

Department of Human Services  
Bureau of Human Service Licensing

June 8, 2021

[REDACTED]  
KAYSIM HOUSING GROUP INC  
5909-19 WAYNE AVENUE  
PHILADELPHIA, PA 19144

RE: KAYSIM-COURT MANOR  
5909-19 WAYNE AVENUE  
PHILADELPHIA, PA, 19144  
LICENSE/COC#: 10966

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 02/22/2021, 02/23/2021 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,  
Shawn Parker

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

**Facility Information**

Name: *KAYSIM-COURT MANOR* License #: *10966* License Expiration Date: *12/14/2021*  
Address: *5909-19 WAYNE AVENUE, PHILADELPHIA, PA 19144*  
County: *PHILADELPHIA* Region: *SOUTHEAST*

**Administrator**

Name: [REDACTED] Phone: *2156515908* Email: [REDACTED]

**Legal Entity**

Name: *KAYSIM HOUSING GROUP INC*  
Address: *5909-19 WAYNE AVENUE, PHILADELPHIA, PA, 19144*  
Phone: *2156515908* Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *I-2* Date: *09/07/2000* Issued By: *City of Philadelphia*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *52* Waking Staff: *39*

**Inspection**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *02/23/2021*

**Inspection Dates and Department Representative**

*02/22/2021 - On-Site:* [REDACTED]  
*02/23/2021 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *81* Residents Served: *52*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *44* Are 60 Years of Age or Older: *27*  
Diagnosed with Mental Illness: *44* Diagnosed with Intellectual Disability: *2*  
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

02/22/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *03/15/2021*

6/8/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *06/15/2021*

3c - Post Current License

1. Requirements

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 2/22/21 at 11:58 am, the home's current License Inspection Summary, dated 12/12/19, was not posted in a conspicuous and public place in the home. There was also no copy of this chapter posted.*

Plan of Correction

Accept

3C – Post Current License

*This regulation is important because our violations and plan of corrections are listed for anyone interested can read them.*

*The regulation was violated by the License Inspection Summary was not in our designated area.*

*The cause of the violation was our License Inspection Summary was placed in a binder over our bulletin board and someone took the paperwork out of it. We were once told our License Inspection Summary could not be put inside of our bulletin board but now it seems we can place it there.*

*We will fix the problem now by putting our License Inspection Summary inside of our bulletin board as our inspector suggested.*

*By the License Inspection Summary being inside of the bulletin board as our inspector suggested, we will insure to update them as needed.*

*The administrator assistant will be held responsible for preventing future violations.*

**Completion Date:** 02/22/2021

51 - Criminal Background Check

1. Requirements

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 began working as a direct care staff member on 1/24/20. Her criminal background check was not completed until 2/5/20.*

Plan of Correction

Directed

51- Criminal Background Check

*We dispute this violation because we were violated for this staff member in past violations.*

*SP - Home will ensure all staff members have criminal background history check in accordance with regulation*

2600.51

**Completion Date:** 06/08/2021

54a - Direct Care Staff

1. Requirements

2600.

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

- 1. Be 18 years of age or older, except as permitted in subsection (b).

**54a - Direct Care Staff (continued)**

2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

**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.*

**Plan of Correction****Accept**

*Direct Care Staff person B high school diploma attached*

**Completion Date:** 02/23/2021

**Update - 06/08/2021**

*SP - 06-08-2021 - Home will ensure all direct care staff persons have qualifications specified in 2600.54a*

**85e - Trash Outside Home****1. Requirements**

2600.

- 85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

**Description of Violation**

*On 2/22/21, at 1:55 pm, the dumpsters behind the home were not covered. They were overflowing with trash and there were discarded mattresses on the ground next to them.*

**Plan of Correction****Directed**

*85e- Trash outside*

*We dispute this violation due to an act of god.*

*Due to the inclement weather our trash removal service could not make it down the street to collect our trash. We do not have control of the weather. We have a contract with our trash removal company.*

*SP 06-08-2021 - Home will ensure trash outside of the home is in covered receptacles in accordance with regulation 2600.85e*

**Completion Date:** 02/22/2021

**89b - Hot Water Temperature****1. Requirements**

2600.

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

**Description of Violation**

*On 2/22/21, the hot water temperature in the 2nd floor 2nd bathroom measured 136.5 degrees Fahrenheit.*

89b - Hot Water Temperature *(continued)***Plan of Correction****Directed***89b- Hot Water Temperature**After 21 years of business none of our residents have been harmed by this. How can we put in a waiver in regards to this.**SP 06-08-2021 - Home will ensure hot water temperatures don't exceed 120 degrees F. Have maintenance dial down the temperatures on the water heaters until desired temps are reached.**Completion Date: 02/22/2021*

## 95 - Furniture and Equipment

**1. Requirements**

2600.

