pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
July 5, 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 May 21, 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,

Kenneth L. Wilson
Human Services Licensing Supervisor

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

I-2
03/26/2010
City of Philadelphia, L&I

Staffing Hours

Resident Support: 0	Total Daily Staff: 67	Waking Staff: 50
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced

Reason(s) for Inspection(s)

Complaint

On-Site Inspections Dates and Department Representatives On-Site

05/21/2018: Gray, Dean; Thomas, Tahesia

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: 45

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: 0

Number of Hospice Residents in past year: 1

Number of Residents who:

- Receive Supplemental Security Income: 3
- Are 60 Years of Age or Older: 43
- Have Mental Illness: 9
- Have an Intellectual Disability: 0
- Have a Mobility Need: 22
- Have a Physical Disability: 3

K.W. 6/27/18

Violation Report: 14223 - 05/21/2018 - Gray, Dean
PCH Name: HAYES MANOR

1. REGULATION 55 Pa.Code §2600
2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION
On 05/21/18 the home's current license was not posted in a conspicuous and public place in the home.

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 6/20/18

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

The above plan of correction is approved as of 6/27/18 (Date)

The above plan of correction was approved by K.W. (Initials)

Plan of correction implementation status as of 6/27/18 (Date)

- [ ] Fully Implemented
- [x] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

Hayes Manor- Violation Report Page 2 Of 13

Plan of Correction for 2600.3(c)

Step 1 – Reviewed

Step 2 – Reviewed

Step 3 – Fix the immediate problem

- Upon inspection the licensing supervisor noted that the current license was not up. After the exit interview the director of maintenance removed the glass frame to discover that the current license was hung wrongly positioned behind the previous one. This was completed on 5/21/18.
- The administrator will monitor for the correct license weekly on Monday mornings upon entering the building. In her absence the director of maintenance will observed for placement.

Step 4 – Plan to ensure compliance

- Upon receiving a new one annually, the administrator will instruct the maintenance staff to hang the new one each time it is received.

Signature of Legal Entity Representative - Robyn Burns

Printed Name and Title of Legal Entity Representative- Robyn Burns. Administrator

Date- 6/24/18

K.W. 6/27/18

Violation Report: 14223 - 05/21/2018 - Gray, Dean
PCH Name: HAYES MANOR

1. REGULATION 55 Pa.Code §2600
2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION
On 05/21/18, personal information (dietary restrictions) were printed and taped to the tables in the dining hall.

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 6/20/18

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The above plan of correction is approved as of 6/27/18 (Date)

The above plan of correction was approved by K.W. (Initials)

Plan of correction implementation status as of 6/27/18 (Date)

- [ ] Fully Implemented
- [x] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

Hayes Manor- Violation Report Page 3 Of 13

Plan of Correction for 2600.42(s)

Step 1 – Reviewed

Step 2 – Reviewed

Step 3 – Fix the immediate problem

- As of 5/21/18 all resident personal information has been removed from the dining room tables.
- A new dietary procedure regarding resident information and privacy concerning their dietary and special needs, and or instructions was developed.
- A list of resident's diets and needs have been placed in a covered folder with all doctor orders and dietary requirements. This information is now posted on the bulletin board in the kitchen for dietary staff only.
- A new labeling system was developed for the dining room to prompt the staff to look at the information on the board to service the resident.
- The new labels are color coded and list only the resident's last name and first initial.
- All dietary staff has been in-serviced on the new protocol for meeting the resident's needs and on maintaining privacy and confidentiality.
- The staff have been instructed to discuss questions and concerns in the kitchen only, and to keep their voices at a low tone with speaking in the kitchen concerning resident needs.
-

Step 4 – Plan to ensure compliance

- The new system will be monitored by the director of dietary. Any changes will be maintained by the director of dietary and director of nursing. The administrator will be informed of all updates.

