



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: APR 25 2017

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' licensing inspection on 03/31/2017, on 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: HAYES MANOR		License Number: 14223
Address: 2210 BELMONT AVENUE, PHILADELPHIA, PA 19131		County: Philadelphia
AdminIstrator: Robyn Burns		Region: SOUTHEAST
Legal Entity Name: HAYES MANOR INC		
Legal Entity Address: 2210 BELMONT AVENUE, PHILADELPHIA, PA 19131		
Certificate(s) of Occupancy Other n/a		
Staffing Hours		
Resident Support: 49	Total Daily Staff: 107	Waking Staff: 80
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 03/31/2017: Parker, Shawn; Kazimer, Lauren		
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: 65 Number of Residents Served: 49 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: 1 Number of Hospice Residents in past year: 1	Number of Residents who: Receive Supplemental Security Income: 3 Are 60 Years of Age or Older: 49 Have Mental Illness: 13 Have an Intellectual Disability: 1 Have a Mobility Need: 9 Have a Physical Disability: 4	

Violation Report: 14223 - 03/31/2017 - Parker, Shawn
PCH Name: HAYES MANOR

1. REGULATION 55 Pa.Code §2600
2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION
On 03-22-17, an incident of abuse was witnessed by staff member A against resident # 1. Staff person A never reported the incident to the home. The administrator found out about the incident by an anonymous letter received 03-27-17.

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) *Robyn Burns*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Robyn Burns - Administrator* Date *4-13-17*

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

The above plan of correction is approved as of *4/14/17*
(Date)

Plan of correction implementation status as of *4/14/17*
(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 3

Plan of Correction for 2600.15(a)

Step 1 – Reviewed

Step 2 – Reviewed

Step 3 – Fix the immediate problem

- Received anonymous letter on Monday March 27, 2017 attesting to being an eye witness to abuse against resident #1 by staff member B.
- Immediately removed staff member B from premises, and informed her of the investigation due to the allegation.
- Initiated investigation of abuse against resident #1.
- Interviewed resident #1 who denied allegation, resident is [redacted] own responsible party. Resident does not wish to prosecute staff member B.
- Performed a physical assessment, no bruising, redness or abrasions noted at this time.
- Notified Dr. [redacted] PCP of allegation.
- Interviewed staff and was informed by staff member A that she witnessed physical abuse on March 22, 2017, and did not report for fear of losing job as this was a previous experience by another employer.
- Completed and called in incident reports for DHS and OAPSA.

Step 4 – Plan to ensure compliance

- Staff member B terminated from her position as resident assistant.
- Re-in-serviced all staff members on resident rights, resident abuse and reporting of incidents on Tuesday March 28, 2017.
- Semi-annual in-service on several topics of abuse and interventions concerning abuse, including introductions from various sources on abuse and role plan for an eye-opening affect.
- Offer employees stress reducing activities and trainings.
- Periodic assignment changes to rotate different stressors.

Signature of Legal Entity Representative -

Printed Name and Title of Legal Entity Representative-

Date-

Robyn Burns
 Robyn Burns. Administrator
 4-13-17

Violation Report: 14223 - 03/31/2017 - Parker, Shawn
PCH Name: HAYES MANOR

1. REGULATION 58 Pa.Code §2800

2800.42(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 was physically abused by staff member B on 03-22-17. The abuse was witnessed by staff member A in resident # 1's bedroom prior to lunch. The abuse involved Staff member B "slapping and hitting" resident # 1 until they fell out of a chair and on to the floor.

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.

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(Date)

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(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 3 Of 3

Plan of Correction for 2600.42(b)

Step 1 – Reviewed

Step 2 – Reviewed

Step 3 – Fix the immediate problem –

- Upon Interviewing staff member A, on an allegation received on staff member B, it was discovered that physical abuse was witnessed on March 22, 2017 and was not reported by staff member A until the interviewing process of an investigation.
- Staff member A was re-in-serviced on the importance of reporting abuse and when to report abuse.

Step 4 – Plan to ensure compliance

- Staff member A as well as all other staff members re-in-serviced abuse. The training included definitions and all types of abuse and took place on Tuesday March 28, 2017.
- Re-In-serviced all staff members on reporting of incidents when, why, and how to report abuse. This training including the policy and procedures for the facility as well as DHS and OAPSA, this took place on Tuesday March 28, 2017.
- ~~Re-in-serviced all employees on resident rights.~~
- This training will be repeated twice yearly to keep all staff members focused on abuse prevention to ensure compliance.

Signature of Legal Entity Representative -

Printed Name and Title of Legal Entity Representative-

Date-

Robyn Burns
 Robyn Burns - Administrator
 4-13-17