



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [REDACTED]
August 16, 2022

[REDACTED]
[REDACTED]
Hayes Manor, Inc.
2210 Belmont Avenue
Philadelphia, Pennsylvania 19131

RE: Hayes Manor
License #: 14223

Dear Ms. Burns:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on July 28 and 29, 2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]

[REDACTED]
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC**

Facility Information

Name: HAYES MANOR **Licen e #:** 14223 **Licen e Expiration Date:** 11/15/2021
Addr e : 2210 BELMONT AVENUE, PHILADELPHIA, PA 19131
County: PHILADELPHIA **Region:** SOUTHEAST

Administrator

Name: [REDACTED] **Phone:** [REDACTED] **Email:** [REDACTED]

Legal Entity

Name: HAYES MANOR INC
Address: 2210 BELMONT AVENUE, PHILADELPHIA, PA, 19131
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: Other **Date:** 04/12/1985 **Issued By:** Dept L&I

Staffing Hours

Re ident Support Staff: 0 **Total Daily Staff:** 33 **Waking Staff:** 25

Inspection

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint **Exit Conference Date:** 07/30/2021

Inspection Dates and Department Representative

07/28/2021 - On-Site: [REDACTED]
 07/29/2021 - Off-Site: [REDACTED]
 07/30/2021 Off Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 65 **Residents Served:** 29

Secured Dementia Care Unit

In Home: No **Area:** **Capacity:** **Re ident Served:**

Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 2 **Are 60 Years of Age or Older:** 29
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 4 **Have Physical Disability:** 2

Inspections / Reviews

07/28/2021 - Partial

Lead Inspector: [REDACTED]	Follow Up Type: <i>POC Submission</i>	Follow-Up Date: <i>08/21/2021</i>
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8/23/2021 POC Submission

Lead Reviewer: [REDACTED]	Follow-Up Type: <i>POC Submission</i>	Follow-Up Date: <i>08/25/2021</i>
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8/26/2021 - POC Submission

Lead Reviewer: [REDACTED]	Follow-Up Type: <i>Document Submission</i>	Follow-Up Date: <i>09/17/2021</i>
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5a1 - DHS Access

1. Requirements

2600.

5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:

- 1. Agents of the Department.

Description of Violation

On [redacted]/20, at approximately [redacted] am, an agent of the Department requested access to the residents records, which included the contract of the residents. The home delivered the requested document at [redacted] pm.

Plan of Correction

Accept

-The front office staff has been informed to provide any inspector or outside agency regardless of the purpose of the visit, that they will have complete access to the home, residents which includes the residents complete file, the medical chart as well as the front office file that includes the contracts, financial and money transactions immediately.

-The nursing office is to bring the medical chart to the front office at which time the office staff will include the resident's file which houses the contract and financial information.

-The administrator or front office staff will check that all required documents are included for the resident prior to giving them to the inspector on every visit each time to prevent this violation from reoccurring.

Completion Date: 08/23/2021

Licensee's Proposed Date of POC Implementation

Implemented 8/16/22 CM

88a - Surfaces

1. Requirements

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 restroom located on the first floor next to the nurse's office had cracks on the wall, and water was dripping from the ceiling.

88a - Surfaces (continued)

Plan of Correction

Accept

- The wall has been opened and the pipe has been examined by the plumber. The plumbing is intact, so the plumber suggested that we re-insulate the pipe. The materials were ordered and we are currently waiting for it to arrive so that we can install new insulation and close the wall. Due to the delay with shipping we have received a delivery date for materials of September 9, 2021.
- The administrator and maintenance director have checked the bathrooms for condensation of the HVAC system throughout the building. This was completed on Monday August 16, 2021. There are five public bathrooms throughout the building, each of them have toilets and sinks. Every resident has their own bathroom with toilet, sink and shower, twenty-nine are currently occupied and we have twenty-four unoccupied at this time, they also have toilets, sink and showers.
- Upon making daily rounds the administrator, maintenance personnel, or person on duty will observe for condensation and perspiration of the pipes throughout the building, and insulate as necessary and for wall repairs.
- The crack in the wall will be repaired after the pipe has been insulated and we are able to close the wall.
- The project begun on August 16, 2021 and is scheduled to be completed by September 16, 2021.
- Picture is included.
- The bathroom has been placed out of order until the project is completed.

Completion Date: 09/16/2021

Licensee's Proposed Date of POC Implementation

Implemented 8/16/22 CM

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

- 141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
 1. A general physical examination by a physician, physician's assistant or nurse practitioner.
 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
 4. Special health or dietary needs of the resident.
 5. Allergies.
 6. Immunization history.
 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
 8. Body positioning and movement stimulation for residents, if appropriate.
 9. Health status.
 10. Mobility assessment, updated annually or at the Department's request.

Description of Repeat Violation

Resident #1's medical evaluation dated [redacted]/20 did not include an assessment to determine the resident's ability to self-administer medication.

Resident #2's medical evaluation dated [redacted]/20 did not include an assessment to determine the resident's ability to self-administer medication.

Resident #3's medical evaluation dated [redacted]/20 did not include a determination for body positioning/movement.

Repeated Violation: 1/14/2020

141a 1-10 Medical Evaluation Information (continued)

Plan of Correction

Accept

The medical evaluations to residents #1, #2, and #3 have all been reviewed and corrected by the nurse manager on uesday August 17, 2021.

Copies of the corrections are included.

The nurse manager completed an audit to check all of the residents medical evaluations for 2020, and 2021 on Wednesday August 18, 2021 to make sure that all required information was checked off and complete.

Moving forward the nurse manager will review all documents when received from the PCP for completion.

A second check point has been established to review documents again when updating or completing annual required assessments and documents.

Completion Date 08/18/2021

Licensee's Proposed Date of POC Implementation

Implemented 8/16/22 CM

252 Record Content

1. Requirements

2600.

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

- 3. A photograph of the resident that is no more than 2 years old.

Description of Violation

Residents #2's and #4's record does not include a photograph of the resident taken no more than 2 years ago.

Plan of Correction

Accept

-On June 29, 2021. The staff reviewed all of the residents pictures prior to leaving for the day.

-They photographed any resident who needed updated pictures, or those who pictures would be expiring soon.

-They printed them out and attached them to the MAR book, emergency book, and the bus book.

-It has been realized that an updated picture was not put in the resident's chart.

-All pictures have been copied, dated, and placed in the residents chart as of August 23, 2021.

-All nursing staff have been in-serviced on the regulation and are now required to monitor the dates of all photographs. They have also been informed to make copies for the residents chart, MAR, emergency book, and transportation vehicle.

-The nurse manager will observe the photographs monthly when completing the medication reviews. This checking system now includes the residents chart and MAR.

-The administrator will check records semi-annually. [REDACTED] check will include the emergency and transportation book for compliance.

Completion Date: 08/23/2021 Licensee's Proposed Date of POC Implementation

Implemented 8/16/22 CM