



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 26 2016

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 19, 2016 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 "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 14223 - 08/19/2016 - Colon, Lissette
PCH Name: HAYES MANOR

1. REGULATION 55 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, does not have a high school diploma, GED diploma, or active registration status on the Pennsylvania nurse aide registry.

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: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	
<i>Robyn Burns</i>	

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Robyn Burns - Administrator</i>	<i>9/19/16</i>

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

The above plan of correction is approved as of *9/20/16*
(Date)

Plan of correction implementation status as of *9/20/16*
(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 6

Plan of Correction for 2600.54

Step 1 – Reviewed

Step 2 – Reviewed

Step 3 – Fix the Immediate problem – A copy of the employee’s high school diploma was obtained. Upon hiring the employee showed it but a copy was not retained. The Human resource staff personnel reviewed all of the current employee files to verify all have a high school diploma, GED diploma, or active registration status as per protocol of hiring requirements according to the regulations.

All new hire files must be checked and requirements verified prior to their start date.

New Hire Protocol Verification

- Completed an application
- Interviewed with the department head
- Review the job description and salary
- Receive copies of qualifications such as diplomas, GED’s, active registration status.
- Complete a criminal background or FBI if required.
- Complete a work reference check from previous employers.
- Send an offer of employment letter.

This new protocol was put into effect as of August 22, 2016.

Signature of Legal Entity Representative -

Robyn Burns

Printed Name and Title of Legal Entity Representative-

Robyn Burns - Administrator

Date-

9/19/16

Violation Report: 14223 - 08/19/2016 - Colon, Lissette
PCH Name: HAYES MANOR

1. REGULATION 65 Pa.Code §2600
2600.126(a) - A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

2a. DESCRIPTION OF VIOLATION
The inspection of the furnace expired on 7/31/16.

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Hobyn Burns - Administrator* Date *9/19/16*

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

The above plan of correction is approved as of 9/26/16 (Date)

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

Plan of correction implementation status as of 9/26/16 (Date)

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



Hayes Manor- Violation Report Page 3 Of 6

Plan of Correction for 2600.126(a)

Step 1 – Reviewed

Step 2 – Reviewed

Step 3 – Fix the immediate problem – The boiler inspection expired on 7-31-16. Prior to this encounter, it has always been the practice of the State of Pennsylvania to automatically come out for an inspection. Obviously that did not take place. The state of was contacted on August 23, 2016 and the boilers were inspected on September 6, 2016 by [redacted] state inspector. We are currently waiting to receive the certifications and will forward it as soon as we receive it. The following plan was developed to ensure compliance:

1. The maintenance director will monitor the expiration of all certifications.
2. A calendar will be kept by the maintenance department and administrator to mark all expiration dates.
3. The maintenance director will contact all necessary parties 60 days prior to the expiration dates to make an appointment for inspection.
4. The administration will follow-up 30 days prior to the expiration to ensure compliance.

Signature of Legal Entity Representative -

Printed Name and Title of Legal Entity Representative-

Date-

Robyn Burns
 Robyn Burns - Administrator
 9/19/16

Violation Report: 14223 - 08/19/2016 - Colon, Lissette
PCH Name: HAYES MANOR

1. REGULATION 55 Pa.Code §2600
2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION
Resident # 1's Hydroxyzine was discontinued on 8/16/16. On 8/19/16, the medication was still in the medication cart.

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

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 *9/19/16*

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The above plan of correction is approved as of *9/20/16*
(Date)

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

Plan of correction implementation status as of *9/20/16*
(Date)

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

Hayes Manor- Violation Report Page 4 Of 6

Plan of Correction for 2600.183(d)

Step 1 – Reviewed

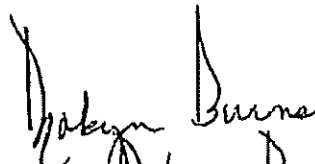
Step 2 – Reviewed

Step 3 – Fix the Immediate problem – The resident’s Hydroxyzine medication that had been discontinued on August 16, 2016 from resident #1 was removed from the med cart and destroyed immediately on August 19th by the director of nursing. This is the course of action taken on all routine mail order medications as per their policy. All others are returned to our pharmacy which is Medicare Pharmacy for credit.

