



March 2, 2020

Ms. Kawana Blake
President
Kaysim Housing Group, Inc.
5909-19 Wayne Avenue
Philadelphia, Pennsylvania 19144

RE: Kaysim Court Manor
License #: 109660

Dear Ms. Blake:

As a result of the Department's Bureau of Human Services Licensing annual inspection on June 12 and 13, 2019 and November 7, 2019 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) 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 "Kevin Hancock", written over a white background.

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: *KAYSIM COURT MANOR*
Address: *5909 19 WAYNE AVENUE, PHILADELPHIA, PA 19144*
County: *PHILADELPHIA*

License Number: *109660*

Region: *SOUTHEAST*

Administrator

Name: *KAWANA BLAKE* Phone: *2156515908* Email: *KCMPCH4@GMAIL.COM*

Legal Entity

Name: *KAYSIM HOUSING GROUP INC*
Address: *5909 19 WAYNE AVENUE, PHILADELPHIA, PA 19144*

Certificate(s) of Occupancy

Type: *1-2* Date: *09/07/2000* Issued By: *CITY OF PHILADELPHIA*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *76* Waking Staff: *57*

Inspection

Type: *Full* Reason: *Renewal* BHA Docket #: Notice: *Unannounced*

Inspection Dates and Department Representative

06/12/2019 - On-Site: Tahesia Thomas, SABRINA FREEMAN
06/13/2019 - On-Site: Tahesia Thomas, SABRINA FREEMAN

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *81* Residents Served: *66*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *51* Are 60 Years of Age or Older: *25*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *10* Have Physical Disability: *0*

06/12/2019

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3c - Post Current License

Regulations

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 06/12/19, the home did not have a current certificate of compliance posted in a conspicuous and public place in the home. The certification of compliance that was posted was dated from December 14, 2017 - December 14, 2018.

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.)

Its important to have our current license posted for all to see the status of our home
There was a lack bobservation that the current license wasnt's posted.
The license was posted in the office but not in the hallway.
Our current license was posted immediatly once bought to my attention
Check the display case often (as little as monthly) to ensure everything is posted proprtly.
The Administrator Assistantwill ensure it is displayed properly

Legal Entity Representative

Kawana E. Blake
Signature

Kawana Blake Administrator
Printed Name and Title

07/26/2019
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 2/28/20
(Date)

Plan of correction implementation status as of 2/28/20
(Date)

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

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

06/12/2019

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KAYSIM COURT MANOR

109660

16c - Written Incident Report

Regulations

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 § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

The home did not report the deaths of residents # 1 and # 2 to the Department.

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.)

This regulation is important to notify the department of a death of a resident. Reporting the death of resident #1 and #2 was not reported. Notification to the department of the death of a resident that didn't die in the home wasn't clear in the regulations. The managing staff has been trained to report to the department the death of all residents. Continued trainings to all future staff. The Assistant Administrator will ensure everyone is trained.

Legal Entity Representative

Kawana E. Blake
Signature

Kawana Blake Administrator
Printed Name and Title

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06/12/2019

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18 - Compliance With Laws

Regulations

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

Personal Care and Assisted Living Homes must post the required influenza information in a public place in the home year-round. According to the Influenza Awareness Act (HB 1785). On 06/12/19, the home did not have the Influenza poster posted in a conspicuous and public place in the home.

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.)

This regulation is important because posting influenza information in a public place for informational and awareness purposes. The posters weren't posted in a public area. The posters were not in a conspicuous place. The posters were posted in conspicuous places during the inspection. Check for the posters daily. Assistant Administrator will check daily daily

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Signature

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06/12/2019

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42s - Privacy

Regulations

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.

Description of Violation

On 06/12/19, the home has a camera recording in the dining room. No signs are posted indicating video monitoring.

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.)

This regulation is important because the notification of the home being monitored and recorded is to be posted by every camera. No cameras are in any bathing, dressing, changing areas. The notice of cameras were only posted as you walk into the building. Not by each camera. Not understanding the camera notice had to be by each camera. Not just as you enter. Notices of cameras were posted immediatly by each camera. Make sure the camera notices are continued to be posted by each camera. Assistant Administrator well ensure the postera are there.

