



**Sent via e-mail rburns@hayesmanor.net
October 29, 2019**

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 22, 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 must be maintained.

Sincerely,

Sandra Wooters

Sandra Wooters, MHS, ACG
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report

Facility Information

Name: HAYES MANOR

License Number: 14223

Address: 2210 BELMONT AVENUE, PHILADELPHIA, PA 19131

County: PHILADELPHIA

Region: SOUTHEAST

Administrator

Name: Robyn Burns

Phone: 2154731552

Email: RBURNS@HAYESMANOR.NET

Legal Entity

Name: HAYES MANOR INC

Address: 2210 BELMONT AVENUE, PHILADELPHIA, PA, 19131

Certificate(s) of Occupancy

Type: I-2

Date:

Issued By:

Staffing Hours

Resident Support Staff:

Total Daily Staff: 48

Waking Staff: 36

Inspection

Type: Partial

BHA Docket #:

Notice: Unannounced

Reason: Complaint

Inspection Dates and Department Representative

07/22/2019 - On-Site: Youn Hie Chung

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 65

Residents Served: 43

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: x

Number of Residents Who:

Receive Supplemental Security Income: 3

Are 60 Years of Age or Older: 43

Diagnosed with Mental Illness: 24

Diagnosed with Intellectual Disability: 18

Have Mobility Need: 5

Have Physical Disability: 0

42b - Abuse

Regulations

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On 07/10/2019 at approximately 12:10 PM, direct care staff person A put resident #1 on a sit-to-stand lift for his incontinence care. Staff person A tried to do this on her own without a second staff member present even though the instructions for the machine state 2 individuals are required to operate, Staff member A got the resident stuck and tangled in the lift and had to holler out for help from another staff person. Staff person B, who is housekeeping staff, was mopping the floor outside the resident room, heard the calls for help. Staff person B offered to get another direct care staff member, but staff person A said that there was no time and that he should help immediately. Staff person B entered the resident's room and saw that the resident was stuck on the lift, his face was blue and purple due to the strain, and he had urinated on the floor. He disengaged his arm from the lift and helped lower him in his wheelchair. Instead of sending the resident to an ER for an evaluation, the home left him sleeping in his bed until he was found unresponsive at approximately 7:15 PM with a weak pulse, when the home finally sent him out. He was admitted to the hospital with a diagnosis of post cardiac arrest.

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

All staff will be educated on how not providing immediate care is neglect within the next 30 days. The administrator will contract with an outside professional to conduct training on abuse and neglect within the next 30 days. A discussion on neglect will occur at all staff meetings for the next 6 months, starting immediately. (slw 10/23/19)

Legal Entity Representative

Hobyn Burns
Signature

Hobyn Burns-Adm
Printed Name and Title

5/15/19
Date

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

The above plan of correction is approved as of 10/23/19 (Date) Plan of correction implementation status as of 10/23/19 (Date)

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

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

Plan of Correction for 2600.42(b)

Step 1 – Reviewed

Step 2 – Reviewed

Step 3 – Why did the violation happen?

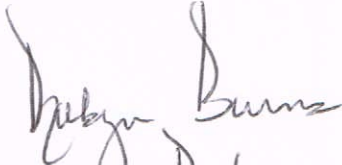
- One staff member did not use the lift properly, two direct care staff persons are always required when using the sit to stand lift.
- The housekeeping staff that assisted with getting the resident out of the inoperable lift was not direct care staff personnel and did not report the incident to administration.
- The charge nurse on duty went down to access and assist with the resident, however, did not complete an incident report, notify the doctor, place on 24 hr. report, or report it to the oncoming nurse.

Step 4 - Fix the immediate problem

- All direct care staff in-serviced and trained on the proper use of the lift, policy and procedures regarding the sit to stand lift. (Please see attached).
- In-serviced all charge nurses on the requirement of completing incident reports, notifying the doctor and any others required concerning resident care. (Please see attached).
- Charge nurses also informed to monitor residents frequently and document residents' condition.
- In-serviced all staff on reporting incidents or unusual occurrences of any kind.

Step 4 – Plan to ensure compliance

- The director of nursing and department heads in her absence to review all incident reports daily. The administrator will be informed of all incidents.