An audit was completed by the director of nursing on all residents medications on August 22, 2016 to ensure that all discontinued medications were removed from the med cart.

The director of nursing or charge nurse on duty in her absence will review all discontinued meds, and new orders daily to ensure accuracy of all orders, and discard any discontinued medications, or return them to our pharmacy whatever is mandated.

Signature of Legal Entity Representative -



Printed Name and Title of Legal Entity Representative-

Dobyyn Burns - Administrator

Date-

9/19/16

Violation Report: 14223 - 08/19/2016 - Colon, Lisette
PCH Name: HAYES 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

On 8/16/16, Resident # 1 received a prescribed order for Hydralazine 25mg. The medication was not 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.

Change see attached

Repeat Violation: No

Date(s) of Previous Violation(s):

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 *9/19/16*

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

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9/20/16
(Date)

Plan of correction implementation status as of

9/20/16
(Date)

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- Not Implemented

The above plan of correction was approved by

[Signature]
(Initials)

Hayes Manor- Violation Report Page 5 Of 6

Plan of Correction for 2600.187(a)

Step 1 – Reviewed

Step 2 – Reviewed

Step 3 – Fix the immediate problem – The resident was re-admitted from the hospital on August 15, 2016 with a PRN order for Hydralazine 25mg by mouth every 8 hours for Systolic BP above 180. The medication was immediately transcribed on the MAR by the Director of Nursing on August 19, 2016.

- The MD was notified of the medication error on August 19, 2016.
- An incident report was completed and sent in to DHS on August 19, 2016.
- The staff was notified and the resident's BP was monitored as per order starting on August 19th.
- The resident was seen by the MD on August 22, 2016 and the Hydralazine was discontinued due to the residents BP being maintained within the normal limits.

The director of nursing or charge nurse on duty in her absence will review all orders upon admissions and re-admissions daily to ensure accuracy of all orders. If the orders are transcribed by the charge nurse, the director is required to check all orders written. If the orders are transcribed by the director, the administrator will check all transcribed orders.

A copy of all new orders will be faxed to the pharmacy. Any new orders will be verified for accuracy during the 24 hour chart check which is completed on the 11-7 shift daily.

Signature of Legal Entity Representative -

Mabyn Burns
 Printed Name and Title of Legal Entity Representative- *Mabyn Burns - Administrator*
 Date- *9/19/16*

Printed Name and Title of Legal Entity Representative-

Date-

Violation Report: 14223 - 08/19/2016 - Colon, Lissette
PCH Name: HAYES MANOR

1. REGULATION 55 Pa.Code §2600
2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION
Resident # 1 participated in the development of their support plan on 4/7/16. The resident did not sign the support 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.

Also see attached

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

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 *9/19/16*

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

The above plan of correction is approved as of *9/19/16*
(Date)

Plan of correction implementation status as of *9/19/16*
(Date)

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

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- Partially Implemented - Inadequate Progress
- Not Implemented

Hayes Manor- Violation Report Page 6 Of 6

Plan of Correction for 2600.227(g)

Step 1 – Reviewed

Step 2 – Reviewed

Step 3 – Fix the Immediate problem – The staff reviewed the support plan with the resident and it was signed on August 20, 2016.

1. The staff who is participating in the development of support plan must complete the plan and present it in a timely manner.
2. All support plans must be signed upon completion by all participating parties.
3. All required signatures must be obtained prior to leaving the care conference.
4. The director of nursing must review all support plans within 30 days to ensure compliance.

Signature of Legal Entity Representative -

Robyn Burns

Printed Name and Title of Legal Entity Representative-

Robyn Burns - Administrator

Date-

9/19/16