



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [REDACTED]
September 12, 2022

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

RE: Hayes Manor
License #: 14223

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on March 16, 2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Claire Mendez

Claire Mendez
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* License #: *14223* License Expiration: *11/15/2022*
Address: *2210 BELMONT AVENUE, PHILADELPHIA, PA 19131*
County: *PHILADELPHIA* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: *2154731552* Email: [REDACTED]

Legal Entity

Name: *HAYES MANOR INC*
Address: *2210 BELMONT AVENUE, PHILADELPHIA, PA, 19131*
Phone: *2154731552* Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *28* Waking Staff: *21*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *03/16/2022*

Inspection Dates and Department Representative

03/16/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *65* Residents Served: *24*

Secured Dementia Care Unit

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

Hospice

Current Residents: *x*

Number of Residents Who:

Receive Supplemental Security Income: *2* Are 60 Years of Age or Older: *24*
Diagnosed with Mental Illness: *3* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *4* Have Physical Disability: *3*

Inspections / Reviews

03/16/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/08/2022*

04/08/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/13/2022*

Inspections / Reviews (*continued*)

04/12/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *04/29/2022*

42b - Abuse

1. Requirements

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

Resident #1 has issues with poor circulation and has several pressure ulcers including a stage one ulcer on [REDACTED] left heel, a stage 1 ulcer in the middle of [REDACTED] back, and a stage 4 ulcer on the posterior left thigh. The resident is tall and cannot bear weight on [REDACTED] legs and requires two person assistance when transferring in and out of [REDACTED] bed/wheelchair. The home uses a Sit-to-Stand Lift for this purpose. On 03/06/2022 around 08:00 PM, staff A was putting resident #1 to bed. The staff did not ask for assistance from the med-tech on duty and operated the lift alone. When staff A started to assist Resident #1, the resident told the staff that [REDACTED] legs hurt and asked [REDACTED] to be gentle. Staff A stated to the resident that [REDACTED] didn't care about that. Staff A then proceeded to lift the resident's legs all the way up and slammed them down, which caused the resident considerable pain for several days. After putting the resident to bed, the resident requested that Staff A hand [REDACTED] [REDACTED] wallet, which [REDACTED] puts under [REDACTED] pillow when [REDACTED] sleeps. Staff A refused, and put it on [REDACTED] dresser out of [REDACTED] reach, causing [REDACTED] mental anguish.

Plan of Correction

Accept

Violation reviewed.

Resident#1 reported the incident to the nurse manager on 3/8/22 who immediately initiated an investigation of the incident.

1. Reported the incident to the administrator.
2. The nurse manager completed a body assessment.
3. Completed an incident report.
4. Contacted staff member A and informed [REDACTED] the allegation, removed [REDACTED] from the work schedule, and had [REDACTED] come in for an investigation and statement.
5. Notified the doctor.
6. The administrator interviewed the resident.
7. Notified DHS and OAPSA.
8. All staff members were re-in-serviced on abuse, resident rights, investigation, and reporting.
9. Staff member A remained off of the work schedule. After the completion the investigation by Hayes Manor, OAPSA, and DHS staff member A was dismissed from employment.

Completion Date: 03/21/2022 Licensee's Proposed Date of POC Implementation

Implemented 9/9/22 CM

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 A was hired on [REDACTED] but the criminal background check was not requested until 03/30/2020.

Plan of Correction

Accept

Violation reviewed.

1. All office personnel were re-in-serviced on regulations, requirements, and protocol of all new hires and the

51 - Criminal Background Check (continued)

importance of adhering to the regulations. To complete a criminal background or FBI check if required. This check must be requested prior to the start of employment but no later than the 1st day of employment.

- 2. All current staff members files were checked to make sure that criminal checks were completed.
- 3. The new HR person was also informed to notify the administrator for an unusual circumstances.
- 4. Varication of all completed steps for new hires is now required from 2 staff persons, the HR manager, and Office manager for compliance.
- 5. HR was supplied a copy of the credit card to prevent future violations.
- 6. If this step has not been completed the new employee will not be able to start work until this has been done.
- 7. HR to review all employee files quarterly.

Completion Date: 03/21/2022 Licensee's Proposed Date of POC Implementation

54a - Direct Care Staff

1. Requirements

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

The home does not have direct care staff person B's high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry on file.

Plan of Correction

Accept

Staff person B cannot complete direct care services until the education requirements have been documented. Please revise plan to include what this staff person's job will entail until the information has been received or a waiver is granted.

1) Staff member B has been removed from the direct care staff schedule effective April 11, 2022, and is now helping out in administration as supportive staff for the next 30 days.

2) If [redacted] receives all documentation within that time frame and meets all other qualifications, [redacted] will be permitted to return to direct care staff schedule. If not the support staff position as receptionist will remain if [redacted] so choses.

Completion Date: 04/11/2022 Licensee's Proposed Date of POC Implementation

Implemented 9/9/22 CM

63a - First Aid/CPR Training

1. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On 03/06/2022, from 07:00 PM till 07:00 AM next morning, 24 residents were present in the home. During this time, there was no staff person present in the home who was trained in 1st aid and CPR.

Plan of Correction

Accept

Violation reviewed.

- 1. Staff member B completed CPR/AED/First-Aid training immediately on 3/17/22 copy enclosed.
- 2. HR completed an audit on all direct care staff files on 3/21/22 to ensure compliance of the regulation.