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

**Description of Violation***In the large day room located to the right of the main entrance, the cushions on the large sofa have sunken in, posing a hazard for anyone attempting to sit on it.***Plan of Correction****Accept***95- Furniture and equipment**It's important to have furniture in good condition.**The excessively use which caused the chair seats to crack.**Due to sheltering in place, the chairs have been used excessively.**We have disposed of some of our chairs, others have been sent to a upholster. We will replace the chair we disposed of.**We've paid over \$800.00 per chair. Due to Covid 19, our shelter in place mandate has increased the ware and tare of our furniture has now become used excessively. Our census has gone down, and our productivity has gone up due to the shelter in place. When our census goes up and or when we get additional funding, we will replace our other chairs.**The entire staff is responsible for reporting and furniture in bad condition.**Completion Date: 05/31/2021***Update - 06/08/2021***SP 06-08-2021 - Home will ensure all furniture and equipment is in good repair and free of hazards*

## 100b - Removal Snow/Obstructions

**1. Requirements**

2600.

100.b. The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

**Description of Violation***On 2/22/21 at 9:00 am, there was approximately an 5 inch accumulation of snow and ice on the front steps of the home.*

100b - Removal Snow/Obstructions (*continued*)**Plan of Correction****Accept***100b- Removal Snow/obstruction*

*It's important to keep obstructions from any walkways, ramps, steps, recreational areas and exterior fire escapes for safety.*

*Snow wasn't removed from one of our many stairways. One side was shoveled, and the other side wasn't shoveled yet. Staff was retrieving additional snow removal tools to complete.*

*We were in the process of shoveling the snow on the other set of steps. The other steps were shoveled.*

*We always shovel all of our steps. We were in the process of shoveling. It was 9am when it was noticed. It was done before the inspector left.*

*All staff are to assist in keeping obstruction form outside walkways, ramps, steps, recreational areas and exterior fire escapes.*

**Completion Date:** 02/22/2021

## 101j7 - Lighting/Operable Lamp

**1. Requirements**

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**

*On 2/22/21, in bedroom 207, the light at bed B was not operable.*

**Plan of Correction****Accept***101j- Lighting/Operable Lamp*

*It's important to have an operating light by the bedside in case of an emergency.*

*This regulation was violated because the day the resident unplugs the light to listen to ■ radio, but ■ is aware to plug it back in at night before bed. The light was just unplugged. It operates well while plugged in. The inspector chose not to allow us to plug it in to show ■ it works.*

*The lamp was unplugged.*

*We plugged the lamp back in.*

*We are disputing this violation because the inspector would not allow us to show ■ the lamp works.*

*All the staff and the resident.*

**Completion Date:** 02/22/2021

## 102c - Tub/Shower - 10 users

**1. Requirements**

2600.

102.c. There shall be at least one bathtub or shower for every ten or fewer users, including residents, staff persons and household members.

**Description of Violation**

*On 2/22/21, the home served 52 residents. On that date, there were a total of 3 showers in the home for a total of 52 users. The ratio for the home should be one shower for every 15 users.*

## 102c - Tub/Shower - 10 users (continued)

**Plan of Correction****Accept***102c- Shower/Tub-10 users**It's important to have enough shower/ tub for the residents to use for cleanliness.**The regulation was violated because one of our showers was out of service.**During the pandemic, the shower was damaged and it's hard to find someone to come out to repair it. First it was the fear of strangers coming in to repair it, then it was hard to find someone to come out to due it. There is an extremely high demand for repair men.**As of right now the residents are not compromised since the shower is unavailable. We are awaiting a part for the shower. It's due to come in June 2021.**In the future this shouldn't be a problem. The shut down of the world held up a lot of deliveries and repairs. We are usually on top of these things as soon as it's damaged.**All staff are to continue to check all bathrooms for and repairs.***Completion Date:** 02/22/2021**Update - 06/08/2021***SP - 06-08-2021 - Home will ensure there are enough showers to accommodate all residents in accordance with regulation 2600.102c*

## 102i - Soap Dispenser

**1. Requirements**

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

**Description of Violation***On 2/22/21, there was no soap in the 2nd floor 2nd bathroom.***Plan of Correction****Accept***102i-Soap Dispenser**This regulation is important because it's very important to have good hygiene.**There was no soap in the soap dispenser.**Staff didn't get to that bathroom yet to refill the soap dispenser.**Staff immediately put soap in the soap dispenser.**Retrain staff to check the bathrooms more often.**All Staff is to check the bathrooms several times daily.***Completion Date:** 02/22/2021

## 102k - No Common Towel

**1. Requirements**

2600.