Legal Entity Representative

Kawana E. Blake

Signature

Kawana Blake Administrator

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KAYSIM COURT MANOR

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51 - Criminal Background Check

Regulations

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff person A, hired 2/14/19, however, criminal background check was not requested until 2/19/19.
Staff person B, hired 3/9/19, however, criminal background check was not requested until 3/12/19.

Repeat Violation: 9/22/17

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.)

This regulation is important because when hiring staff it's necessary to know the status of their criminal background.
The criminal background wasn't done until after the new staff started.
The hiring staff member didn't have the criminal background until after the staff started.
A training was done to educate the hiring staff of all of the necessary documents needed to start working.
A training was done 6/23/2019
Moving forward, the Assistant Administrator will ensure this action is completed before new staff starts.

Legal Entity Representative

Kawana E. Blake
Signature

Kawana Blake Administrator
Printed Name and Title

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06/12/2019

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KAYSIM COURT MANOR

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64c - Annual Training

Regulations

2600.

64.c. An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.

Description of Violation


Staff person C, the home's administrator, did not complete the 24 hours of Department-approved training in the 2018 training year.

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.)

This regulation is important because these trainings are to let the staff know the proper way to assist our residents do their job duties
The hiring staff didn't have these trainings documented
The hiring staff didn't have the staff sign off on the training meetings that were instructed during the orientation.
The training staff has been trained on all of the documentation that's needed for our new staff.
The Assistant Administrator will oversee all paperwork as we get new employees.
The Assistant Administrator will oversee these procedurs will be followed as trained.

Legal Entity Representative


Signature

Kawana Blake Administrator
Printed Name and Title

07/26/2019
Date

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KAYSIM COURT MANOR

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64f - Record of Training

Regulations

2600.

64.f. A record of training including the individual trained, date, source, content, length of each course and copies of certificates received shall be kept.

Description of Violation

The home does not have a record of administrator training for staff person C for the 2018 training year.

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.)

This regulation is important because the administrator shall attend and have documentation of trainings throughout the year.

The Administrator did not have documentation of trainings for the year.

Due to not printing out of the certificate after the seminars.

Ensure all trainings are continued with the certificates.

Print out certificates after trainings

Administrator will be responsible for preventing future violations.

Legal Entity Representative

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Signature

Kawana Blake Administrator
Printed Name and Title

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KAYSIM COURT MANOR

109660

65d - Initial Direct Care Training

Regulations

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

1. Training that includes a demonstration of job duties, followed by supervised practice.
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.
3. Initial direct care staff person training to include the following:
 - i. Safe management techniques.
 - ii. ADLs and IADLs
 - iii. Personal hygiene.
 - iv. Care of residents with dementia, mental illness, cognitive impairments, an intellectual disability and other mental disabilities.
 - v. The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - vi. Implementation of the initial assessment, annual assessment and support plan.
 - vii. Nutrition, food handling and sanitation.
 - viii. Recreation, socialization, community resources, social services and activities in the community.
 - ix. Gerontology.
 - x. Staff person supervision, if applicable.
 - xi. Care and needs of residents with special emphasis on the residents being served in the home.
 - xii. Safety management and hazard prevention.
 - xiii. Universal precautions.
 - xiv. The requirements of this chapter.
 - xv. Infection control.
 - xvi. Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

Description of Violation

The home does not have the Department approved direct care certification on file for staff person B.

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.)

This regulation is important because the staff needs to have proper training to know how to service the residents. The regulation was violated by not having the documentation signed off after the training was completed. The training documentation wasn't signed off. The violation can be corrected right away by having the documentation signed off on. The hiring staff has been trained on 6/13/2019 on the proper paperwork needed before starting work. The Assistant Administrator will ensure this task is done.

06/12/2019

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65d - Initial Direct Care Training (continued)

Legal Entity Representative

Kawana E. Blake
Signature

Kawana Blake Administrator
Printed Name and Title

07/26/2019
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06/12/2019

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85d - Trash Receptacles

Regulations

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

There was an uncovered, unattended trash can in the Cottage.

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.)

This regulation is important because lids on trash receptacles to prevent insects and rodents of penetration. The trash can in the cottage didn't have a lid. The trash can lid was missing. A new trash can has been purchased with the lid connected to the trash can. Trained all staff on what to look for in the bathrooms. Assistant Administrator will ensure this violation will not happen again.

Legal Entity Representative

Kawana E. Blake

Signature

Kawana Blake Administrator

Printed Name and Title

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06/12/2019

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88a - Surfaces

Regulations

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

The tub in the third floor bathroom had dirty grout and caulking.