Signature of Legal Entity Representative - [signature]

Printed Name and Title of Legal Entity Representative- Robyn Burns - Administrator

Date- 6/20/18

K.W. 6/27/18

Violation Report: 14223 - 05/21/2018 - Gray, Dean
PCH Name: HAYES MANOR

1. REGULATION 55 Pa.Code §2600
2600.57(c) - Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.

2a. DESCRIPTION OF VIOLATION
- On 05/06/18, there were 45 residents in the home, including 22 residents with mobility needs, requiring a total minimum of 67 hours of direct care. On this date, only 56 hours of direct care staffing was provided.

- On 05/16/18, there were 45 residents in the home, including 22 residents with mobility needs, requiring a total minimum of 67 hours of direct care. On this date, only 53.5 hours of direct care staffing was provided.

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: Yes	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** 6/20/18

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Plan of correction implementation status as of 6/27/18 (Date)

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

Hayes Manor- Violation Report Page 4 Of 13

Plan of Correction for 2600.57(c)

Step 1 – Reviewed

Step 2 – Reviewed

Step 3 – Fix the immediate problem

- Yes, there has been a situation in hiring direct care staff. As a non-profit our challenge is competing with salaries of our neighbors which are the skilled facilities around us.
- With the board of director's approval, we have been able to increase the direct care staff salary to attract and secure additional help. This was effective pay period of June 7, 2018.
- The administrator and the director of nursing has taken on assignments to help the direct care staff with the residents both are nurse's.
- The daily staffing hours for direct care staff will be monitored by the director of nursing who completes the nursing staff schedules, and the director of human services who inputs the staffing schedules in for payroll.

Step 4 – Plan to ensure compliance

- Moving forward the director of nursing and the administrator will closely monitor the direct care staffing needs.

The monitoring will occur daily to ensure all shifts are adequately staffed. K.W. 6/27/18

These monitorings will be documented and maintained for department review.

Signature of Legal Entity Representative - [signature]

Printed Name and Title of Legal Entity Representative- Robyn Burns - Administrator

Date- 6/20/18 K.W. 6/27/18

Violation Report: 14223 - 05/21/2018 - Gray, Dean
PCH Name: HAYES MANOR

1. REGULATION 55 Pa.Code §2600
2600.57(d) - At least 75% of the personal care service hours specified in § 2600.57(b) and § 2600.57(c) shall be available during waking hours.

2a. DESCRIPTION OF VIOLATION
- On 05/06/18, a total of 67 hours of direct care was required. However, only 40 of the required hours, or 60 percent, were provided during waking hours.

- On 05/16/18, a total of 67 hours of direct care was required. However, only 37.5 of the required hours, or 56 percent, were provided during waking hours.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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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 6/20/18

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Plan of correction implementation status as of 6/27/18 (Date)

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- [x] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

Hayes Manor- Violation Report Page 5 Of 13

Plan of Correction for 2600.57(d)

Step 1 – Reviewed

Step 2 – Reviewed

Step 3 – Fix the immediate problem

- Hire more direct care staff. We have placed several ads, contacted the Earn Center, schools, and other employment agencies.
- We have hired additional staff -
- The daily staffing hours for direct care staff will be monitored by the director of nursing who completes the nursing staff schedules, and the director of human services who inputs the staffing schedules in for payroll.

Step 4 – Plan to ensure compliance

- Moving forward the director of nursing and the administrator will closely monitor the direct care staffing needs. This monitoring will occur daily to ensure that all shifts are adequately staffed. K.W. 6/27/18

Signature of Legal Entity Representative - Robyn Burns

Printed Name and Title of Legal Entity Representative - Robyn Burns - Administrator

Date- 6/20/18

K.W. 6/27/18

Violation Report: 14223 - 05/21/2018 - Gray, Dean
PCH Name: HAYES MANOR

1. REGULATION 55 Pa.Code §2600
2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION
Bin used for recycle trash was missing a lid on the right side of the dumpster.

