



**Sent via e-mail kcmpch4@gmail.com
February 26, 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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on December 12, 2019 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Claire Mendez". The signature is written in a cursive, flowing style.

Claire Mendez
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: KAYSIM-COURT MANOR **License Number:** 10966
Address: 5909-19 WAYNE AVENUE,, PHILADELPHIA, PA 19144
County: PHILADELPHIA **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: I-2 **Date:** **Issued By:**

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 64 **Waking Staff:** 48

Inspection

Type: Partial **BHA Docket #:** **Notice:** Unannounced
Reason: Incident

Inspection Dates and Department Representative

12/12/2019 - On-Site: Denise Gillespie

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 81 **Residents Served:** 64

Secured Dementia Care Unit

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

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 62	Are 60 Years of Age or Older: 24
Diagnosed with Mental Illness: 62	Diagnosed with Intellectual Disability: 0
Have Mobility Need: 0	Have Physical Disability: 0

187a - Medication Record

Regulations

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident # 1 is prescribed: Escitalopram 10 mg 1 tablet daily, Gabapentin 400 mg 1 tablet 3 x daily, Trazadone 100 mg 1 tablet daily. However, Resident # 1's medication administration record does not indicate the diagnoses or purpose of the above listed medications.

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 show the medication administrator what the medications are for.

The regulation was violated by not having a diagnoses for 2 medications listed on the MAR.

An oversight of the missing diagnoses not being on the MAR.

The immediate fix for this violation is to write the diagnoses in.

In the future we will highlight all diagnoses, and place a tab by the ones without diagnoses to indicate no diagnoses. The tab will remain there until diagnoses is notated.

Legal Entity Representative

All medtech will be held responsible for reviewing and notating any and all missing diagnoses on the MAR SEE ATTACHED

Signature

Kawana Blake

Printed Name and Title

Kawana Blake
Administrator

Date

1/8/20

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The above plan of correction is approved as of 2/26/2020 (Date)

Plan of correction implementation status as of 2/26/2020 (Date)

Implemented
 Not Implemented

The above plan of correction was approved by

CM
(Initials)

12/12/2019

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