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.)

This regulation is important because every surface must be clean, in good repair and free of hazard.

The tub had grout and caulking in it.

Due to the tub being repaired, the caulk and grout wasn't cleaned out at that time.

The tub was cleaned 6/13/2019.

Retrain all staff to check the bathrooms for cleanliness

Assistant Administrator will ensure these tasks are done.

Legal Entity Representative

Kawana E. Blake

Signature

Kawana Blake Administrator

Printed Name and Title

07/26/2019

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06/12/2019

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KAYSIM COURT MANOR

109660

89b - Hot Water Temperature

Regulations

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

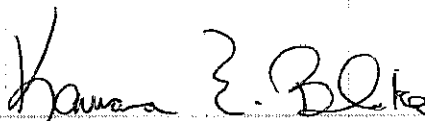
On 06/12/19, the hot water temperature in the first and second floor bathrooms measured 128.1 degrees Fahrenheit.

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.)

This regulation is important because its important the water temperature may not exceed 120 degrees fahrenheit The water temperature in the bathroom was 128 degrees Fahrenheit. The log for the water temperature didn't reflect 128 degrees. So it didn't pose a problem. Retrain the staff on the importance of the water temperature check and report them if and when they exceed 120 degreesHave shift supervisors check the temperatures and check the record sheets. Supervisors and Assistant Administrator.

Legal Entity Representative



Signature

Kawana Blake Administrator

Printed Name and Title

07/26/2019

Date

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The above plan of correction was approved by



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06/12/2019

13 of 23

KAYSIM COURT MANOR

92 - Windows

Regulations

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

Room #303 window was opened and did not have a screen. There was no screen in the second floor bathroom window.

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.)

This regulation is important because a screen should be in every window in good repair to prevent insects. The window in the bedroom 303 was and the bathroom on the second floor was missing. The lack of opening the window while cleaning/checking the bathroom and bedroom. Replace the screens in the areas where they are needed. Retrain all staff about this regulation. Staff supervisor will be held responsible for this.

Legal Entity Representative

Kawana E. Blake
Signature

Kawana Blake Administrator
Printed Name and Title

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06/12/2019

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100a - Exterior - Free of Hazards

Regulations

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

The home's smoking area, the courtyard patio steps are cracked and presents a tripping hazard.

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.)

This regulation is important to keep grounds and or yard in good repair and free from hazards. The regulation was violated because the step in the courtyard is cracked and presents as a tripping hazard. The crack in the step is the cause of the violation. The courtyard door where the step is, is locked and will stay locked until the step is repaired. There is another door with a ramp that the courtyard can be accessed. Within the next year we will have the step repaired. The Administrator will be held responsible for preventing future violations.

Legal Entity Representative

Kawana E. Blake

Signature

Kawana Blake Administrator

Printed Name and Title

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06/12/2019

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101j7 - Lighting/Operable Lamp

Regulations

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation


Room numbers 303, 201, and 1B did not have access to a source of light that can be turned on/off at bedside.

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.)

This regulation is important because each resident should have a source of light at the bedside in case of an emergency.
 This regulation was violated because 3 of our beds (303, 210, and 1B) didn't have a operational light source by the bedside.
 The bedside lamps didn't have working light bulbs in them.
 We replaced the light bulbs in the lamps.
 Retrain staff to check the condition of the lamps everytime they enter a room. 6/13/2019
 Supervisors are responsible to prevent future violations.

Legal Entity Representative


 Signature


Kawana Blake Administrator
 Printed Name and Title

07/26/2019
 Date

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06/12/2019

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KAYSIM COURT MANOR

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103i - Outdated Food

Regulations

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

The home had 2 cans with expiration dates of 12/2018 and 4 cans with expiration dates of 2/25/15 in their food storage area.

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.)

This regulation is important because when serving meals, we must make sure everything is prepared with unexpired food.

2 cans were found that expired

Staff not disposing expired cans

The cans were thrown out immediately.

Retrain staff to look at expiration dates of purchased food and donated foods. Discard anything outdated.

Supervisors will be responsible for preventing future violations.

Legal Entity Representative

Kawana E. Blake
Signature

Kawana Blake Administrator
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(Initials)

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06/12/2019

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KAYSIM COURT MANOR

109660

123c - Evacuation Diagrams

Regulations

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.

