



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 12 2017

Ms. Kawana Blake-Williams,
President
Kaysim Housing Group, Inc.
5909-19 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 24, 2016 and August 25, 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink that reads "Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 10966408/24/2016 - Freeman, Sabrina PCH Name: KAYSIM, COURT MANOR	
1. REGULATION 56 Pa. Code §2600.20(b)(8) - The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.	
2a. DESCRIPTION OF VIOLATION The home did not provide an itemized account of financial transactions made on resident #1's behalf on a quarterly basis. The home did not provide an itemized account of financial transactions made on resident #2's behalf on a quarterly basis. The home did not provide an itemized account of financial transactions made on resident #3's behalf on a quarterly basis.	
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.	
Moving forward the administrator will ensure the itemized account of financial transaction will include the total income with Rent, Rent rebate and Personal needs allowance. <i>10/20/16</i>	
Repeat Violation: No.	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Kawana Blake-Williams</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>KAWANA BLAKE-Williams (President)</i>	Date: <i>10-20-16</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <i>11/10/16</i> (Date)	Plan of correction implementation status as of <i>11/10/16</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Date)	<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: 10986 - 08/24/2016 - Freeman, Sabrina
 PCH Name: KAYSIM COURT/MANOR

1. REGULATION 55 Pa. Code §2600
 2600.25(c)(4) - The contract shall specify the party responsible for payment.

2a. DESCRIPTION OF VIOLATION
 The contract for resident #3 does not specify the party responsible for payment.
 The contract for resident #4 does not specify the party responsible for payment.
 The contract for resident #6 does not specify the party responsible for payment.

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.

Retained Staff on 8-25-16 on the importance of following protocols put in place for addressing incomplete documentation. Clerical Staff are to use (stickie's) to indicate action needed on the documents they have questions about. Administrator or Assistant Administrator will provide required information. Clerical Staff is not permitted to remove (stickie's) until all information is submitted and documented. All Resident Records were reviewed for compliance any missing information regarding party responsible for payment was corrected, initialed and dated. Close attention will henceforth be monitored for continued compliance with Regulation 26.00.25(c)(4) for all New admissions. Please see Attached documentation for residents # 3, #4 and #6.

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

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: *10-20-16*

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The above plan of correction is approved as of *11/10/16*
 (Date)

Plan of correction implementation status as of *11/10/16*
 (Date)

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

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

Violation Report: 10986 - 08/24/2016 - Freeman, Sabrina
 PCH Name: KAYSIM COURT MANOR

1. REGULATION 55 Pa.Code §2600
 2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION
 At the time of inspection, the homes census included 69 residents. The home had insufficient first aid & CPR coverage; based on the homes two week schedules there was only one staff person working on Saturday & Sunday from 7:30 AM to 3 PM that was trained in first aid and CPR.

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.

Assistant Administrator who wears multiple hats including updating scheduling for staff members was retrained on 8-26-16 about the importance of ensuring compliance with Regulation 2600.63(a). Administrator upon realizing the oversight worked the Saturday & Sunday shifts until permanent staff could be put in place. Administrator will have additional staff trained in First Aid and CPR so that at least if one staff person trained in First Aid and CPR leaves their position qualified staff is always available to meet regulatory requirement compliance.
 2 staff per shift, RB

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Xawana Blake-Williams (President)* Date: *10-20-16*

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The above plan of correction is approved as of *11/16/16* (Date)
 The above plan of correction was approved by *[Signature]* (Initials)

Plan of correction implementation status as of *11/16/16* (Date)

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

Violation Report: 10966 - 08/24/2016 - Freeman, Sabrina
 PCH Name: KAYSIM COURT MANOR

1. REGULATION 55 Pa.Code §2600
 2600.64(c) - An administrator shall have at least 24 hours of annual training relating to the job duties.

2a. DESCRIPTION OF VIOLATION
 Staff person A, the home's administrator, completed only 14 hours of annual training for 2016.

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.

