

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

November 2, 2023

[REDACTED], ADMINISTRATOR  
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 06/27/2023 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:** KAYSIM-COURT MANOR **License #:** 10966 **License Expiration:** 12/14/2023  
**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:** Dept of L & I

**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:** 06/27/2023

**Inspection Dates and Department Representative**

06/27/2023 **On Site:** [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information			
<b>License Capacity:</b> 81	<b>Residents Served:</b> 50		
Secured Dementia Care Unit			
<b>In Home:</b> No	<b>Area:</b>	<b>Capacity:</b>	<b>Residents Served:</b>
Hospice			
<b>Current Residents:</b> 0			
Number of Residents Who:			
<b>Receive Supplemental Security Income:</b> 33	<b>Are 60 Years of Age or Older:</b> 30		
<b>Diagnosed with Mental Illness:</b> 41	<b>Diagnosed with Intellectual Disability:</b> 2		
<b>Have Mobility Need:</b> 0	<b>Have Physical Disability:</b> 4		

**Inspections / Reviews**

06/27/2023 - Full  
**Lead Inspector:** [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 07/16/2023

Inspections / Reviews (*continued*)

## 08/10/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/31/2023

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 08/15/2023

## 11/02/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/16/2023

Reviewer: [REDACTED]

Follow Up Type: Bypass Document  
Submission

## 11/02/2023 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/02/2023

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:

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

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.

Repeated Violation- 4/19/22 et al

Plan of Correction

Directed (redacted) - 08/18/2023)

I dispute this violation because an inspector from a previous inspection said to us that a notarized letter for staff members attesting to have graduated high school would be sufficient.

A quarterly audit will be preformed by the supervisor in order to prevent this violation to happen again.

The audit will include:

All trainings are updated

All paperwork is accounted for

All paperwork is initialed or signed and needed

Start date 8/21/23 and will be done quarterly with no end date

Directed plan of Correction:

A notarized letter attesting to having a high-school diploma is not sufficient to meet the regulation. A copy of staff persons high-school diploma, transcripts from the school, certificate of GED, CNA registry or validation notice from an education credential verification service shall be kept on file for each employee. The administrator or designee shall be responsible for ensuring proper documentation of employee qualifications are kept and made available for department review.

Directed Completion Date: 08/14/2023

Implemented (redacted) - 11/02/2023)

89a - Water Pressure

3. Requirements

2600.

89.a. The home must have hot and cold water under pressure in each bathroom, kitchen and laundry area to accommodate the needs of the residents in the home.

Description of Violation

On 6/27/23 at 12:10PM, the home did not have sufficient hot water to bathroom in hallway D. Water temperature peaked at 75 degrees Fahrenheit.

Plan of Correction

Accept (redacted) - 08/18/2023)

The regulation is important for the water temperature to be at 120 degrees for sanitary purposes.

The regulation was violated because the water temperature peaked at 75 degrees during the inspection.

The cause of the violation was the temperature reading was low.

The hot water heater was adjusted to maintain a sufficient water temperature 6/27/2023

The water temperature will be checked daily to maintain sufficient water temperature.

Maintenance staff will check the water temperature daily for sufficient water temperature.

89a Water Pressure (continued)

start date of 06/28/23

Licensee's Proposed Overall Completion Date: 08/16/2023

Implemented ( ) - 11/02/2023)

89b - Hot Water Temperature

4. Requirements

2600.

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

Description of Violation

On 6/27/23 at 12:10PM, the hot water temperature at the bathroom in hallway A measured 142 degrees Fahrenheit.

Plan of Correction

Accept ( ) - 08/18/2023)

We are going to dispute this violation and request a waiver for this regulation. Our residents like the water at the current temperature.

The water temperature setting had been reset to the temperature not to exceed 120 degrees.