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

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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 6/20/18

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Plan of correction implementation status as of 6/27/18 (Date)

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- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

Hayes Manor- Violation Report Page 6 Of 13

Plan of Correction for 2600.85(e)

Step 1 – Reviewed

Step 2 – Reviewed

Step 3 – Fix the immediate problem

- The company was contacted to replace the recycle receptible. This was completed on the next business day of May 22, 2018.
- The director of maintenance will monitor the dumpster daily to ensure that the lid is in place.
- In his absence monitoring will be completed by the maintenance assistant in the mornings, and by security who makes rounds at night.

Step 4 – Plan to ensure compliance

- The dumpsters will be monitored twice daily to ensure compliance..

The administrator will train all staff on acceptable trash policies and procedures. K.W. 6/27/18

Signature of Legal Entity Representative - [signature]

Printed Name and Title of Legal Entity Representative- Robyn Burns - Administrator

Date- 6/20/18

K.W. 6/27/18

Violation Report: 14223 - 05/21/2018 - Gray, Dean
PCH Name: HAYES MANOR

1. REGULATION 55 Pa.Code §2600
2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
The walls in the first floor bathroom just off the sunroom are in disrepair and in need of patching and painting.

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 6/20/18

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Plan of correction implementation status as of 6/27/18 (Date)

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- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

Hayes Manor- Violation Report Page 7 Of 13

Plan of Correction for 2600.88(a)

Step 1 – Reviewed

Step 2 – Reviewed

Step 3 – Fix the immediate problem

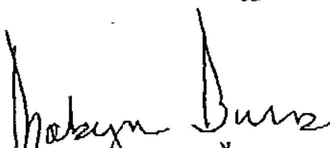
- The 1st floor bathroom walls have been repaired by filling in the cracks with spackle. The area in question was then sanded and the room was painted.
- All bathroom walls, rooms, and corridors were checked by the director of maintenance and the administrator on walking rounds, this was completed by May 28, 2018.
- A list of repairs was given to the maintenance department. All repairs were completed by June 8, 2018.

Step 4 – Plan to ensure compliance

- The director of maintenance, the administrator, or designated staff member will observe for the conditions of the walls, ceiling, floors, or any hazards on their daily rounds.

these observations will be documented and maintained on file for department review. K.W. 6/27/18

Signature of Legal Entity Representative -



Printed Name and Title of Legal Entity Representative- Robyn Burns – Administrator

Date- 6/20/18

K.W. 6/27/18

Violation Report: 14223 - 05/21/2018 - Gray, Dean
PCH Name: HAYES MANOR

1. REGULATION 55 Pa.Code §2600

2600.90(b) - For a home serving nine or more residents, there shall be a system or method of communication that enables staff persons to immediately contact other staff persons in the home for assistance in an emergency.

2a. DESCRIPTION OF VIOLATION

The home does not have a system that allows staff in different parts of the home to communicate with each other in an emergency. On 05/21/18, the home served 45 residents.

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 6/20/18

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

The above plan of correction is approved as of 6/27/18 (Date)

The above plan of correction was approved by K.W. (Initials)

Plan of correction implementation status as of 6/27/18 (Date)

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

Hayes Manor- Violation Report Page 8 Of 13

Plan of Correction for 2600.90(b)

Step 1 – Reviewed

Step 2 – Reviewed

Step 3 – Fix the immediate problem

- During the visit the inspector ask a staff member how they communicated with others and she stated she used her cell phone.
- Hayes Manor has a 2-way walkie-talkie system with 6 communicators, a home cell phone, and an overhead intercom and paging system.
- A memo to the staff was posted on May 23, 2018.
- We reviewed and updated our communication policy on May 29, 2018.
- In-serviced all staff members on the policy this was completed by June 1, 2018.

Step 4 – Plan to ensure compliance

- The receptionist and security officers will monitor the walkie-talkies daily. The nursing department will monitor communications with the staff.

