

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

May 23, 2023

[REDACTED], VICE PRESIDENT  
HAYES MANOR INC  
2210 BELMONT AVENUE  
PHILADELPHIA, PA, 19131

RE: HAYES MANOR  
2210 BELMONT AVENUE  
PHILADELPHIA, PA, 19131  
LICENSE/COC#: 14223

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/22/2023 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: HAYES MANOR License #: 14223 License Expiration: 11/15/2023  
 Address: 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: I-2 Date: 03/26/2010 Issued By: City of Philadelphia, L&I

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 38 Waking Staff: 29

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Monitoring Exit Conference Date: 02/22/2023

**Inspection Dates and Department Representative**

02/22/2023 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 65 Residents Served: 34  
 Secured Dementia Care Unit  
 In Home: No Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: 0  
 Number of Residents Who:  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 34  
 Diagnosed with Mental Illness: 7 Diagnosed with Intellectual Disability: 3  
 Have Mobility Need: 4 Have Physical Disability: 1

**Inspections / Reviews**

02/22/2023 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/23/2023

03/27/2023 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 04/26/2023  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/01/2023

Inspections / Reviews *(continued)*

03/30/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/26/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/29/2023

05/23/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/26/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

183f Discontinued Medications

1. 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

██████████ with an expiration date of ██████████ belonging to resident #1, was present in the medication cart.

Plan of Correction

Accept (██████████) - 03/30/2023)

Violation- reviewed

Requirement- reviewed

-The nurse manager removed the artificial tears for resident #1 from the medication cart on 2/22/23 and disposed according to policy.

-The nurse manager re-ordered the artificial tears for resident #1 from the pharmacy on 2/22/23. Picture of new tears included.

-The nurse manager reviewed the process of discontinued medication management and removal of medications with the nursing staff on 3/3/23, please see attached.

-The nurse manager completed an audit on the medication cart for all discontinued medications on 3/3/23

-The nurse manager will complete monthly audits of the medication cart.

-The monthly audit will continue on the 3rd of each month, unless the 3rd falls on a weekend for example for the month of June, it will take place on the 2nd. The monthly audits will continue permanently there after.

Licensee's Proposed Overall Completion Date: 03/28/2023

Implemented (██████████) - 05/23/2023)

185a Implement Storage Procedures

2. 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

Resident#1's Glucometer did not have the correct time:

Actual time 4:17pm - Glucometer time 5:36pm

Plan of Correction

Accept (██████████) - 03/30/2023)

Violation- reviewed

Requirement- reviewed

-All 5 residents glucometers were re-calibrated to accurately display the correct date and time on 2/22/23 by the nurse manager.

-The nurse manager in-serviced all med tech on how to re-calibrate glucometers to date and time on 3/3/23, please see attached.

-The nurse manager completed an audit of all glucometers on 3/3/23 to make sure all were accurate. The audit is included.

-On 3/12/23 all glucometers were re-calibrated due to day light saving time.

185a Implement Storage Procedures (continued)

The nurse manager will complete monthly checks on all glucometers to monitor for accuracy by the 5th of each month, and will continue monthly permanently there after.

Licensee's Proposed Overall Completion Date: 03/28/2023

Implemented ( ) - 05/23/2023)

3. 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

Resident #2 is prescribed ( ) as needed. On 02/22/23 this medication was not available in the home.

Plan of Correction

Accept ( ) 03/27/2023)

Violation reviewed

Requirement reviewed

The nurse manager ordered the prn ( ) from the pharmacy on 2/21/23. On 2/22/23 the pharmacy called while the inspector was present stating that it would be delivered that evening. A new procedure has been implemented as of 3/3/23 by the nurse manager, that all prn medications is to be re ordered when there is a 7 day supply remaining. This will ensure that a resident will not be without their medication, and providing the pharmacy enough time for delivery. All med tech have been made aware of this new procedure via in service on 3/3/23 by nurse manager.

Licensee's Proposed Overall Completion Date: 03/21/2023

Implemented ( ) - 05/23/2023)

187a - Medication Record

4. 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 ( ) a day before meals; however, it is not included on resident #1's medication administration record.

Plan of Correction

Accept ( ) - 03/27/2023)

Violation reviewed

Requirement reviewed

On 2/22/23 the nurse manager transcribed the medication onto resident #1's MAR. Please see attached. The administrator will review the monthly renewed orders (recaps) after they are completed by the nurse manager by the 28th of each month. The order is present on the March MAR, please see attached. This monthly review of all orders will continue permanently by the administrator.

