



Sent via e-mail rburns@hayesmanor.net
April 29, 2020

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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on October 10, 2019 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Shawn Parker

Shawn Parker
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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: 0

Total Daily Staff: 51

Waking Staff: 38

Inspection

Type: Partial

BHA Docket #:

Notice: Unannounced

Reason: Monitoring

Inspection Dates and Department Representative

10/10/2019 - On-Site: Michele Swisher

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 65

Residents Served: 44

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 3

Are 60 Years of Age or Older: 44

Diagnosed with Mental Illness: 15

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 7

Have Physical Disability: 2

HAYES MANOR

14223

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 was hired on 9/16/19. A criminal background check was not requested for staff person A until 9/17/19.

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

Robyn Burns
Signature

Robyn Burns - Administrator 10/23/19
Printed Name and Title Date

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

The above plan of correction is approved as of 04-29-2020
(Date)

Plan of correction implementation status as of 04-29-2020
(Date)

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

Fully Implemented
 Not Implemented

Hayes Manor- Violation Report Page 2 Of 5

14223

Plan of Correction for 2600.51

Step 1 – Reviewed

Step 2 – Reviewed

Step 3 – Why did the violation happen?

- Upon investigating why this occurred it was discovered that the finance director called out sick on Monday September 16th and the human resource did not have access to the business credit card.

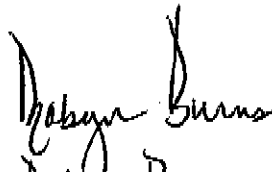
Step 4 - Fix the immediate problem

- Staff person's A criminal background check was requested on Tuesday September 17th the day after.
- All office personnel were re-in serviced on regulations, requirements, and protocol of all new hire requirements and the importance of adhering to the regulations on October 14, 2019.
- The HR person was also informed to ask the administrator to assist in unusual circumstances. The administrator could have resolved this issue.

Step 5 –Plan to ensure compliance

- HR was supplied with a copy of the business credit card on October 11, 2019 to ensure that this violation would not reoccur for this reason.
- Enclosed are copies of two new hire documents to prove compliance.
- The administrator will check all new hire files daily to ensure compliance.

Signature of Legal Entity Representative -



Printed Name and Title of Legal Entity Representative-

Robyn Burns - Administrator

Date-

10/23/19

HAYES MANOR

14223

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 B, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Repeat Violation date: 12/17/18

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.)

Please see attached

Legal Entity Representative

Habyrn Burns
Signature

Habyrn Burns-Adm
Printed Name and Title

10/23/19
Date

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

The above plan of correction is approved as of 04-29-2020
(Date)

Plan of correction implementation status as of 04-29-2020
(Date)

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

Fully Implemented

Not Implemented

Hayes Manor- Violation Report Page 3 Of 5

14223

Plan of Correction for 2600.54(a)

Step 1 – Reviewed

Step 2 – Reviewed

Step 3 – Why did the violation happen?

- The inspector stated that staff person B did not have a high school diploma. A copy of the receipt and confirmation that a copy of the high school diploma had been ordered from The School District of Philadelphia on September 20, 2019 prior to staff person’s B start date on September 23, 2019, was in her file.

Step 4 - Fix the immediate problem

- Staff person B ordered a copy of her high school diploma on September 20, 2019 when she came in for her interview and was informed by HR that she needed a copy of her diploma for the position.
- Staff person B immediately ordered a copy and brought in the receipt, she would not have been able to order a copy of her high school diploma from the school district if she did not graduate high school and have one. This was verified by a call to the Philadelphia School District.
- Staff person B did not receive orientation or placed on payroll until we received proof of her qualifications.

Step 5 –Plan to ensure compliance

- No potential new employees have been hired as direct care staff without proper required documents since receiving the violation in December of 2018. Enclosed are copies of direct care staff diplomas since then.
- HR completes a monthly audit to check all new hire files.
- The administrator will periodically check all new hire files.

I Feel this violation received was in error.

Signature of Legal Entity Representative -

Printed Name and Title of Legal Entity Representative-

Date-

Dobyn Burns
 Dobyn Burns - Adm
 10/23/19

HAYES MANOR

14223

225a - Assessment 15 Days

Regulations

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.

Description of Violation

An assessment was not completed for resident #1, who was admitted to the home on 9/5/19.

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

Mobyen Burns
Signature

Mobyen Burns - Adm
Printed Name and Title

10/23/19
Date

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

The above plan of correction is approved as of 04-29-2020
(Date)

Plan of correction implementation status as of 04-29-2020
(Date)

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

Fully Implemented
 Not Implemented

Hayes Manor- Violation Report Page 4 Of 5

14223

Plan of Correction for 2600.225(a)

Step 1 – Reviewed

Step 2 – Reviewed

Step 3 – Why did the violation happen?

- An assessment was not completed by the nursing staff in the required time.

Step 4 - Fix the immediate problem

- Resident #1 assessment was completed on 10/11/19.
- Attached is a copy of the assessment.
- All resident charts have been audited and checked for completed assessments, this task was completed by October 15, 2019.

Step 5– Plan to ensure compliance

- All new charts will be reviewed on the 10th of the month by the nursing staff and the 20th of the month by the administrator.
- This will be reviewed and monitored at the weekly staff meeting to make sure all assessments having been completed in a timely manner.

Signature of Legal Entity Representative -

Robyn Burns

Printed Name and Title of Legal Entity Representative-

Robyn Burns - Adm

Date-

10/23/19

HAYES MANOR

14223

225c - Additional Assessment

Regulations

2600.

225.c. The resident shall have additional assessments as follows:

- 1. Annually.

Description of Violation

Resident #2's most recent assessment was completed on 8/9/18.

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.)

Please see attached

Legal Entity Representative

Robyn Burns
Signature

Robyn Burns - Adm
Printed Name and Title

10/23/19
Date

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

The above plan of correction is approved as of 4-29-2020
(Date)

Plan of correction implementation status as of 4-29-2020
(Date)

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

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

Hayes Manor- Violation Report Page 5 Of 5

14223

Plan of Correction for 2600.225(c)

Step 1 – Reviewed

Step 2 – Reviewed

Step 3 – Why did the violation happen?

- An assessment was not completed by the nursing staff in the required time.

Step 4 - Fix the immediate problem

- Resident #2 assessment was completed on October 11, 2019.
- Attached is a copy of the assessment.
- All resident charts have been audited and checked for completed assessments, this task was completed on October 15, 2019 by the director of nursing.

Step 5 – Plan to ensure compliance

- All new charts will be reviewed on the 10th of the month by the nursing staff and the 20th of the month by the administrator.
- This will be reviewed and monitored at the weekly staff meeting to make sure all assessments having been completed in a timely manner according to the monthly assessment chart.

Signature of Legal Entity Representative -



Printed Name and Title of Legal Entity Representative-

Hobygn Burns - Adm

Date-

10/23/19