Description of Violation

The home currently serves 66 residents. However, there are no emergency evacuation diagrams posted on the second and third floors.

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.)

This regulation is important because each floor should have diagrams showing corridors, line of travel to exit doors and locations of fire extinguishers and pull signals be posted in a conspicuous and public place on each floor. The signs for the second and third floors were not hanging up on the walls. No conspicuous signs were present.

Legal Entity Representative

Kawana E. Blake
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KAYSIM COURT MANOR

109660

132e - Fire Drill Sleeping Hours

Regulations

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The last fire drill conducted during sleeping hours was on 01/13/19 at 11:15 pm. The previous sleeping hours fire drill was conducted on 06/12/18 at 11:00 pm.

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.)

This regulation is important because sleep hour fire drills are important due to most fires happens during sleep hours.

The fire drill we were practicing were not done every six months

A miscalculation of the counting of the months

Perform a sleeping hour fire drill

To prevent future violations we will have the quarterly

Assistant Administrator will be responsible for preventing future violations.

Legal Entity Representative

Kawana E. Blake

Signature

Kawana Blake Administrator
Printed Name and Title

07/26/2019
Date

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The above plan of correction is approved as of 2/28/20
(Date)

Plan of correction implementation status as of 2/28/20
(Date)

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

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

06/12/2019

19 of 23

KAYSIM COURT MANOR

109660

141b1 - Annual Medical Evaluation

Regulations

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #3's most recent medical evaluation was completed on 5/03/18.

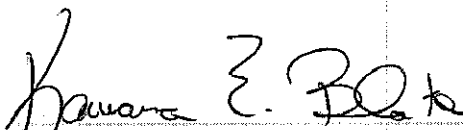
Plan of Correction (POC)

(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.)

This regulation is important because residents shall have a medical evaluation form completed at least annually. The regulation was violated because the medical evaluation form wasn't filled out yet. But the Resident #3 was in the hospital during the time the evaluation was expired. He went into the hospital 4/29/2019. The Resident's hospitalization caused the violation. The Resident #3 got his medical evaluation form filled out 6/13/2019 when he had his follow up Dr.s appointment. I'm not sure how to prevent this violation for the future. Resident #3 was in the hospital when his form was expiring. The Assistant Administrator will be held responsible for preventing future violations

see attachment

Legal Entity Representative


Signature

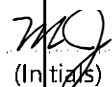
Kawana Blake Administrator
Printed Name and Title

07/26/2019
Date

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(Initials)

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- Not Implemented

06/12/2019

20 of 23

KAYSIM COURT MANOR

109660

144c1 - Smoking Area Guidelines

Regulations

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

- 1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

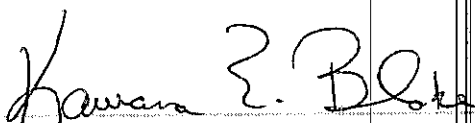
The home's designated smoking area does not have fireproof receptacles and ashtrays.

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.)

This regulation is important because having proper fireproof receptacles and ashtrays prevent fires. The home's designated smoking area didn't have fireproof ashtrays. The ashtrays weren't fire proof. Replace what's there with fireproof ashtrays. Monitor the ash. make sure they are the ones that are fireproof and not what Residents may have places out there. Assistant Administrator will be responsible for preventing future violations.

Legal Entity Representative


Signature


Kawana Blake Administrator
Printed Name and Title

07/26/2019
Date

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(Date)

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(Date)

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- Not Implemented

06/12/2019

21 of 23

252 - Record Content

Regulations

2600.

252. Content of Resident Records - Each resident's record must include the following information:

1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. A photograph of the resident that is no more than 2 years old.
4. Language or means of communication spoken or used by the resident.
5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.
6. The name, address and telephone number of the resident's physician or source of health care.
7. The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms.
8. A list of prescribed medications, OTC medications and CAM.
9. Dietary restrictions.
10. A record of incident reports for the individual resident.
11. A list of allergies.
12. The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies.
13. The preadmission screening, initial intake assessment and the most current version of the annual assessment.
14. A support plan.
15. Applicable court order, if any.
16. The resident's medical insurance information.
17. The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity.
18. An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.
19. An inventory of the resident's property entrusted to the administrator for safekeeping.
20. The financial records of residents receiving assistance with financial management.
21. The reason for termination of services or transfer of the resident, the date of transfer and the destination.
22. Copies of transfer and discharge summaries from hospitals, if available.
23. If the resident dies in the home, a copy of the official death certificate.
24. Signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 2600.41 (relating to notification of rights and complaint procedures).
25. A copy of the resident-home contract.
26. A termination notice, if any.

