



OCT 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' Personal Care Homes annual licensing inspection on August 21, 2017 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, appearing to read "J. Rowe", written over a faint, illegible printed name.

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 14223 - 08/21/2017 - Kazimer, Lauren
 PCH Name: HAYES MANOR

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

On 8/21/17, in the bathroom of room #310, there was a large area of dark mildew in the left coner of the shower stall

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.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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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 *9/24/17*

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

The above plan of correction is approved as of *9/25/17*
 (Date)

Plan of correction implementation status as of *9/26/17*
 (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 13

Plan of Correction for 2600.85(a)

Step 1 – Reviewed

Step 2 – Reviewed

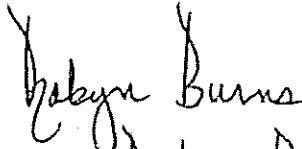
Step 3 – Fix the immediate problem

- The walls and shower floor pan was detailed steam cleaned to remove all mildew in the shower stall. Tilex Shower Epoxy was applied to prevent mildew from reoccurring.
- Attached is a photograph of the repair.
- All shower stalls were checked throughout the building to ensure sanitary conditions are maintained.
- All housekeeping staff was in-serviced on proper cleaning and maintaining a sanitary environment, and the importance of reporting any signs of mildew that they cannot remove.

Step 4 – Plan to ensure compliance

- Detail rounds will be made daily by the housekeeping supervisor and the administrative staff to ensure compliance.

Signature of Legal Entity Representative -



Printed Name and Title of Legal Entity Representative-

Mobyne Burns - Administrator
9/24/17

Date-

Violation Report: 14223 - 08/21/2017 - Kazimer, Lauren
 PCH Name: HAYES MANOR

1. REGULATION 55 Pa.Code §2600

2600.100(b) - The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

2a. DESCRIPTION OF VIOLATION

- The second floor fire escape, across from room #205, had a long metal lightening rod and cable wire obstructing the landing.
- The third floor fire escape, across from room #305, had a long metal lightening rod obstructing the landing.

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.

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

9/24/17

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9/25/17
 (Date)

Plan of correction implementation status as of

9/26/17
 (Date)

The above plan of correction was approved by

[Signature]
 (Initials)

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

Plan of Correction for 2600.100(b)

Step 1 – Reviewed

Step 2 – Reviewed

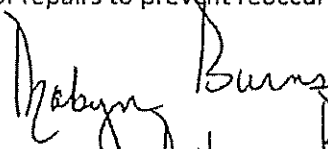
Step 3 – Fix the immediate problem

- The lightening rod was immediately removed from the landing.
- We believed it was removed and not put back up after a recent roof repair.
- Attached is a photograph of the landings.

Step 4 – Plan to ensure compliance

- The director of maintenance will monitor the landings upon making rounds, and check for rods periodically and after any future roof repairs to prevent reoccurrences.

Signature of Legal Entity Representative -



Printed Name and Title of Legal Entity Representative-

Hobyng Burns - Administrator

Date-

9/24/17

Violation Report: 14223 - 08/21/2017 - Kazimer, Lauren
 PCH Name: HAYES MANOR

1. REGULATION 55 Pa.Code §2600
 2600.101(j)(2) - Each resident shall have the following in the bedroom: A chair for each resident that meets the resident's needs.

2a. DESCRIPTION OF VIOLATION
 Room #219, shared by two residents, only had one chair.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Robyn Burns - Administrator</i>	Date <i>9/24/17</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

Plan of Correction for 2600.101(j)(2)

Step 1 – Reviewed

Step 2 – Reviewed


Step 3 – Fix the immediate problem

- Another chair was placed in room # 219 so that there are now two chairs in the room to accommodate both residents.
- The housekeeping staff will report any changes in resident furnishings.
- The only other shared room in the building was also checked to make sure that two chairs were there as well.
- A picture of both chairs is included

Step 4 – Plan to ensure compliance

- Upon making rounds, the admissions director and administrator will monitor all rooms and resident's accommodations.

Signature of Legal Entity Representative -



Mobyne Burns

Printed Name and Title of Legal Entity Representative-

Mobyne Burns

Date-

9/24/17

Violation Report: 14223 - 08/21/2017 - Kazlmer, Lauren
 PCH Name: HAYES MANOR

1. REGULATION 55 Pa.Code §2600
 2600.102(e) - Privacy shall be provided for toilets, showers and bathtubs by partitions or doors.

