



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
July 2, 2018

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's Bureau of Human Services Licensing inspection on January 31, 2018 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,

Shawn Parker
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 14223 - 01/31/2018 - 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 01-01-18, an allegation of abuse against resident # 1 was reported to staff person A. The home did not report the allegation to the local area agency or the State Department on Aging.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Mobyen Burns - Administrator* Date *6-1-18*

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

The above plan of correction is approved as of <u>07-02-18</u> (Date) The above plan of correction was approved by <u>SP</u> (Initials)	Plan of correction implementation status as of <u>07-02-18</u> (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
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Hayes Manor- Violation Report Page 2 Of 5

Plan of Correction for 2600.15(a)

Step 1 – Reviewed

Step 2 – Reviewed

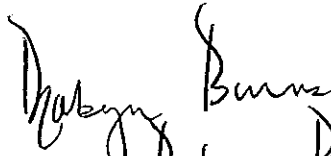
Step 3 – Fix the immediate problem

- Staff person A has been in-serviced on the proper procedure to report any and all allegations to the local area agency and to the State Department on Aging.
- All department heads have received an in-service on the procedure for reporting allegations of abuse to the proper authorities.
- The Dir. of Nursing is assigned to complete the incident reports to both agencies in the absence of the administrator. A second designated person will be assigned as a backup.

Step 4 – Plan to ensure compliance

- The administrator will periodically review the reporting procedure and reportable incidents with the staff to ensure compliance.

Signature of Legal Entity Representative -



Printed Name and Title of Legal Entity Representative-

Robyn Burns - Administrator

Date-

6/1/10

Violation Report: 14223 - 01/31/2018 - Parker, Shawn
 PCH Name: HAYES MANOR

1. REGULATION 55 Pa.Code §2600

2600.15(b) - If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

2a. DESCRIPTION OF VIOLATION

On 01-01-18, an allegation of abuse was made against staff person B regarding resident # 1. The home did not implement a plan of supervision or suspend the staff person.

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)

Mobyen Burns

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Mobyen Burns - Administrator

Date *6/1/18*

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The above plan of correction is approved as of 07-02-18
 (Date)

Plan of correction implementation status as of 07-02-18
 (Date)

The above plan of correction was approved by SP
 (Initials)

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

Hayes Manor- Violation Report Page 3 Of 5

Plan of Correction for 2600.15(b)

Step 1 – Reviewed

Step 2 – Reviewed

Step 3 – Fix the immediate problem

- The administrator upon her return suspended staff person B and initiated a full investigation of the allegation.
- Depending on the outcome of the investigation, it may be necessary to provide additional training or termination of the employee, and to file a police report.
- At the completion of the investigation in which resident # 1 admitted to transferring herself, staff person B was removed from caring for resident #1 in any compacity.
- Staff person B was monitored and supervised by the charge nurse and Dir. of Nursing. All the residents assigned to her care was monitored every shift she worked by the charge nurse on duty.

Step 4 – Plan to ensure compliance

- Moving forward the supervised plan will be submitted to the department for approval prior to the return of the staff person in question.

Signature of Legal Entity Representative -

Thibyn Burns

Printed Name and Title of Legal Entity Representative-

Thibyn Burns - Administrator

Date-

6/1/18

Violation Report: 14223 - 01/31/2018 - Parker, Shawn
 PCH Name: HAYES MANOR

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 01-01-18 an allegation of abuse was made against Staff member B against resident # 1. The home did not submit an incident report to the department until 01-08-17.

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)		
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Signature of Legal Entity Representative
 (Required on EVERY Page)

Thobyn Burns

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Thobyn Burns Administrator Date *6/1/18*

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The above plan of correction is approved as of 07-02-18
 (Date)

Plan of correction implementation status as of 07-07-18
 (Date)

The above plan of correction was approved by SP
 (Initials)

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

Hayes Manor- Violation Report Page 4 Of 5

Plan of Correction for 2600.16(c)

Step 1 – Reviewed

Step 2 – Reviewed

Step 3 – Fix the immediate problem

- All staff members have been in-serviced on the proper procedure and time frames of reporting incidents to the department and OAPSA.
- They have been instructed to provide a verbal report by phone, as well as a written report to both agencies with 24 hours.
- The administrator or designated person completing the report must review the entire process to make sure everything has been completed correctly.

Step 4 – Plan to ensure compliance

- The administrator will review all reportable incidents within 24 hours. In her absence the review will be completed by the Dir. of Nursing of department head on duty.

Signature of Legal Entity Representative -



Printed Name and Title of Legal Entity Representative-

Dobyen Burns - Administrator

Date-

6/1/18

Violation Report: 14223 - 01/31/2018 - Parker, Shawn
 PCH Name: HAYES MANOR

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

The home has not completed an initial assessment for resident # 1, admitted 08-29-17

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)

Mobygn Burns

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Mobygn Burns - Administrator

Date

6/1/18

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07-02-18
 (Date)

Plan of correction implementation status as of

07-02-18
 (Date)

The above plan of correction was approved by

SP
 (Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Hayes Manor- Violation Report Page 5 Of 5

Plan of Correction for 2600.225(a)

Step 1 – Reviewed

Step 2 – Reviewed

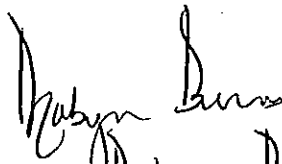
Step 3 – Fix the immediate problem

- An assessment was completed on resident #1 by February 7, 2018, please see attached.
- All new admission assessments have been checked by the Dir. of Nursing to ensure completion. This was completed by February 9, 2018.
- The administrator, Dir. of Nursing or human services will complete the initial assessment within 15 days of admission.
- All admission packet will be monitored by the admission department and nursing department as a two-part check system prior to giving the file to the administrator on or before the 12th day that it is due.

Step 4 – Plan to ensure compliance

- The admission assessment will be reviewed by the administrator or designated staff member on the 15th day to ensure compliance.

Signature of Legal Entity Representative -



Printed Name and Title of Legal Entity Representative-

Madyn Burns - Administrator

Date-

6/1/18