63a - First Aid/CPR Training (continued)

- 3. Nurse manager reviewed all direct care staff scheduling to ensure having a staff member who is certified in CPR and First-Aid scheduled at all times. One person must be certified per 50 residents.
- 4. HR developed an audit tool to track the expiration date of all certifications. HR will notify all direct care staff members 30 days in advance to their expiration dates.
- 5. HR will periodically review all employee files to ensure that all required documents and certifications are present and current.

Completion Date: 03/21/2022 Licensee's Proposed Date of POC Implementation Implemented 9/9/22 CM

65d - Initial Direct Care Training

1. Requirements

- 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

Direct care staff person B, hired on [REDACTED] who has been providing unsupervised ADL services, did not complete and pass the Department-approved direct care training course and pass the competency test until 03/16/2022.

Plan of Correction **Accept**

- Violation reviewed.
- 1. Staff member B completed the direct care staff training course and competency immediately on 3/16/22 and successfully passed. A copy is included.
- 2. HR completed an audit on 3/21/22 and checked all direct care staff files for documentation of required training.
- 3. As per regulation no new direct care staff will provide unsupervised ADL services until they have successfully passed the competency course.
- 4. The nurse manager will not schedule anyone to perform ADL's who has not successfully passed the direct care staff trainings and competency course.
- 5. HR will review all files quarterly for compliance.

Completion Date: 03/21/2022 Licensee's Proposed Date of POC Implementation Implemented 9/9/22 CM

141b1 - Annual Medical Evaluation

1. Requirements

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

Description of Violation

Resident #1's most recent medical evaluation was completed on [REDACTED]

Plan of Correction **Accept**

- Violation reviewed.
- 1. The nurse manager originally requested an annual medical evaluation be completed by [REDACTED] on Dec. 5, 2021 for resident #1.
- 2. The nurse manager contacted [REDACTED] CRC coordinator for assistance to get the medical evaluation for residen#1 from [REDACTED] again on January 13, 2022.
- 3. After receiving the violation the medical evaluation was finally received on [REDACTED].
- 4. The nurse manager completed an audit for all needed annual evaluations.

141b1 - Annual Medical Evaluation (continued)

5. The nurse manager will continue to request all medical evaluations 60 days prior to the date due and will follow-up with the doctor and social workers as needed.

6. The administrator will check quarterly for completed medical evaluations.

Completion Date: 03/28/2022 Licensee's Proposed Date of POC Implementation

Implemented 9/9/22 CM

185a - Implement Storage Procedures

1. Requirements

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 03/06/2022 around 08:00 PM, staff A operated the home's Sit-to-Stand Lift alone without the help of another staff when transferring resident #1 to bed from the wheelchair. The instructions on the Lift indicate that two people should operate it without exceptions.

Plan of Correction

Accept

How often, and for what duration, will the administrator observe usage on rounds?

-The administrator will observe for paired care daily on rounds for as long as paired care is required, and will also monitor the direct care assignment sheet.

-The nurse manager, will also observe during residents changing times and transfer times daily on rounds and reinforce pair care frequently and as needed for direct care staff.

-In the absence of the administrator, the manager on duty will be required to observe for paired care.

Completion Date: 04/12/2022 Licensee's Proposed Date of POC Implementation

Implemented 9/9/22 CM

187a - Medication Record

1. Requirements

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 insulin injections 4 times a day. This medication has been administered except for a few occasions when [redacted] was out of the home due to hospitalization; however, it is not included on resident #1's March medication administration record (MAR).

Plan of Correction

Accept

Violation reviewed.

1. All current MAR's were checked and reviewed by the nurse manager to verify all ordered medications were on them.

2. All med techs have been in-serviced on proper documentation on MAR's including omissions when signing and charting. and a general overview on medication distribution, observation, and proper med pass technique.

3. The pharmacy was contacted regarding any missing medications for all MAR's.

4. Upon completing the monthly recaps, the nurse manager will check all current orders and ensure that they are on the monthly orders.

5. The lead med tech will review all recaps after they are completed by the manager monthly prior to placing them the MAR binder.

Completion Date: 03/17/2022 Licensee's Proposed Date of POC Implementation

Implemented 9/9/22 CM

190b - Insulin Injections

1. Requirements

2600.

190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

Description of Violation

Staff person B did not complete a Department-approved diabetes patient education program; however, the staff administered insulin injections to resident #1.

Plan of Correction

Accept

Violation reviewed.

- 1. Staff member B was immediately removed from administrating insulin injections.
- 2. All other med techs files were audited by HR and comply.
- 3. Med tech is scheduled for diabetes class on April 14, 2022 until [redacted] has successfully passed [redacted] will not administer insulin. A copy of [redacted] training will be submitted to DHS when received.
- 4. Nurse manager will ensure that the requirement is met prior to distribution of insulin.
- 5. HR will ensure that document is received and placed in employee file.
- 6. HR will monitor expiration of training and schedule annual training when needed.

Completion Date: 03/22/2022 Licensee's Proposed Date of POC Implementation

Implemented 9/9/22 CM

227g -Support Plan Signatures

1. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #1's support plan dated [redacted] does not include the assessor's information. Resident #1 signed the support plan but did not date it.

Plan of Correction

Accept

How often and for what duration will the administrator conduct reviews of support plans?
-The administrator will conduct quarterly reviews of the residents support plans annually.

Completion Date: 04/12/2022 Licensee's Proposed Date of POC Implementation

Implemented 9/9/22 CM