2a. DESCRIPTION OF VIOLATION
 The shared shower in room #219's bathroom did not have a shower curtain for privacy.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Rebbyn Burns - Administrator</i>	Date <i>9/24/17</i>
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Hayes Manor- Violation Report Page 5 Of 13

Plan of Correction for 2600.102(e)

Step 1 – Reviewed

Step 2 – Reviewed

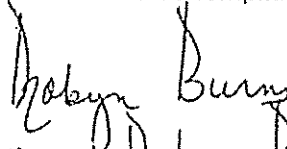
Step 3 – Fix the immediate problem

- The missing shower curtain was immediately replaced.
- All shower stalls were checked for shower curtains
- The housekeeping staff will monitor all showers for curtains daily when cleaning.
- The housekeeping supervisor will make rounds to ensure compliance.
- A picture of the shower curtain in room #219 is included.

Step 4 – Plan to ensure compliance

- The housekeeping supervisor will make rounds to ensure compliance.

Signature of Legal Entity Representative -



Printed Name and Title of Legal Entity Representative-

Mobyne Burns - Administrator

Date-

9/24/17

Violation Report: 14223 - 08/21/2017 - Kazimer, Lauren
 PCH Name: HAYES MANOR

1. REGULATION 55 Pa.Code §2600
 2600.102(h) - Toilet paper shall be provided for every toilet.

2a. DESCRIPTION OF VIOLATION
 There was no toilet paper in the bathroom of room #219.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Robyn Burns - Administrator</i>	Date <i>9/24/17</i>
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 (Date)

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

Plan of correction implementation status as of *9/24/17*
 (Date)

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

Hayes Manor- Violation Report Page 6 Of 13

Plan of Correction for 2600.102(h)

Step 1 – Reviewed

Step 2 – Reviewed

Step 3 – Fix the immediate problem

- Toilet paper was immediately replaced in the bathroom of room #219.
- All bathrooms were checked for toilet paper.
- The housekeeping staff will monitor all bathrooms for toilet daily when cleaning and replace or leave additional when needed.

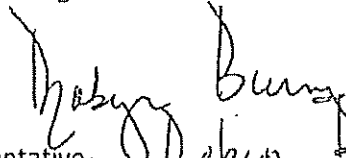
Step 4 – Plan to ensure compliance

- The housekeeping supervisor will make rounds to ensure compliance, the evening and night security staff will monitor also when making rounds.

Signature of Legal Entity Representative -

Printed Name and Title of Legal Entity Representative-

Date-


Robyn Burns
9/24/17

Violation Report: 14223 - 08/21/2017 - Kazimer, Lauren
 PCH Name: HAYES MANOR

1. REGULATION 55 Pa.Code §2600

2600.102(i) - A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

2a. DESCRIPTION OF VIOLATION

There was an unlabeled bar of soap located at the sink of shared room #219.

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.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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) <i>Robyn Burns - Administrator</i>	Date <i>9/24/17</i>
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 (Date)

Plan of correction implementation status as of *9/26/17*
 (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 7 of 13

Plan of Correction for 2600.102(i)

Step 1 – Reviewed

Step 2 – Reviewed

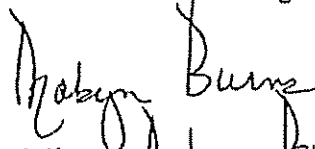
Step 3 – Fix the immediate problem

- Both sides of the sink have been labeled for each resident's personal belongings.
- All shared bathrooms have been checked. And labeling was completed for all residents.
- The housekeeping staff will monitor daily to make sure that the labels are present always for all shared baths.
- Pictures are included.

Step 4 – Plan to ensure compliance

- The housekeeping supervisor and administrative staff will make rounds to ensure compliance, the evening and night security staff will monitor also when making rounds.

Signature of Legal Entity Representative -



Printed Name and Title of Legal Entity Representative-

Mobygn Burns - Administrator

Date-

9/24/17

Violation Report: 14223 - 08/21/2017 - Kazimer, Lauren
 PCH Name: HAYES 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

- There was no thermometer in the freezer chest in the home's basement.
- The walk-in refrigerator in the basement had a thermometer that read 50 degrees Fahrenheit.
- The white freezer in the basement had a thermometer that read 20 degree 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.

