

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

January 11, 2023

[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 review on 04/19/2022, 04/20/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

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

Administrator

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

Legal Entity

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

Certificate(s) of Occupancy

Type: 1 2 Date: 09/07/2000 Issued By: City of philadelphia

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 50 Waking Staff: 38

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 04/20/2022

Inspection Dates and Department Representative

04/19/2022 On Site [Redacted]
 04/20/2022 On Site [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 81 Residents Served: 50
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 0
 Number of Residents Who:
 Receive Supplemental Security Income: 41 Are 60 Years of Age or Older: 25
 Diagnosed with Mental Illness: 43 Diagnosed with Intellectual Disability: 2
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

04/19/2022 - Full
 Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 05/15/2022

12/09/2022 - POC Submission
 Submitted By: [Redacted] Date Submitted: 05/13/2022
 Reviewer: [Redacted] Follow-Up Type: Document Submission Follow-Up Date: 12/14/2022

Inspections / Reviews *(continued)*

01/11/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/10/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

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

POC Submission

Accept

Staff person A is no longer employed at Kaysim Court Manor. The Hours Staff Person A worked have been covered by employees that meet the state requirements. Staff records will be audited periodically by administrator to ensure all staff meets all qualifications as required by the state.

Licensee's Plan Completion Date: 04/23/2022

Implemented [redacted] - 01/11/2023)

88a - Surfaces

2. 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 fire exit door located on the third floor of building 5919 fell off the hinges upon opening.

POC Submission

Accept

The fire door located on the third floor of building 5919 has been repaired/ replaced and now opens and closes freely. Please see attached photos for reference. Facility will perform routine checks on all service exits in the home

Licensee's Plan Completion Date: 04/26/2022

Implemented [redacted] - 01/11/2023)

132a - Monthly Fire Drill

3. Requirements

2600.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

An unannounced fire drill was not held in 2022.

POC Submission

Accept

An unannounced fire drill was held on 4/21. Staff will hold monthly fire drills and document them as required.

Licensee's Plan Completion Date: 04/21/2022

Implemented [redacted] - 01/11/2023)

132b - Safety Inspection/Fire Drill

4. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The home has not had a fire safety inspection and fire drill conducted by a fire safety expert.

POC Submission**Accept**

A fire safety inspection and fire drill was conducted by a fire safety expert on 05/06/2022. Please see attached form from [REDACTED]. Facility will schedule and conduct annual safety inspections. Inspections will be documented and the documentation placed in our Fire safety book

Licensee's Plan Completion Date: 05/06/2022

Implemented [REDACTED] - 01/11/2023)

183f - Discontinued Medications**5. Requirements**

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

The following medication [REDACTED] belonging to resident #1 expired on [REDACTED]/22. The medication was observed in the medication cart. This is not an approved method of destroying medications according to the Department of Environmental Protection and Federal and State regulation.

POC Submission**Accept**

Prescription medication [REDACTED] belonging to resident 1 was disposed of in a safe manner according to Department of Environmental Protection and State Regulations. Staff was retrained on the proper disposal of discontinued and expired medications

Licensee's Plan Completion Date: 04/24/2022

Implemented [REDACTED] - 01/11/2023)

227b - Support Plan Content**6. Requirements**

2600.

227.b. A home may use its own support plan form if it includes the same information as the Department's support plan form.

Description of Violation

Resident #2's support plan dated [REDACTED] 22 does not include a marking or circle for each level of degree for all sections.

POC Submission**Accept**

Residents support plan dated [REDACTED] 2022 was corrected and all markings or circles for each level of degree for all sections were added. Administrator retrained staff to audit all resident records to ensure all markings are completed and in compliance with regulations

227b - Support Plan Content (*continued*)

Licensee's Plan Completion Date: 04/24/2022

Implemented [REDACTED] - 01/11/2023)