Licensee's Proposed Overall Completion Date: 03/21/2023

Implemented ( ) - 05/23/2023)

## 187d - Follow Prescriber's Orders

## 5. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

## Description of Violation

Resident #1 is prescribed [REDACTED] a day before meals and [REDACTED] 3 times a day before meals with a sliding scale. However, resident #1 was not administered this medication for the month of [REDACTED]

## Plan of Correction

Accept [REDACTED] - 03/30/2023)

Violation- reviewed

Requirement- reviewed

-A medication error report was completed by the nurse manager on 2/22/23 for the documentation error.

-The resident, RP, and PCP was made aware of the error. The resident who is awake, alert, and oriented times three, assured that nurse manager and administrator that [REDACTED] received [REDACTED] insulin when interviewed on 2/22/23.

-The nurse manager checked the March MAR for resident #1 on 2/28/23 to ensure that it was on the next months recap.

-The nurse manager completed an audit for all residents MAR's on 2/28/23 after the completion of the recaps for March.

-The nurse manager will continue to do monthly audits on all MAR's while renewing the monthly physicians orders by the 28th of each month permanently as of 2/28/23.

-All recaps were reviewed by the administrator on 2/28/23.

-The administrator will continue to monitor all MAR's when the nurse manager has completed the recaps each month permanently.

Licensee's Proposed Overall Completion Date: 03/28/2023

Implemented [REDACTED] 05/23/2023)

## 188b - Medication Error Reporting

## 6. Requirements

2600.

188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

## Description of Violation

Resident #1 is prescribed [REDACTED] instill 1 drop both eyes twice a day. However, this medication had an expiration of [REDACTED]. Resident #1 was administered [REDACTED] for the month of [REDACTED] at [REDACTED] and [REDACTED]. The medication error was not reported to the resident, resident's designated person, nor the prescriber.

Resident #1 is prescribed [REDACTED] times a day before meals. However, resident #1 was not administered medication for the month of [REDACTED]. The medication error was not reported to the resident, resident's designated person, and prescriber.

## Plan of Correction

Accept [REDACTED] - 03/30/2023)

Violation- reviewed

Requirement- reviewed

-A medication error report was completed by the nurse manager for resident #1 [REDACTED] Insulin on 2/22/23.

188b - Medication Error Reporting (continued)

-The resident, RP, and PCP were notified of the error on 2/22/23.

-An audit was completed by the nurse manager on 2/28/23.

- [redacted] from [redacted] ([redacted] Pharmacy) was in to begin a detail audit on 3/14/23, came back on 3/16/23, and will return on 3/22/23 for the completion of the audit for the medication cart, storage area, current orders, and MAR's. Please see enclosed letter.

-The nurse manager will continue to complete a monthly audit by the 28th of each month which began on 2/28/23, and continue to audit monthly permanently.

Licensee's Proposed Overall Completion Date: 03/28/2023

Implemented ([redacted] - 05/23/2023)

225a - Assessment 15 Days

7. Requirements

2600.

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 #2's medical evaluation dated [redacted] includes [redacted] and [redacted]. The resident's assessment, dated [redacted] does not include a plan to meet these medical needs.

Plan of Correction

Accept ([redacted] - 03/27/2023)

Violation- reviewed

Requirement- reviewed

-According to the medical evaluation and discharge summary the resident #2 was ordered a regular diet with mechanical soft texture due to [redacted] diagnosis of [redacted]. [redacted] is also ordered thin liquids.

-Mechanical soft textured foods has been added to [redacted] regular diet on [redacted] assessment by the nurse manager on [redacted]

-Dietary is providing resident #2 with mechanical soft texture foods as of 2/23/23. All resident diets have been updated on 2/23/23 to show diet and textures by the nurse manager.

-The staff is monitoring the resident #2 for coughing or choking during mealtime. Resident#2 has had no episodes of coughing or choking and is tolerating [redacted] diet.

-Effective immediately 2/23/23 the nursing staff will notify the PCP with any changes in the resident's ability to swallow or tolerate [redacted] diet by the nursing staff.

Licensee's Proposed Overall Completion Date: 03/21/2023

Implemented ([redacted] - 05/23/2023)