Signature of Legal Entity Representative - 

Printed Name and Title of Legal Entity Representative- Dobygn Burns - Adm

Date- 8/15/19

All staff will be educated on how not providing immediate care is neglect within the next 30 days. The administrator will contract with an outside professional to conduct training on abuse and neglect within the next 30 days. A discussion on neglect will occur at all staff meetings for the next 6 months, starting immediately. (slw 10/23/19)

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 persons B and C did not hold permanent PA residency for the two consecutive years prior to their employment at the home. No FBI background check was run.

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

Legal Entity Representative

Signature *Robyn Burns*

Printed Name and Title *Robyn Burns - Adm*

Date *8/15/19*

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Plan of Correction for 2600.51

Step 1 – Reviewed

Step 2 – Reviewed

Step 3 – Why did the violation happen?

- The human resource staff member overlooked the lack of being a PA resident for less than two years.

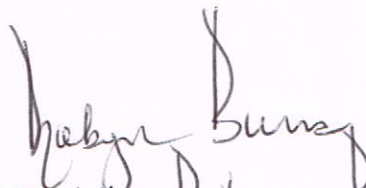
Step 4 - Fix the immediate problem

- An FBI check was completed for staff person C on 8/10/19 (Please see attached).
- Staff person B is no longer an employee therefore we were unable to correct the violation.
- The new employee check-off list has been updated to specify needed requirements to prevent re-occurrence of the violation this was completed on 8/7/19. (Please see attached).
- All office personnel were in-serviced on regulations, requirements, and protocol of all new hire requirements (Please see attached)

Step 4 – Plan to ensure compliance

- An audit of all employee files was completed by 8/12/19 to ensure that criminal backgrounds and FBI checks are correct and in accordance with requirements.
- Two front office staff members are now required to observe all new hire paperwork.
- Each of the office personnel is required to initial each new employee file effective immediately.
- The administrator will check all new hire files to ensure compliance..

Signature of Legal Entity Representative -



Printed Name and Title of Legal Entity Representative-

Debyn Burns - Adm

Date-

8/15/19

54a - Direct Care Staff

Regulations

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person C does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

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

Legal Entity Representative

Signature *Debyn Burns*

Printed Name and Title *Debyn Burns - Adm* Date *5/14/19*

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(Date)

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(Initials)

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- Not Implemented

Plan of Correction for 2600.54(a)

Step 1 – Reviewed

Step 2 – Reviewed

Step 3 – Why did the violation happen?

- The human resource staff member did not receive a diploma, GED or PA nurse aide registry.

Step 4 - Fix the immediate problem

- Direct care staff person completed the DHS on-line training on July 18, 2018.
- She has applied for a copy of her high school diploma from Jamaica on July 25th. We have not received a copy yet because school does not reconvene until after Sept. 5th.
- We have signed her up with Career Link for GED classes. She has an appt. on Monday August 19, 2019 at Career Link because we cannot verify if her education in her secondary school is equivalent to the US because the school is currently closed.

* the staff will not work as a DCS until verification of enrollment in an approved GED program has been received, starting immediately. (slw 10/23/19)

Step 4 – Plan to ensure compliance

- No potential new employee will be hired as direct care staff without proper required documents.
- Two front office staff members are now required to observe all new hire paperwork to ensure compliance.
- The administrator will check all new hire files.

Signature of Legal Entity Representative -

Printed Name and Title of Legal Entity Representative-

Robyn Burns - Adm

Date-

8/15/19

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:

- 2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Staff person B pushes residents in their wheelchairs when necessary. However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test.

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

Legal Entity Representative

[Handwritten Signature]
Signature

Robyn Burns - Adm 8/18/19
Printed Name and Title Date

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- Not Implemented

Plan of Correction for 2600.65(d)

Step 1 – Reviewed

Step 2 – Reviewed

Step 3 – Why did the violation happen?

- The housekeeper had not taken the direct care training.