A worksheet has been developed to have the water temperature checked throughout the day

Staff has been trained to verbally tell the supervisor or owner if the temperatures are to hot or to cold

A supervisor will check sheets at the end of the week to ensure the water temperatures are not fluctuating to much

This will start 08/17/23

Licensee's Proposed Overall Completion Date: 08/16/2023

Implemented ( ) - 11/02/2023)

96a - First Aid Kit

5. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The first aid kit does not include a thermometer.

Plan of Correction

Accept ( ) - 08/18/2023)

It's important to have a thermometer in the first aid kit in case of and emergency and we (direct care staff) need or instruction to take someone's temperature.

At the time of inspection, the thermometer was not with the first aid kit.

The thermometer was in the building but not with the first aid kit.

The thermometer was place back with the first aid kit while the inspector was here.

We have purchased several disposable thermometers that fit inside of the first aid kit and will be counted monthly to ensure they are still there from here on out.

( ) manager, will be responsible for making sure the first aid kits are sufficiently stocked.

The monthly checks began 06/28/23 and will continue to be inspected on the 28 of each month

Licensee's Proposed Overall Completion Date: 08/14/2023

Implemented ( ) - 11/02/2023)

101r - Bedroom - shades/drapes/window covering

6. Requirements

2600.

101.r. There must be drapes, shades, curtains, blinds or shutters on the bedroom windows. Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

Description of Violation

The window in bedroom 110 does not have shades, blinds, or shutters.

Plan of Correction

Accept ( ) - 08/18/2023)

It is important to have window coverings to the bedroom windows to provide privacy.

The regulation was violated by not having window coverings at the window during inspection.

The window had no window coverings during inspection was the cause of the violation.

The blinds were put up 06/27/2023.

Housekeeping and administrator will be held responsible for preventing this violation in the future.

A room will be audited

The housekeeping staff will be retrained on what to look for in the bedrooms and report anything missing or not working. As this is reported a supervisor will inspect rooms randomly throughout the week to ensure all reports are done properly and anything reported broke or missing has been replaced.This will begin 06/28/23.

Licensee's Proposed Overall Completion Date: 08/15/2023

Implemented ( ) - 11/02/2023)

103f - Refrigerator/Freezer Temps

7. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 6/27/23 at 12:26PM the temperature in the main kitchen refrigerator was 55 degrees Fahrenheit and at 1:30PM it was 55 degrees Fahrenheit.

Plan of Correction

Accept ( ) - 08/18/2023)

The regulation is important because keeping food at proper temperatures is vital to good health.

The regulation was violated because during our inspection the temperature of our refrigerator was high in our kitchen.

During our inspection our refrigerator our refrigerator temperature was higher than normal.

We moved our perishables to our other refrigerator and checking the refrigerator to ensure a steady 40 degrees or below.

To prevent future violations, we will check the temperature of the refrigerator throughout the day for continuous required temperatures.

All staff will to a check the temperature of the refrigerator every two hours and document it!

It will begin 06/28/23

Licensee's Proposed Overall Completion Date: 08/15/2023

Implemented ( ) - 11/02/2023)

## 109b - Rabies Vaccination

**8. Requirements**

2600.

109.b. Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

**Description of Violation**

*On 6/27/23, a cat was present at the home. The home does not have a current certificate of rabies vaccination for the cat.*

**Plan of Correction**

Accept (████ - 08/10/2023)

*The regulation is important to ensure the animal is safe for everyone in the building.*

*The regulation was violated because during the inspection the cat in the building does not have her paperwork of her vaccinations.*

*The paperwork for the cat was not in the building and not up to date.*

*The cat will be taken to the vet in August 15 when her appointment is, so a coworker took her to their home until then.*

*When we get her vaccinations, we will sure will be kept in the building and up to date.*

*Office staff will make sure the vaccinations of the animals will be kept updated as needed.*

**Licensee's Proposed Overall Completion Date: 07/31/2023**

Implemented (████ - 11/02/2023)

## 141a 1-10 Medical Evaluation Information

**9. 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 Violation**

*Resident 1's medical evaluation signed █████ did not include the resident's Mobility assessment and Special health or dietary needs of the resident.*

**Plan of Correction**

Accept (████ - 08/10/2023)

*It is important to have all of the the medical evaluation form filled out as needed to ensure the proper needs are being serviced.*

*The regulation was violated by not having the mobility assessment and special health or dietary needs of the resident check off.*

*The cause of the violation was a overlooked section of the form.*

*The form was corrected immediately.*

141a 1-10 Medical Evaluation Information (continued)

In the future the paperwork will be doubled checked to ensure all sections is filled in/complete. Office staff will be held responsible for preventing future violations.

