



pennsylvania
DEPARTMENT OF HUMAN SERVICES

AUG 24 2018

Ms. Kawana Blake-Williams
President/Administrator
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's Bureau of Human Services Licensing annual inspection on September 22, 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,

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 10968 - 09/22/2017 - Braswell, Natasha
 PCH Name: KAYSIM COURT MANOR

1. REGULATION 65 Pa.Code §2600
 2600.61 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION

The following employees did not have the criminal background check completed prior to employment:

- Staff person A date of hire 9-19-17; criminal background requested on 9-22-17.
- Staff person B date of hire 4-1-16; criminal background requested on 6-13-16.
- Staff person C date of hire 7-31-17; criminal background requested on 8-4-17.

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.

A staff check list has been incorporated into the paperwork for staff hiring. The check list must be completed before work starts and as subjects are completed.

See attachment

All new staff will have a completed Criminal Background check prior to the first day of hire. The administrator will review all new hire staff required documentation prior to the first day of work to ensure the criminal background checks have been completed.

SN 8/24/18

The administrator or designee will conduct an audit of all staff files within the next 30 days to ensure all current staff have a completed Criminal Background check, starting within 10 days of receipt of this POC. SN 8/24/18

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>KAWANA BLAKE</u>	Date <u>7-30-18</u>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>8/24/18</u> (Date)	Plan of correction Implementation status as of <u>8/24/18</u> (Date)
The above plan of correction was approved by <u>SN</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

Violation Report: 10986 - 09/22/2017 - Braswell, Natasha
 PCH Name: KAYSIM COURT MANOR

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

The Ibuprofen 800 mg for resident #1 was not available in the home on 09-22-17 at 1:00 pm.

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 ensure meds are ordered when the resident gets down to 5 pills (prn). The administrator or designee will audit all resident medication to ensure all prescribed medications are available for administration, immediately. @ 8/24/18

The administrator or designee will conduct a med audit monthly to ensure all prescribed medications are available for administration, starting immediately. @ 8/24/18

All staff who administer medications will receive additional training on the re-order process, immediately by the administrator or designee. @ 8/24/18.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>KAWANA BLAKE</i>	Date <i>7-30-18</i>
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The above plan of correction is approved as of 8/24/18
 (Date)

Plan of correction implementation status as of 8/24/18
 (Date)

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

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