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

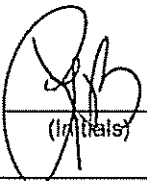
Robyn Burns

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Robyn Burns - Administrator</i>	<i>9/24/17</i>

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

The above plan of correction is approved as of 9/26/17
 (Date)

Plan of correction implementation status as of 9/26/17
 (Date)

The above plan of correction was approved by 
 (Initials)

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

Hayes Manor- Violation Report Page 8 Of 13

Plan of Correction for 2600.103(f)

Step 1 – Reviewed

Step 2 – Reviewed

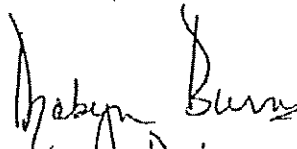
Step 3 – Fix the immediate problem

- Replace all defective thermometers with new ones.
- Attach all thermometers with zip ties so that they remain an attached fixture to the freezer chest after several were located at the bottom of the freezer.
- The Director of Dietary and her staff are to monitor the temperatures daily for accuracy. All have been re-educated on the proper temperatures for refrigeration and freezer food safety.
- Pictures are included.

Step 4 – Plan to ensure compliance

- The administrator or administrative staff on duty will monitor on rounds to ensure food storage safety.

Signature of Legal Entity Representative -



Printed Name and Title of Legal Entity Representative

Dobygn Burns - Administrator

Date-

9/24/17

Violation Report: 14223 - 08/21/2017 - Kazimer, Lauren
 PCH Name: HAYES MANOR

1. REGULATION 55 Pa.Code §2600
 2600.123(c) - For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

2a. DESCRIPTION OF VIOLATION
 The home did not have an emergency evacuation diagram on the third 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.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Debra Burns - Administrator* Date *9/24/17*

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

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The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Hayes Manor- Violation Report Page 9 Of 13

Plan of Correction for 2600.123(c)

Step 1 – Reviewed

Step 2 – Reviewed

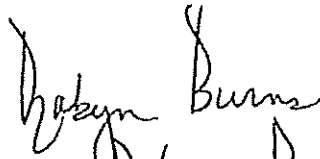
Step 3 – Fix the immediate problem

- The emergency evacuation diagram from the third floor was located and rehung in its proper space. It was removed during the painting of the third floor and not put back up.
- The administrator and Dir. of Maintenance checked the entire building to make sure that all emergency signs were hung and in place.
- The safety committee have also been informed to monitor for emergency signage after each fire drill.
- Pictures are included.

Step 4 – Plan to ensure compliance

- The administrator or administrative staff on duty will monitor for all emergency diagrams on rounds to ensure emergency safety.

Signature of Legal Entity Representative -



Printed Name and Title of Legal Entity Representative-

Dobyyn Burns

Date-

9/24/17

Violation Report: 14223 - 08/21/2017 - Kazimer, Lauren
 PCH Name: HAYES MANOR

1. REGULATION 55 Pa.Code §2600
 2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION
 The home's most current fire safety inspection was conducted on 10/19/16. The previous fire safety inspection was conducted on 2/9/15.

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.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Robyn Burns - Administrator Date 9/24/17

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

The above plan of correction is approved as of 9/26/17
 (Date)

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

Plan of correction implementation status as of 9/26/17
 (Date)

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

10A

Hayes Manor- Violation Report Page 10 Of 13

Plan of Correction for 2600.132(b)

Step 1 – Reviewed

Step 2 – Reviewed

Step 3 – Fix the immediate problem

- The fire safety expert was due for his annual safety evaluation in February and did not return until October. During the investigation of this matter, it was discovered that there was a miscommunication between the Dir. of Maintenance - [redacted] and [redacted] due to some information that [redacted] received during training with DHS through Northampton. It was stated that if your evacuation drill remained between 2 – 2 1/2 minutes a safety expert was not needed. So [redacted] did not schedule the annual evaluation. After further investigation, he found out differently based on the size of the building and timing of the drills and asked [redacted] to return.
- This situation has been thoroughly discussed with the fire safety expert and he has been scheduled to return before Oct 19th this year.
- The annual fire safety inspection will remain in October yearly, to be scheduled by the maintenance department.

Step 4 – Plan to ensure compliance

- The administrator will monitor to ensure the fire expert is out annually and according to regulation.

