new requirements of their positions to ensure compliance. All of the above listed steps have been implemented and carried out since August 1, 2016. The administrator will continue to review periodically for any changes or updates that the administrative staff may need.

Attached is a copy of the:

- In-service to staff on Reportable Incidents and Conditions.
- Hayes Manor quality management on reportable incidents and policy and procedures.
- Sample Incident report required for submission.
- Updated check off list for reportable incidents.

Signature of Legal Entity Representative -



Printed Name and Title of Legal Entity Representative-

Robyn Burns - Administrator

Date-

8/3/16

Violation Report: 14223 - 12/30/2015 - Colon, Lisette
 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 #1 last medical evaluation was completed on 12/2/14.

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.

Please see attached

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/25/2015	08/07/2014
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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, Administrator* Date *8/3/14*

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The above plan of correction is approved as of <u><i>8/8/14</i></u> (Date)	Plan of correction implementation status as of <u><i>8/8/14</i></u> (Date)
The above plan of correction was approved by <u><i>[Signature]</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

Plan of Correction for 2600.141(b) (1)

Step 1 – Reviewed

Step 2 – Reviewed

Step 3 – Fix the immediate problem – Resident #1 had a medical evaluation completed on 4/14/15 and was finalized on 12/31/15.

As stated to the inspectors during our last few inspections, it had been an ongoing challenge to receive the participation of the VA with our resident who are veterans. This was due to the constant turn over with the VA's personnel, and lack of an assigned contact persons.

As of January 6, 2016 we were provided with a contact person to assist us with the challenges we had concerning our vets. [REDACTED] Community Nursing Home and CRC Coordinator. Since that time we have been able to address our concerns such as evaluations in a timely manner.

Attached is copies of the residents DME's and letter from the Veterans Affairs

Signature of Legal Entity Representative -



Printed Name and Title of Legal Entity Representative-

Robyn Burns Administrator

Date-

8/3/16

Violation Report: 14223 - 12/30/2015 - Colon, Lissette
 PCH Name: HAYES MANOR

1. REGULATION 56 Pa.Code §2600
 2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION

An assessment was completed for resident #2 on 5/13/15. The resident's support plan has not been revised to address the resident's ambulatory needs in which the resident was encouraged to use a wheelchair due to an unsteady gait.

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):	02/25/2015	
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Hobyn Burns*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Hobyn Burns - Administrator</i>	Date <i>8/13/16</i>
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The above plan of correction is approved as of *8/16/16*
 (Date)

Plan of correction implementation status as of *8/16/16*
 (Date)

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

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

Plan of Correction for 2600.227(c)

Step 1 – Reviewed

Step 2 – Reviewed

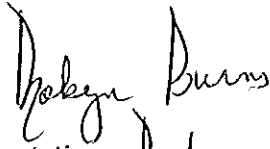
Step 3 – Fix the immediate problem – Resident #2's RASP was updated as of the visit on 12/30/15 and has been maintained and updated as necessary.

The director of nursing has completed an audit since inspection of 12/30/15 and has updated all RASP's for all residents and all are current. The director of nursing will perform an audit twice yearly. RASP will reviewed upon incident reports, change in conditions, and re-admissions by administrator to ensure compliance and accuracy.

Attachments:

A copy of resident #2 RASP for 2015 & 2016

Signature of Legal Entity Representative -



Printed Name and Title of Legal Entity Representative-

Robyn Burns - Administrator

Date-

8/3/16