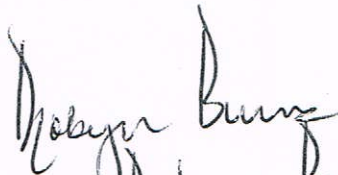
Step 4 - Fix the immediate problem

- An in-service has been provided to all staff on 8/7/19 regarding what employees are permitted to assist resident in any capacity including the pushing of wheelchairs.
- All administrative, and non-direct care staff have completed the department approved direct care training course and passed the test. This was completed as of 8/15/19. This was done in case of emergencies where assistance of non-direct staff help may be needed. (Pls. see attached)

Step 4 – Plan to ensure compliance

- All new employees regardless of the department will now receive direct care staff training in order to push wheelchairs, or to assist with residents in case of emergencies.
- The administrator will check all new hire files.

Signature of Legal Entity Representative -



Printed Name and Title of Legal Entity Representative-

Mobyen Burns - Adm

Date-

8/15/19

81b - Resident Personal Equipment

Regulations

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

On 07/22/2019, resident #2 was witnessed ambulating in his electric wheelchair, whose right armrest had gone missing about 2 weeks before and needed to be replaced.

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

Legal Entity Representative

Hobyn Burns
Signature

Hobyn Burns - Adm 8/15/19
Printed Name and Title Date

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- Not Implemented

Plan of Correction for 2600.81(b)

Step 1 – Reviewed

Step 2 – Reviewed

Step 3 – Why did the violation happen?

- Resident #2 receives services for his wheelchair repairs from the VA. This resident insist on handling his own affairs with the VA and called for repair himself. (Please see attached)
- Service was ordered for this electrical wheelchair on 6/13/19 by resident. The service workorder was scheduled about a week later because the company had trouble catching up with the resident and they had to wait for the VA to approve the repair. (Please see email)
- Despite staff intervention the resident used his electric chair for appointments and when he left the building.

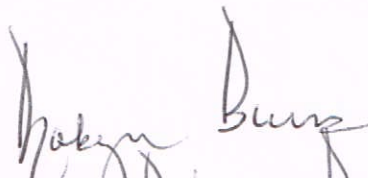
Step 4 - Fix the immediate problem

- The staff encouraged the resident to use a manual wheelchair in which the resident did unless he left the building.
- The home followed up with Chris Bowker of Core Care regarding the repair resident’s wheelchair. The repair was completed on 7/26/19 by Core Care.
- The staff noted that the left arm is beginning to look tattered and placed a call to Core Care spoke to Gloria on August 9th regarding repair and was informed that a request for repair must be made to the VAMC. The staff called the VAMC on August 9th and spoke with Dorian and was informed that they would not approve the service because the chair was ~~too~~ old, and that the residents needs to be evaluated at wheelchair clinic for a new one. The clinic was called on August 9th to make an appointment for evaluation and we are waiting for a date to be mailed to us.
- We have not rec’d the appointment date and time yet, we monitor for the VAMC appointments daily by calling the automotive phone system daily to check for all appointments.

Step 4 – Plan to ensure compliance

- Upon making rounds the administrative staff including the administrator, director of nursing, maintenance and front office staff will immediately observe and address any personal medical equipment’s condition daily.
- The nursing staff will request for repairs or replacement parts when needed or make request for evaluation of equipment to the company when needed.
- The maintenance staff will make repairs if they are able or attach replacement parts if sent in by the company when received.

Signature of Legal Entity Representative -



Doreen Burns - Adm

Printed Name and Title of Legal Entity Representative-

Date-

8/15/19

141b1 - Annual Medical Evaluation

Regulations

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

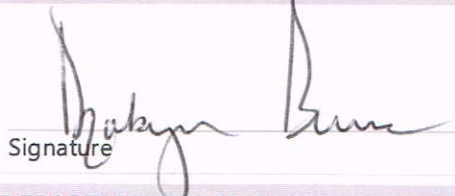
Resident #2's most recent medical evaluation was completed on 04/05/2019. The resident's previous medical evaluation was completed on 03/08/2017.

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

Legal Entity Representative


Signature

Hobyn Burns Adm 8/15/19
Printed Name and Title Date

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(Date)

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(Date)

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(Initials)

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

Plan of Correction for 2600.141(b1)

Step 1 – Reviewed

Step 2 – Reviewed

Step 3 – Why did the violation happen?