Signature of Legal Entity Representative -

Robyn Burns

Printed Name and Title of Legal Entity Representative-

Robyn Burns - Administrator

Date-

9/26/17

Violation Report: 14223 - 08/21/2017 - Kazimer, Lauren
 PCH Name: HAYES 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 3/8/17, does not include the resident's medication regimen.

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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Signature of Legal Entity Representative
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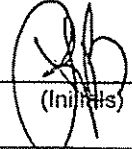
Moham Burns

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Moham Burns - Administrator	9/24/17

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The above plan of correction is approved as of 9/23/17
 (Date)

Plan of correction implementation status as of 9/24/17
 (Date)

The above plan of correction was approved by 
 (Initials)

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

Hayes Manor- Violation Report Page 11 Of 13

Plan of Correction for 2600.141(a)(2)

Step 1 – Reviewed

Step 2 – Reviewed

Step 3 – Fix the immediate problem

- The medication regimen that was sent as an attachment from the VA became separated from the medical evaluation.
- The medication regimen was stapled to the medical evaluation.
- All resident charts were checked to make sure all attachments were inclusive of evaluations.

Step 4 – Plan to ensure compliance

- The Dir. of Nursing will attach all medication regimens to their evaluation upon admission, and check to ensure its there during the completion of monthly recaps.

Signature of Legal Entity Representative -



Printed Name and Title of Legal Entity Representative-

Robyn Burns - Administrator

Date-

9/24/17

Violation Report: 14223 - 08/21/2017 - Kazimer, Lauren
 PCH Name: HAYES 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 #2's Senna Plus 8.6mg-50mg and Diabetic Tussin Ex were not available for administration on 8/21/17.

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.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Hobyn Burds - Administrator Date 9/26/17

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Hayes Manor- Violation Report Page 12 Of 13

Plan of Correction for 2600.185(a)

Step 1 – Reviewed

Step 2 – Reviewed

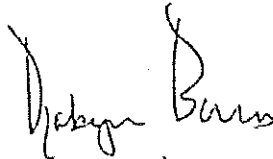
Step 3 – Fix the immediate problem

- The Senna Plus 8.6 was available on 8/21/17 but over looked by the nurse at the time of inspection. The Diabetic Tussin Ex was not available.
- The Senna Plus was re-ordered and when the new cartridge was received, it was observed that we did have it. A picture of both old and new cartridges is included. The Diabetic Tussin Ex was discontinued on August 23, 2017 due to non- use.
- All PRN medications will be monitored and ordered from pharmacy by the nursing staff to ensure they are available if needed.
- All PRN medications that are not used in 30 days will be discontinued and re-ordered if and when necessary by the nursing staff.

Step 4 – Plan to ensure compliance

- The Dir. of Nursing will check all PRN cartridges weekly and order or discontinue as needed to ensure compliance.

Signature of Legal Entity Representative -



Printed Name and Title of Legal Entity Representative-

Mobygn Burns, Administrator
9/26/17

Date-

Violation Report: 14223 - 08/21/2017 - Kazimer, Lauren
 PCH Name: HAYES MANOR

1. REGULATION 55 Pa.Code §2600

2600.227(h) - If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

2a. DESCRIPTION OF VIOLATION

The home did not make a notation regarding resident #1's inability or refusal to sign their RASP, dated 4/4/17.

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.

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>9/24/17</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 9/25/17
 (Date)

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

Plan of correction implementation status as of 9/24/17
 (Date)

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

Hayes Manor- Violation Report Page 13 Of 13

Plan of Correction for 2600.227(h)

Step 1 – Reviewed

Step 2 – Reviewed

Step 3 – Fix the immediate problem

- The resident can sign the RASP. The RASP not being signed was a total oversight from the nursing department. When the RASP was completed the resident was out on multiple appointments with the VAMC that usually lasted most of the day. He was admitted to the hospital on [REDACTED]. From the hospital, he went to [REDACTED] and has not returned to Hayes Manor yet.
- Upon his return, he will be re-assessed and the RASP will be updated.
- His RASP will be reviewed with him and signed by all parties involved.
- All of the residents RASP has been checked for signatures by the Dir. of Nursing.

Step 4 – Plan to ensure compliance

- The Dir. of Nursing will check all RASP monthly will doing recaps to ensure compliance.

Signature of Legal Entity Representative -

Robyn Burns

Printed Name and Title of Legal Entity Representative-

Robyn Burns Administrator

Date-

9/24/17