Licensee's Proposed Overall Completion Date: 07/31/2023

Implemented ( [REDACTED] - 11/02/2023)

141b1 - Annual Medical Evaluation

10. Requirements

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

Description of Violation

Resident 2's most recent medical evaluation was completed on [REDACTED]. The resident's previous medical evaluation was completed on [REDACTED]

Resident 2's most recent medical evaluation was completed on [REDACTED]. The resident's previous medical evaluation was completed on [REDACTED]

Plan of Correction

Accept ( [REDACTED] - 08/18/2023)

The regulation is important because annual evaluations by a doctor is important to the residents health and it's important to have is documented annually or as needed.

The medical evaluation for was not filled out by Resident 2's physician.

The physician did not fill out a medical evaluation for for Resident2 in 2021 as regulated.

Resident 2 has a current medical evaluation form and will continue to have it done annually as regulated.

We will have a spread sheet to have all the dated to ensure the oversight will not happen again.

The office staff will be responsible to prevent future violations.

This sheet will be in use as of 06/28/23

Licensee's Proposed Overall Completion Date: 08/15/2023

Implemented ( [REDACTED] - 11/02/2023)

183e - Storing Medications

11. Requirements

2600. 183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On [REDACTED] at [REDACTED] there was 1 loose round white pill in the cart and a bottle of ibuprofen that did not have a cap or cover.

183e - Storing Medications (continued)

Plan of Correction

Accept ( ) - 08/18/2023

The regulation is important because loose medications should never be present in the medication cart and all medications should have be secured with it's original top on it.

The regulation was violated by finding one loose medication in the medication cart and one bottle of ibuprofen was in the cart without a top on it.

The loose pill was in the medication cart and was not seen by med tech so, it was not removed. The pill bottle top must've not been on tight and came off of the ibuprofen bottle.

The loose pill was immediately discarded of and the pill bottle was discarded of as well and a new bottle was ordered and received the same day.

A check of the medication cart well be done every two weeks to ensure no loose medication and pill bottles will be checked daily to ensure the all have tops on them and there are on the bottles properly.

Marlo Evans will be held responsible for these duties.

The audits will begin 06/28/23

Licensee's Proposed Overall Completion Date: 08/15/2023

Implemented ( ) - 11/02/2023

185a - Implement Storage Procedures

12. 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 ( ) cap Take 1 capsule by mouth every 6 hours as needed. On ( ) this medication was not available in the home.

Plan of Correction

Accept ( ) - 08/18/2023

The regulation is important to ensure all medications listed on there residents MAR and available to them as needed.

The regulator was violated because one of Resident 2 meds weren't present in the building during the inspection.

The medication was not sent over by the pharmacy as requested.

Right away and email was sent to the pharmacy manager to get this medication and requested earlier. The medication was received the same night.

Follow up with the pharmacy when requested medications have not been received in a timely manor. Phone calls, faxes, and emails.

( ) will be held responsible for this task.

As refills are asked for they will be notated and for the ones not available at the time of request will be requested again and the doctor notified for an alternative if the medication is no available in a timely fashion. This will be done as requested.

This will begin 06/28/23

Licensee's Proposed Overall Completion Date: 08/15/2023

Implemented ( ) - 11/02/2023

185b - Medication Procedures

13. Requirements

185b - Medication Procedures (continued)

2600.

185.b. At a minimum, the procedures must include:

**Description of Violation**

Resident 4 is prescribed [REDACTED]. The controlled substance count documents 19 remaining. However, there are 20 pills remaining in the blister pack.