- Resident #2 medical evaluation was found misfiled by the DON in another location on July 26th. (Please see attached medical eval for resident #2)

Step 4 - Fix the immediate problem

- An audit was completed by the DON of all residents' charts on August 9th to check for accuracy.
- The 11-7 charge nurse will complete chart checks nightly for misfiling.

Step 4 – Plan to ensure compliance

- Upon completing monthly recaps the DON will monitor for assessments, rasp, and DME's.
- The administrator will periodically review all charts for compliance.

Signature of Legal Entity Representative -

Robyn Burns
 Robyn Burns - Adm
 8/15/19

Printed Name and Title of Legal Entity Representative-

Date-

The DON will develop a tracking record to determine when each residents medical evaluation is due to ensure the annual med eval is conducted timely, each year, starting immediately. (slw 10/23/19)

The DON will conduct bi-annual audits of the residents records to ensure all required documents are filed in each resident record, starting immediately. (slw 10/23/19)

185a - Implement Storage Procedures

Regulations

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

On 07/10/2019, staff person A manipulated the home's Sit-to-Stand Lift on her own without the presence of another aid when the equipment needs 2 people to be safely operated. The instructions on the machine state 2 people should operate it when transferring.

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

Legal Entity Representative

Signature *Dorbyn Burns*

Printed Name and Title *Dorbyn Burns - Adm* Date *8/15/19*

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- Partially Implemented - Inadequate Progress
- Not Implemented

Plan of Correction for 2600.185(a)

Step 1 – Reviewed

Step 2 – Reviewed

Step 3 – Why did the violation happen?

- Staff person A disregarding policy and instructions regarding use of medical equipment. (Please see attached statement)

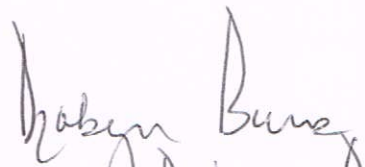
Step 4 - Fix the immediate problem

- All staff in-serviced on the procedure of use of the sit to stand lift. (Please see attached)
- All medical equipment has been checked by the maintenance department for safety of use and that it is in proper working order. This was completed by 7/30/19.
- The sit to stand lift was picked up on 8/5/19 by Mr. Wheelchair to evaluate for safety and repairs on August 5th. After a team meeting that consist of the administrator, DON, and Dir. of Maintenance it was decided that due to the age of the lift, that a new lift be purchased and instructed Mr. Wheelchair to discard the old lift.

Step 4 – Plan to ensure compliance

- It was also decided that a hydraulic lift be purchased instead of an electric one to malfunction of the lift after observing presentation of both.
- The new lift will be checked weekly by the maintenance department and serviced by the company according to their instruction to maintain compliance.

Signature of Legal Entity Representative -



Printed Name and Title of Legal Entity Representative-

8/15/19 Robyn Burns - Adm

Date-

187b - Date/Time of Medication Admin.

Regulations

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

On 07/10/2019 at approximately 7:35 PM, resident #1 was sent out and admitted to a hospital. Staff members initialed all his scheduled medications on 07/11/2019 without actually administering them.

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

Legal Entity Representative

Signature Hobyn Burns

Printed Name and Title Hobyn Burns-Admin

Date 8/15/19

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- Not Implemented

Plan of Correction for 2600.187(b)

Step 1 – Reviewed

Step 2 – Reviewed

Step 3 – Why did the violation happen?

- Staff members initialed scheduled medications after resident was admitted to the hospital.

Step 4 - Fix the immediate problem

- All medication poring staff in-serviced on the new procedure and instruction of documentation when a resident is discharged or hospitalized. (Please see attached training and information).
- All med poring staff is to document the status of the resident after finding the disposition of the resident on that shift or the following one.
- The resident’s status must be placed on the 24- hour report.
- MAR’s must be immediately removed from the medication book to prevent medication errors.

Step 4 – Plan to ensure compliance

- The DON, lead charge nurse, or administrator will document the close of the chart, including the return to pharmacy or destruction of medications according to policy daily.

Signature of Legal Entity Representative -

Robyn Burns

Printed Name and Title of Legal Entity Representative-

Robyn Burns - Adm 8/15/19

Date-