Signature of Legal Entity Representative - Robyn Burns

Printed Name and Title of Legal Entity Representative- Robyn Burns - Administrator

Date- 6/20/18

K.W. 6/27/18

Violation Report: 14223 - 05/21/2018 - Gray, Dean
PCH Name: HAYES MANOR

1. REGULATION 55 Pa.Code §2600
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
Resident #1's last medical evaluation was completed on 05/16/18. The resident's previous evaluation was 04/10/17.

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: 6/20/18

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

The above plan of correction is approved as of 6/27/18 (Date)

The above plan of correction was approved by K.W. (Initials)

Plan of correction implementation status as of 6/27/18 (Date)

- [ ] Fully Implemented
- [x] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

Hayes Manor- Violation Report Page 9 Of 13

Plan of Correction for 2600.141(b) (1)

Step 1 – Reviewed

Step 2 – Reviewed

Step 3 – Fix the immediate problem –

- The resident was admitted to the hospital on March 14, 2018 and returned to Hayes Manor on April 12, 2018.
- The DME was requested from the doctor by the nursing department on March 1, 2018. Hayes Manor has a calendar to request all DME's 45 -60 days prior to its due date to safe guard against lateness's.
- We were unable to obtain the DME from the MD until May 16, 2018.
- An audit of all resident evaluations was completed by the director or nursing by June 1, 2018. A monthly review and calendar is still maintained by the director of nursing.
- Attached is a copy of the resident's medical evaluations.

Step 4 – Plan to ensure compliance

- The director of nursing will monitor the due dates for all DME's twice monthly and follow-up with all PCP's to ensure compliance.

Signature of Legal Entity Representative - [signature]

Printed Name and Title of Legal Entity Representative - Robyn Burns, Administrator

Date- 6/20/18

KW 6/27/18

Violation Report: 14223 - 05/21/2018 - Gray, Dean
PCH Name: HAYES MANOR

1. REGULATION 55 Pa.Code §2600
2600.161(d) - A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION
The home's kitchen staff do not have a system in place to identify residents' special dietary needs as prescribed by a medical professional when preparing meals.

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 6/20/18

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

The above plan of correction is approved as of 6/27/18 (Date)

The above plan of correction was approved by K.W. (Initials)

Plan of correction implementation status as of 6/27/18 (Date)

- [ ] Fully Implemented
- [x] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

Hayes Manor- Violation Report Page 10 Of 13

Plan of Correction for 2600.161(d)

Step 1 – Reviewed

Step 2 – Reviewed

Step 3 – Fix the immediate problem

- The old system that posted the resident's dietary needs, or special request was removed from the dining room on 5/21/18.
- A new system is now in place. A list of all doctor's orders and special dietary requirements was developed and posted in the kitchen for the dietary staff.
- This system is in a covered folder for the resident's privacy but is easily accessible to the staff.
- Any changes from the doctor or dieticians will be forward to dietary from the nursing department.
- A requisition will be given to the director of dietary for the nursing department.
- The dietary staff will be informed of any diet changes, and the list will be update by the front office.

Step 4 – Plan to ensure compliance

- The director of dietary will review the posting weekly, or when there is a dietary change.

Signature of Legal Entity Representative - Debyn Burns

Printed Name and Title of Legal Entity Representative- Debyn Burns - Administrator

Date- 6/20/18 K.W. 6/27/18

Violation Report: 14223 - 05/21/2018 - Gray, Dean
PCH Name: HAYES MANOR

1. REGULATION 55 Pa.Code §2600
2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION
There is no preadmission screening form for resident #2, admitted 11/17/17.

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) [signature]

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Robyn Burns - Administrator

Date 6/20/18

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

The above plan of correction is approved as of 6/27/18 (Date)

The above plan of correction was approved by K.W. (Initials)

Plan of correction implementation status as of 6/27/18 (Date)

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

Hayes Manor- Violation Report Page 11 Of 13

Plan of Correction for 2600.224(a)

Step 1 – Reviewed

Step 2 – Reviewed

Step 3 – Fix the immediate problem –

- The resident's pre-admission screen was completed on 5/22/18.
- Attached is a copy of the resident's pre-admission screen.
- This task of pre-admission screens was previously completed by the admission's director and will now be done by the director of nursing upon potential resident's assessment for admission.
- All new admissions charts have been checked by the director for nursing for completion. This task was completed by June 4, 2018.