102.k. Use of a common towel is prohibited.

**Description of Violation***On 2/22/21, in the 2nd floor 2nd bathroom, there were no paper towels, mechanical hand dryer or other sanitary means of hand drying in the bathroom.*

102k - No Common Towel (continued)

Plan of Correction

Accept

102k-No Common Towel

The regulation is important to stop the spread of germs.

The regulation was violated because our hand dryer broke. No common towel in the bathroom.

The hand dryer broke.

We put paper towels in the bathroom until the hand dryer is replaced.

Retrain the staff to make sure the hand dryer is operational or have paper towels in the bathroom.

Completion Date: 02/22/2021

107d - Procedure Emergency Management Agency Submission

1. Requirements

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home's written emergency procedures have not been submitted to the local emergency management agency since 2017.

Plan of Correction

Accept

107d-Procedure Emergency Management Agency Submission

This regulation is important because it shows the City knows our emergency procedure.

The violation was violated because I didn't receive confirmation email stating it was received.

The non-receipt of the confirmation email.

Resend the email to get a response.

Make sure we receive a confirmation. Do reminders until receipt is received.

Assistant administrator is responsible for this.

Completion Date: 02/22/2021

126a - Furnace Inspection

1. Requirements

2600.

126.a. A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

Description of Violation

The last inspection of the furnace was conducted on 4/23/19.

Plan of Correction

Accept

Furnace was inspected..... Please see Attachment

Completion Date: 05/18/2021

132f - Alternate Exit Routes

1. Requirements

2600.

132.f. Alternate exit routes shall be used during fire drills.

132f - Alternate Exit Routes (continued)

Description of Violation

On 8/22/19, 9/7/19, and 10/1/19, the same exits were used to evacuate for all three fire drills. They were exits L, M, N, O, G, H, I, A, B, C, and F.

Plan of Correction

Accept

132f-Alternate Exit Routs

This regulation is important because in case of an exit not being available, practice using different exits to ensure safety.

While doing fire drills, the same exits were being used.

Not realizing the same exits were being used.

Review the fire drill log to ensue different exits are being used.

Look over the fire drill log before performing a fire drill.

Assistant administrator will be held responsible to prevent future violations.

Completion Date: 02/23/2021

190a - Completion Medication Course

1. Requirements

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department’s performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person A completed the initial medications administration course on 3/15/19 but did not complete the annual practicum.

Staff persons C and D last annual practicum was 10/10/19.

Plan of Correction

Directed

190a-Completion Medication Course

It’s very important to be certified in medication to properly administrate medications.

The regulation was violated because we didn’t have our paperwork for our certification.

we dispute the violation for staff person A. [REDACTED] is and never was a med tech and has administrated medication.

The pandemic caused the violation.

Another training was scheduled to get the certification.

SP 06-08-2021 - Home will ensure qualified staff members who have completed the medication course in accordance with regulation 2600.190a administer medications to residents. If home doesn't have qualified medication technicians, they will make the Department aware and bring in contracted qualified staff to administer meds.

Completion Date: 06/08/2021

225a - Assessment 15 Days

1. Requirements

2600.

**225a - Assessment 15 Days (continued)**

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**

Resident #1's assessment, dated [REDACTED]/20, does not include an assessment for all factors of personal care needs and degree. The assessment was incomplete.

**Plan of Correction****Accept**

225a – Assessment 15 Days

*This regulation is important because the assessment explains the services needed for the resident.*

*The regulation was violated by this section of [REDACTED] admissions packet was overlooked.*

*The cause of this violation is this section of the admission packet wasn't completed.*

*This violation was fixed right away by reinterviewing Resident #1 and recording [REDACTED] answers.*

*In the future we will have the administrator and assistant administrator to look over the assessment to assure it's filled out completely.*

*The administrator and assistant administrator will be responsible for this.*

**Completion Date:** 02/22/2021

**225c - Additional Assessment****1. Requirements**

2600.

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

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

**Description of Violation**

Resident #2's assessment, dated [REDACTED]/20, does not include an assessment for Short Term Memory, Long Term Memory, and Ability to Use and Avoid Poisonous Materials.

**Plan of Correction****Accept**

225c- Additional assessment

*This regulation is important because assess Resident #2 to assure we can accommodate the residents needs and support [REDACTED]*

*The regulation was violated Resident #2 didn't include as assessment for short term memory, long term memory and ability to use and avoid poisonous materials.*

*The violation was violated because the additional assessment was incomplete.*

*The immediate fix for this is to reinterview Resident #2 and record the findings.*

*The administrator and assistant administrator will look over the paperwork to ensure it's complete.*

*The administrator and assistant administrator is responsible for this.*

**Completion Date:** 02/22/2021