Administrator will take the additional 8 hrs. of missing training for 2015 during the 2016 - 2017 training year. Clerical staff will be monitored more closely by the Administrator and Assistant Administrator for proper filing of training certificates for compliance with 2600.64(c).

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

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 (President)* Date: *10-20-16*

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 10966 - 08/24/2016 - Freeman, Sabrina
 PCH Name: KAYSIM COURT MANOR

1. REGULATION 55 Pa. Code §2600
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION
 On August 25, 2016, at 10 AM, the water temperature between bedroom 111 & 112 measured 139.4 degrees Fahrenheit.

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.

I believe this violation should not be cited for the following reasons: 1. bathroom was locked because of the problem with the water temperature. Residents had no access to the bathroom, therefore no resident was in danger of being hurt. 2. Staff took proper precautions to ensure safety of residents. 3. Money is extremely tight because my home is a predominately populated SSI home. Residents who are on SSI can only afford to pay between \$20-\$35 per day. Their income as it relates to the personal care home supplement has not had a raise in seven years. By helping this population maintain housing and never being compensated for the life saving services our home provides them w. putting their needs first and in an effort to maintain full licensing compliance, I could not afford the best accountants. I now have a \$200,000 tax liability. The parts were purchased and the problem fixed on Sept 23rd 2016. Please see attached documentation. I am seeking a loan to pay off my tax obligation to keep their home open. Something in the form of a significant increase must come soon or these 70 SSI residents (my extended family) will be forced out of their home.

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *KAWANNA BLAKE-WILLIAMS (President)* Date: *10-20-16*

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

Plan of correction implementation status as of *11/10/16* (Date)

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- Not Implemented

Violation Report: 10966 - 08/24/2016 - Freeman, Sabrina
 PCH Name: KAYSIM COURT MANOR

1. REGULATION 55 Pa. Code §2600
 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F.
 Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION
 On August 26, 2016, the temperature in one out of two kitchen refrigerators was 60 degrees Fahrenheit.

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.

I feel this violation is incorrect for the following reasons; This refrigerator is strictly a bread/pastery box. Bread/pasteries are used on a daily basis 3 times a day with meals. We have no clients to prepare meals for. Bread and pasteries are not food items that require refrigeration. We have a three door refrigerator unit where all food requiring refrigeration is kept. Licensing Rep reviewed temperature readings which were found to be in compliance. I had the fridge refrigerator repaired in September. A temperature sign off sheet was placed on the refrigerator and staff monitor and annotate temperatures daily. A thermometer is located in the refrigerator. 8-26-16

Moving forward the homes kitchen staff will ensure that all refrigerators will have the required temperature/thermometers
 The head Cook will review the temperatures weekly RB

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Sawana Blake-Williams (President)* Date: *10-20-16*

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The above plan of correction is approved as of *11/10/16*
 (Date)

Plan of correction implementation status as of *11/10/16*
 (Date)

The above plan of correction was approved by *JB*
 (Initials)

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

Violation Report: 10080; 00/24/2016 - Freeport, Summit
 PCH Name: KAYBIM COURT MANOR

1. REGULATION 86 Pa.C.S. § 2600
 2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION
 The lid to the 10 gallon container in the pantry was cracked open.

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.

I believe this violation is incorrect for the following reasons: The rice canister's lid was closed, but had a crack in it. I took the lid off the potato canister and placed it on the rice canister.

The lids on the dry goods in the storage area of the kitchen will be observed weekly by the cook.
 The Cook will inform the administrator monthly of any canister orders that is needed.
 The administrator will order new lids when cook informs them of the need.