Description of Violation

Resident #1's and #2's records did not include a record of incident reports for the individual resident.

Resident #4's record does not include a photograph of the resident that is no more than 2 years old.

06/12/2019

22 of 23

https://webapp.sanswrite.com/v10.0.5/client_web_app/inspection-editor.html

7/10/20

252 - Record Content (continued)

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.)

This regulation is important to have a record of incidents

There was no incident records in Residents #1 and #2

No incident records in their records

Retrain all staff to fill out incident reports when an incident has occurred and file them in their records

Continue to train and review incident reports and file them away properly

Supervisors will be responsible for preventing future violations

This regulation is important because updated photos can help identify Residents if needed.

This regulation was violated because the administrative book for Resident #4 didn't have a date on his photo.

His other records have a photo with a date on it that wasn't expired but the inspectors didn't want to see it.

The cause of the violation was no date on the photo on one record for Resident #4

The date from the other record was transferred to his Administrative record

To prevent future violations we shall inspect our records quarterly.

Assistant Administrator will be responsible for preventing future violations.

Legal Entity Representative

Kawana E. Blake

Signature

Kawana Blake Administrator

Printed Name and Title

07/26/2019

Date

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The above plan of correction is approved as of 2/28/20 (Date)

Plan of correction implementation status as of 2/28/20 (Date)

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

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

06/12/2019

23 of 23

Violation Report

Facility Information

Name: *KAYSIM-COURT MANOR*
Address: *5909-19 WAYNE AVENUE,, PHILADELPHIA, PA 19144*
County: *PHILADELPHIA* Region: *SOUTHEAST*

License Number: *10966*

Administrator

Name: *Kawana Blake-Williams* Phone: *2156515908* Email: *KCMPCH4@GMAIL.COM*

Legal Entity

Name: *KAYSIM HOUSING GROUP INC*
Address: *5909-19 WAYNE AVENUE, PHILADELPHIA, PA, 19144*

Certificate(s) of Occupancy

Type: *I-2* Date: Issued By:

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *69* Waking Staff: *52*

Inspection

Type: *Partial* BHA Docket #: Notice: *Unannounced*
Reason: *Complaint,POC Verification*

Inspection Dates and Department Representative

11/07/2019 - On-Site: Michele Swisher

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *87* Residents Served: *69*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *66* Are 60 Years of Age or Older: *25*
Diagnosed with Mental Illness: *68* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0* Have Physical Disability: *0*

11/07/2019

1 of 7

85a - Sanitary Conditions

Regulations

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

In the 3rd floor bathroom of the main building there is a puddle of water measuring approximately 1.5 ft x 1 ft wide on the floor under the trashcan. The water appears cloudy with areas of a dark greenish mold like substance and appears to have been there for an extended period of time.

Both of the 2nd floor bathrooms of the main building have a buildup of mold on the caulking around the tub and tiles.

The 1st floor bathroom in the cottage has a buildup of mold on the caulking around the tub and tiles.

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.)

See attachment

Legal Entity Representative

Kawena Blake
Signature

Kawena Blake administrator
Printed Name and Title

11/27/20
Date

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The above plan of correction is approved as of _____
(Date)

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(Date)

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(Initials)

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- Not Implemented

11/07/2019

2 of 7

Within 15 days receipt of this directed plan of correction: All staff persons shall be re-educated on maintaining sanitary conditions including immediately correcting or reporting any unsanitary conditions. Immediately: A designated staff person shall monitor the home daily for 4 weeks and weekly thereafter to ensure sanitary conditions are maintained. Documentation of education and audits shall be kept. 2/28/20

A handwritten signature in black ink, appearing to be 'MJ', is written over the date '2/28/20'.

88a - Surfaces

Regulations

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

The closet located in the 2nd floor hallway of the main building is broken and in need of repair. The door is hanging by only one hinge which is also broken. The door falls outward into the hallway when it is opened.

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.)