**Plan of Correction**

Accept [REDACTED] - 08/18/2023)

The controlled substance must be kept accounted for due to the nature of the medication. An accurate count of the meds are to insure the resident is receiving the meds properly.

Said medication was listed as having 19 pills remaining and there were 20 pills remaining.

Ensure the proper count of the medication and continue the accurate count form that day forward.

To prevent future violations, a secondary count of the controlled substance meds will be preformed by another staff member to ensure the accuracy of the medication count.

[REDACTED] will be responsible for preventing future violations.

This will begin 06/28/23.

The MAR book will be checked along with the controlled substance sheet and the actual medication to ensure all are saying the same thing.

Licensee's Proposed Overall Completion Date: 08/15/2023

Implemented ([REDACTED] - 11/02/2023)

187b - Date/Time of Medication Admin.

**14. Requirements**

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

**Description of Violation**

On [REDACTED], Resident 2's medication administration record is documented for administration of the following medications on [REDACTED] at [REDACTED].

Resident 4 is prescribed [REDACTED] take 1 tablet by mouth at bedtime. On [REDACTED] this medication is documented as administered on the medication administration record but not on the controlled substance log.

**Plan of Correction**

Accept [REDACTED] - 08/18/2023)

It is important to document the medication administration to ensure the medication is being dispensed properly. The regulation was violated by the med tech not documenting the medication being given on the controlled substance log.

The cause of the violation was the non documentation of the controlled substance log.

The log will be closely monitored and properly documented

A controlled substance audit will be done daily to ensure the meds and documentation are in sync.

Med tech will be responsible for preventing future violations.

This will begin 06/28/23.

The MAR book will be checked along with the controlled substance sheet and the actual medication to ensure all are saying the same thing.

Licensee's Proposed Overall Completion Date: 08/15/2023

## 187b - Date/Time of Medication Admin. (continued)

Implemented ( ) - 11/02/2023)

## 187d - Follow Prescriber's Orders

## 15. Requirements

2600.

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

## Description of Violation

Resident 2 is prescribed ( ) take 1 capsule by mouth every 8 hours. However on ( ) and ( ) this medication was administered at ( ) but not again until ( ). Additionally this medication is scheduled to be given at ( ) daily which is more than and less than 8 hours

## Plan of Correction

Accept ( ) - 08/18/2023)

This regulation is important because medications must be given out as prescribed times.

The regulation was violated by not giving the meds out at the prescribed time.

The regulation was violated because the meds were not given out at the prescribed time.

A retraining for the med techs to emphasize the importance of the meds to be given out and documented at the prescribed times and contact the pharmacy to get the packaging adjusted to follow the prescription. The retraining was done 06/28/2023.

All med techs are responsible for making sure all meds are packaged properly when coming from the pharmacy, given at the prescribed times and documented as administered.

A MAR audit will be performed every month starting 06/28/23

The audit will include the wording of the medication to ensure it has been labeled properly and dispensed properly.

Med techs will be responsible for this Mar audit.

Licensee's Proposed Overall Completion Date: 08/15/2023

Implemented ( ) - 11/02/2023)

## 225c - Additional Assessment

## 16. Requirements

2600.

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

1. Annually.

## Description of Violation

On ( ), Resident 1's most recent assessment was completed on ( )

## Plan of Correction

Accept ( ) - 08/18/2023)

It is important to do assessments annually for updated of anything going on with the resident for staff and others to be aware of.

The regulation was violated because the annual assessment was not completed within a year.

An oversight was the cause of the annual assessment not to have been done.

The annual assessment has been completed 6/68/2023

The annual assessment will be done annually as per regulations

The office staff will has created a worksheet to ensure the annual forms are done annually.

06/28/23 the worksheet will be put into place

Licensee's Proposed Overall Completion Date: 08/15/2023

225c Additional Assessment (*continued*)

*Implemented* [REDACTED] 11/02/2023)