Repeat Violation: No Date(s) of Previous Violation(s):
 Signature of Legal Entity Representative: *James Blake-Williams*
 (Required on EVERY Page)
 Printed Name and Title of Legal Entity Representative: *JAMES BLAKE-WILLIAMS* Date: *10-20-16*
 (Required on EVERY Page)

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The above plan of correction is approved as of *11/10/16*
 (Date)
 The above plan of correction was approved by *[Signature]*
 (Initials)

Plan of correction implementation status as of *11/10/16*
 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 10866 - 08/24/2016 - Freeman, Sabrina PCH Name: KAYSIM COURT MANOR	
1. REGULATION 85 Pa. Code §2600 2600.103(i) - Outdated or spoiled food or dented cans may not be used.	
2a. DESCRIPTION OF VIOLATION On August 25, 2016, at 9:30 AM; dented cans & expired food was observed in the basement. 3 large dented cans, two cans of tuna and green beans 6 large blocks of cream cheese were expired on 11/26/15	
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. Returned staff on 8-26-16. Supervisors on each shift are to oversee the stocking of shelves, can's are to be dated once removed from their cases. Dented cans are to be placed on the floor underneath the shelves where the sign stating dented cans indicates. Please see Attached.	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Kawana Blake-Williams</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kawana Blake-Williams</i>	Date <i>10-20-16</i>
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The above plan of correction was approved by <i>[Signature]</i> (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

1. REGULATION 55 Pa. Code §2800.123(a) - Exit doors must be equipped so that they can be easily opened by residents from the inside without the use of a key or other manual device that can be removed, misplaced or lost.

2a. DESCRIPTION OF VIOLATION.
 The fire exit in the breezeway came off the hinges when trying to open the door.

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.

Administrators had staff to immediately put caution tape across door to prevent anyone from attempting to use it. There is a second door exit door in that same breezeway that can be used to exit into the backyard. We have over 75 doors in our home. Severely permanently mentally ill people who have extremely ~~low~~ high cognitive impairments such as the population I provide care and services are constantly destroying doors, windows, toilets, sinks, showers, beds, dressers, mirrors etc. on a daily basis. Our home makes repairs on a daily basis. Work is prioritized based on safety to the residents.

Door was replaced in September
 Please see Attached.

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

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: *10-20-16*

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The above plan of correction is approved as of <i>11/10/16</i> (Date)	Plan of correction implementation status as of <i>11/10/16</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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: 0986 - 08/24/2016 - Freeman, Sabrina
 PCH Name: KAYE COURT MANOR

1. REGULATION 65 Pa. Code §2600
 2600.141(e)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION
 The medical evaluation for resident #3, dated May 10, 2016, does not include a general physical examination to include height, weight and a mobility needs assessment.

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.

Primary care physician has corrected this oversight. Physician's assistant will monitor all new residents medical evaluation forms for compliance. A review was performed on all ~~other~~ current residents medical evaluation forms to see if further corrections were necessary and informed physician. Please see attached. Copy was given to inspector.

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: *10-20-16*

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The above plan of correction is approved as of *11/10/16*
 (Date)

Plan of correction implementation status as of *11/10/16*
 (Date)

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

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

PCH Name: KAYSIM COURT MANOR

1. REGULATION 56 Pa. Code §2600
2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION
The home's designated smoking area does not have fire proof receptacles and ashtrays or fire-resistant furniture.

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. (Steps cannot be completed immediately, include dates by which the steps will be completed.)

I believe this violation is incorrect for the following reasons:
Designated smoking area is comprised of concrete and stone. It is located outside the residence. Metal ash trays were being used. Benches made of pressure treated wood is in the smoke area. One vinyl covered chair was located in this area. A resident retrieved this chair from someone's trash and put it in the smoke yard. Staff are trained on monitoring the smoke yard for any non approved fire retardent furniture or ashtrays. We are constantly removing such things throughout the day from the smoke yard. Chair was immediately removed from smoke yard on 8-24-16. On 8-26-16 metal trash cans with sand and attached lids we put in the smoke yard per recommendation of licensing rep. Please see attached

Repeat Violation No: _____ Date(s) of Previous Violation(s): _____
Signature of Legal Entity Representative (Required on EVERY Page) *Hawana Blake-Williams*
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Hawana Blake-Williams* Date *10-20-16*

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

The above plan of correction is approved as of *11/14* (Date)
The above plan of correction was approved by *[Signature]* (Initials)
Plan of correction implementation status as of *11/16/16* (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 10968 - 08/24/2016 - Freeman, Sabrina
 PCH Name: KAYSIM COURT MANOR