See attachment

Legal Entity Representative

Kawana Blake
Signature

Kawana Blake Administrator
Printed Name and Title
11/21/20
Date

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The above plan of correction is approved as of _____
(Date)

Plan of correction implementation status as of _____
(Date)

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(Initials)

- Fully Implemented
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- Not Implemented

11/07/2019

Within 15 days receipt of this directed plan of correction: All staff persons shall be educated on reporting and or correcting any floors, walls, ceilings and other surfaces that are not clean, not in good repair or are hazardous.

Immediately: The administrator or designee shall check the home daily on each shift to ensure floors, walls, ceilings, windows, doors and other surfaces are clean, in good repair and free of hazards.

Hazardous conditions will be corrected immediately. Documentation of education and audits shall be kept. 2/28/20

A handwritten signature in black ink, appearing to be the initials 'MJ', is written over the date '2/28/20'.

89b - Hot Water Temperature

Regulations

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 11/7/19 at 10:50 am, the hot water temperature in the bathroom on the 2nd floor of the main building measured 128.6 degrees Fahrenheit.

On 11/7/19 at 11:02 am, the hot water temperature in the bathroom on the 3rd floor of the main building measured 130.8 degrees Fahrenheit.

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.)

See attachment

Legal Entity Representative

Kawana Blake
Signature

Kawana Blake Administrator 1/27/20
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of _____
(Date)

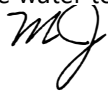
Plan of correction implementation status as of _____
(Date)

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

- Fully Implemented
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- Not Implemented

11/07/2019

4 of 7

Within 15 days receipt of the directed plan of correction: All staff persons will be educated on safe water temperatures and the risk of unsafe water temperatures to residents. The administrator or designee shall monitor the water temperature on a weekly basis to ensure the water temperature does not exceed 120°F. Documentation of education and audits shall be kept. 2/28/20 

92 - Windows

Regulations

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

The window in the first bathroom on the 2nd floor of the main building is broken. There are broken shards still hanging from the window frame presenting a sharp hazard. The window is covered with a black trash bag and tape but it does not cover the entire window and is not taped securely in place and there is no screen in the window.

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.)

See attachment

Legal Entity Representative

Kawana
Signature

E. Blake

Kawana Blake Administrator
Printed Name and Title

11/27/19
Date

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(Date)

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(Date)


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(Initials)

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

11/07/2019

5 of 7

Within 15 days receipt of this directed plan of correction: All staff persons will be educated on reporting of windows, including windows in doors that are broken or damaged.

Immediately: A designated staff person will check the home daily to ensure all windows, including windows in doors, are in good repair. Documentation of education and audits will be kept. 2/28/20 

95 - Furniture and Equipment

Regulations

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

The cabinet under the sink in the second bathroom on the 2nd floor of the main building is in disrepair. The doors to the cabinet are broken off from the main structure.

The black tall dresser in room 305 is missing three drawers.

The long white dresser in room 3A is missing two drawers.

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.)

See attachment

Legal Entity Representative

Kaubna E. Blake
Signature

Kaubna Blake Administrator 1/27/20
Printed Name and Title Date

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(Date)

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11/07/2019

Within 15 days receipt of this directed plan of correction: A designee shall check the home daily to ensure furniture and equipment is in good repair, clean and free of hazards. Any hazards will be immediately corrected. If furniture or equipment is in disrepair and cannot be repaired immediately it will be immediately removed from service. All staff persons shall be educated on the requirements of regulation 2600.95 and reporting or repairing furniture and equipment that is not in good repair, not clean or is hazardous. Documentation of education and audits shall be kept. 2/28/20

A handwritten signature in black ink, appearing to be 'MJ', is written over the end of the text.

101j7 - Lighting/Operable Lamp

Regulations

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Residents in room 201 bed C, 301 bed A, 305 beds A and B, do not have access to a source of light that can be turned on/off at bedside.

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.)

see attachment

Legal Entity Representative

Kawana E. Blake
Signature

Kawana Blake Administrator 11/27/20
Printed Name and Title Date

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11/07/2019

7 of 7

Within 15 days receipt of this directed plan of correction: All staff persons shall be educated on the importance of operable bedside lighting and that each resident shall have an operable lamp or other source of lighting that can be turned on/off from bedside.

Immediately: A designated staff person shall check the home weekly to ensure all resident beds have an operable bedside lamp or source of lighting that can be turned on/off from bedside. Documentation of education and audits shall be kept. 2/28/20 