Step 4 – Plan to ensure compliance

- The director of nursing will now complete all pre-admission screens, in her absence this will be done by the administrator to ensure compliance.

Signature of Legal Entity Representative - Robyn Burns

Printed Name and Title of Legal Entity Representative- Robyn Burns - Administrator

Date- 6/20/18 K.W. 6/21/18

Violation Report: 14223 - 05/21/2018 - Gray, Dean
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 #2, admitted 11/17/17.
- The home has not completed an initial assessment for resident #3, admitted 02/05/18.

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): [signature]

Printed Name and Title of Legal Entity Representative (Required on EVERY Page): Nolayn Burns - Administrator — Date 6/20/18

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

The above plan of correction is approved as of 6/27/18 (Date)

The above plan of correction was approved by K.W. (Initials)

Plan of correction implementation status as of 6/27/18 (Date)

- [ ] Fully Implemented
- [x] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

Hayes Manor- Violation Report Page 12 Of 13

Plan of Correction for 2600.225(a)

Step 1 – Reviewed

Step 2 – Reviewed

Step 3 – Fix the immediate problem –

- The resident #2 and resident #3 assessments were completed by 5/30/18.
- Attached is a copy of their assessments.
- All resident charts have been audited and checked for completed assessments, this task was completed by June 19, 2018.
- Moving forward all new admissions charts will be reviewed by the twelfth day of admission by the nursing staff.

Step 4 – Plan to ensure compliance

- The director of nursing will now complete all pre-admission screens, In her absence this will be done by the administrator to ensure compliance.

Signature of Legal Entity Representative - Robyn Burns

Printed Name and Title of Legal Entity Representative- Robyn Burns – Administrator

Date- 6/20/18 K.W. 6/27/18

Violation Report: 14223 - 05/21/2018 - Gray, Dean
PCH Name: HAYES MANOR

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

(1) Annually.
(2) If the condition of the resident significantly changes prior to the annual assessment.
(3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

The most recent assessment for resident #1 was completed on 04/24/17.

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	6/20/18

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

The above plan of correction is approved as of 6/27/18 (Date)

The above plan of correction was approved by K.W (Initials)

Plan of correction implementation status as of 6/27/18 (Date)

- [ ] Fully Implemented
- [x] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

Hayes Manor- Violation Report Page 13 Of 13

Plan of Correction for 2600.225(c)

Step 1 – Reviewed

Step 2 – Reviewed

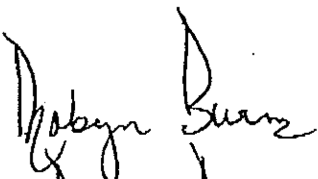
Step 3 – Fix the immediate problem –

- Resident #1 assessment was completed on June 4, 2018.
- Attached is a copy of their assessment.
- All resident charts have been audited and checked for completed assessments, this task was completed by June 19, 2018.
- A two-part check system has been developed by administration for the nursing staff to monitor for the completion all required documentation.
- This system includes a nursing monthly manual calendar and a reminder from the front office utilizing Office 365. Each resident will have 2 alerts;
  - The 1st will be 60 days before its due, at which time the front office will issue the nursing staff a memo to initiate the process.
  - The 2nd 45 days before due to remind nursing and to make sure it's being completed.

Step 4 – Plan to ensure compliance

- The director of nursing and administrator will monitor for completion of assessments to ensure compliance.

Signature of Legal Entity Representative -



Printed Name and Title of Legal Entity Representative- Robyn Burns - Administrator

Date- 6/20/18 K.W. 6/27/18