



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
December 11, 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 July 16, 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,

A handwritten signature in black ink, appearing to read "Ayus Adelanwa".

Ayus Adelanwa
Workload Manager BHSL HQ

Enclosure
Licensing Inspection Summary

Violation Report: 14223 - 07/18/2018 - Carrion, David
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 08/17/2018, there were 45 of residents in the home, including 15 residents with mobility needs requiring a total minimum of 60 of hours of direct care. On this date, only 56 hours of direct care staffing were 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

Administrator will continue to be proactive, reviewing schedule weekly to ensure adequate coverage to care for the well-being of residents with mobility needs.
M 12/11/18

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

8/10/18

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

The above plan of correction is approved as of

8/10/18
(Date)

Plan of correction implementation status as of

12/11/18
(Date)

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

The above plan of correction was approved by

RB
(Initials)

2A-615

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Plan of Correction for 2600.57(c)

Step 1 – Reviewed

Step 2 – Reviewed

Step 3 – Fix the immediate problem

- We had a call out for the weekend and could not find a replacement. As previously stated the administrator came in and worked with the direct care staff and was not added to the nursing schedule. She took an assignment and all the resident's needs were met.
- The staff is directed to contact the Dir. of Nursing when calling out. She makes the necessary calls or directs the charge nurse to call other staff for replacement. When all attempts fail either the Dir. of Nursing or Administrator work to replace the staff.
- Although we cannot control employees calling out, we are meeting our resident's needs.
- Our current census is 44, and mobility needs are 12, requiring a total of 56 direct care staff hours, we currently have 60 direct care staff hours.

Step 4 – Plan to ensure compliance

- We continue to search for additional staffing. Several employees have been hired and all staffing needs are now met. Please see nursing schedule.

Signature of Legal Entity Representative -

Printed Name and Title of Legal Entity Representative-

Date-

Debyn Burns
 Debyn Burns, - Administrator
 8/10/19

Violation Report: 14223 - 07/16/2018 - Carrion, David
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 08/17/18, a total of 46 hours of direct care was required. Only 40 of the required hours, or 86 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.)
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
Administrator to adopt proactive strategy, weekly review of hours schedule to ensure appropriate staffing in adherence to the regulation.
AA

Repeat Violation: No Date(s) of Previous Violation(s):

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Robin Burns - Administrator* Date *8/10/18*

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

The above plan of correction is approved as of 8/10/18 (Date)

The above plan of correction was approved by *M* (Initials)

Plan of correction implementation status as of 12/11/18 (Date)

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

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Hayes Manor- Violation Report Page 3 Of 5

Plan of Correction for 2600.57(d)

Step 1 – Reviewed

Step 2 – Reviewed

Step 3 – Fix the immediate problem

- A call out from the direct care staff occurred on the weekend of June 17, 2018. The administrator came in and worked with the direct care staff. She took an assignment and all the resident's needs were met.
- The direct care staffing hours continue to be monitored by the Dir. of Nursing, and Dir. of HR who assist with the nursing schedules. The administrator reviews them as well.

Step 4 – Plan to ensure compliance

- The director of nursing and administrator will continue to work with the direct care staff to ensure all resident needs are met.
- We continue to search for additional staffing. Several employees have been hired and all staffing needs are now met. Please see nursing schedule.

Signature of Legal Entity Representative -

Printed Name and Title of Legal Entity Representative-

Date-

Robyn Burns
 Robyn Burns - Administrator
 8/10/18

Violation Report: 14223 - 07/16/2018 - Carrion, David
PCH Name: HAYES MANOR

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

2a. DESCRIPTION OF VIOLATION

On 06/18/18, Resident #1's MAR was initiated for elevating resident's legs above heart when sitting @1pm. Resident #1 was taken to the hospital @11am that day and therapy was not applied on that day at that time.

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

Quarterly In-service on Medication Administration will be conducted and documented by the Administrator. AA 2/10/18.

Repeat Violation: No Date(s) of Previous Violation(s):

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Mabyn Burns - Administrator* Date *8/10/18*

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

The above plan of correction is approved as of *8/10/18* (Date)

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

Plan of correction implementation status as of *8/10/18* (Date)

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

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Plan of Correction for 2600.187(d)

Step 1 – Reviewed

Step 2 – Reviewed

Step 3 – Fix the immediate problem

- All charge nurses and med techs have been in-serviced on proper documentation on MAR's, and a general overview on medication distribution, observation, and proper med pass technique.
- The med tech who committed the error has been shadowed by the director of nurses for 1 week to ensure proper documentation, and unplanned observations during her med pass.
- Any med pass errors from anyone will be properly documented, and incident will be completed, the doctor will be notified, and the resident will be observed. Continual errors will be disciplined, and additional training will be provided. If problem isn't resolved the employee will be terminated.
- The In-service is enclosed.

Step 4 – Plan to ensure compliance

- All MAR documentation will be reviewed daily by the DON or administrator in her absence.

Signature of Legal Entity Representative -

Printed Name and Title of Legal Entity Representative-

Date-

Robyn Burns
 Robyn Burns - Administrator
 8/10/10

Violation Report: 14223 - 07/16/2018 - Carrion, David
PCH Name: HAYES MANOR

1. REGULATION 55 Pa.Code §2600

2600.226(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 initial assessment for resident #1, admitted 02/06/18, was completed on 06/04/18.

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

Administrator to embark on ongoing review of all resident's assessment form to ensure accuracy and adherence to the applicable reg. AA

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Hebryn Burns

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

Hebryn Burns - Administrator

Date *8/10/19*

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

The above plan of correction is approved as of

8/10/18
(Date)

Plan of correction implementation status as of

12/15/18
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)

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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 20, 2018, when reviewing the charts, it was discovered that the assessment was not dated, and the wrong date was put on the assessment in error. The date was the day that her chart was review and it was not caught by the team.
- All new admission assessments have been checked by the Admissions Director, Dir. of Nursing, and Administrator to ensure completion.
- A group effort of the Administrator, Dir. of Nursing, and Admissions Director will complete the initial assessment within 15 days of admission.
- All admission packet will be monitored by the admisson department and nursing department.

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-

Date-

Hobyn Burns
 Hobyn Burns - Administrator
 8/10/18