1. REGULATION 55 Pa.Code §2600

2600.182(c) - Medication administration includes the following activities, based on the needs of the resident:

- (1) Identify the correct resident.
- (2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
- (3) Remove the medication from the original container.
- (4) Crush or split the medication as ordered by the prescriber.
- (5) Place the medication in a medication cup or other appropriate container, or in the resident's hand.
- (6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in § 2600.182(b)(4).
- (7) Complete documentation in accordance with § 2600.187 (relating to medication records).

2a. DESCRIPTION OF VIOLATION

On August 24, 2016, resident #8's medication administration record was not initialed, 7AM Hydrochlorothiazide.

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.

On August 24 2016 resident #8's medication administration record was not initialed. The med tech was re-trained on the importance of initially each resident's MAR after giving the medication. The administrator will check the MARs weekly to ensure all are initialed. JB

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page) <i>Kawana Blake-Williams</i>		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kawana Blake-Williams (President)</i>		Date <i>10-20-16</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE		
The above plan of correction is approved as of <i>[Signature]</i> (Date)	Plan of correction implementation status as of <i>[Signature]</i> (Date)	
The above plan of correction was approved by <i>[Signature]</i> (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 - 08/24/2016 - Freeman, Sabrina
 PCH Name: KAYSIM COURT 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 #1's glucometer was not working at the time of inspection on August 24, 2016. Thus, resident #1's blood glucose monitoring was not able to be reviewed. The home ordered a new glucometer;

Based on the medication administration record, the home failed to provide resident #1's Microlet Lancets which are to be used daily to test their blood sugar.

Based on the medication administration record, the home failed to provide resident #3's Ceftriaxone and Lidocaine.

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.

I believe this violation is incorrect based on the statement by the inspector "the home ordered a new glucometer; however, it would take 4 to 7 days to arrive to the home." No one from Kaysim made that statement. Upon seeing the glucometer was broken the home purchased two glucometers that day 8-24-16. The glucometer was tested on resident #1 at approximately 12:00 PM to ensure proper functioning. Accu-check was performed at the prescribed time later that morning. Upon arriving on the morning of 8-24-16 the inspector was immediately taken to the well med room and was shown the glucometer and verified reading had been taken and levels were in normal range. The commonly purchases necessities like this for our residents to ensure their health and safety with no reimbursement. Please see attached. Resident #3's medication was discontinued please see attached. Resident #1's glucometer broke the day of inspection. A copy of the MAR was shown to the inspector, all dates for the month of August had been annotated. Please see attached.

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

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 *10-20-16*

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The above plan of correction is approved as of *10/12/16* (Date)

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

Plan of correction implementation status as of *10/12/16* (Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

Violation Report: 10986 - 08/24/2016 - Freeman, Sabrina

PCH Name: KAYSIM COURT MANOR

1. REGULATION 55 Pa. Code §2600
2600.107(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
The home failed to follow the prescribed order for resident #1. Resident #1 was prescribed daily blood glucose monitoring. Per documentation of the home's Medication Administration Record (MAR) readings were only done on:

6/8/16, 6/9/16, 6/10/16, 6/11/16, 6/12/16, 6/25/16
7/9/16, 7/10/16, 7/24/16

and were not done on 8/1/16, 8/2/16, 8/3/16, 8/4/16, 8/5/16 and 8/6/16.

The home failed to follow the prescribed order for resident #7. Resident #7 was prescribed daily blood glucose monitoring. Per documentation of the home's Medication Administration Record (MAR) readings were only done on:

8/7/16, 8/21/16, 8/22/16, 8/23/16 and 8/24/16.

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.

The Med tech will be re-educated on DHS regulations 187b and the importance of documentation.
An audit of the Medication Administration Record (MAR) will be conducted monthly by the Designee to assure compliance with this regulation.
The target date for progress and review of change is 11/18/16.

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

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 *10-20-16*

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(Date)

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