

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

November 2, 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 09/06/2023 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: Other Date: 04/12/1985 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 39 Waking Staff: 29

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal Exit Conference Date: 09/06/2023

Inspection Dates and Department Representative

09/06/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 65 Residents Served: 37

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 3 Are 60 Years of Age or Older: 37
Diagnosed with Mental Illness: 11 Diagnosed with Intellectual Disability: 4
Have Mobility Need: 2 Have Physical Disability: 0

Inspections / Reviews

09/06/2023 Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/28/2023

10/02/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 11/01/2023
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 11/01/2023

Inspections / Reviews *(continued)*

11/02/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/01/2023

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

60a - Staff/Support Plan

1. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

On [REDACTED], resident #1 did not receive ambulating assistance or bed-to-bed transfers that were specified in his or her assessment and support plan. The absence of direct care staffing at the home prevented these services from being offered, according to resident interviews. At 9:30 in the morning, resident#1 was seen lying in bed, and he or she wasn't moved until the request was made. According to Resident #1, they spent the entire day in bed.

Plan of Correction

Accept [REDACTED] - 10/02/2023)

-On 9/6/23 the inspector interviewed the resident and [REDACTED] stated that [REDACTED] was in bed all day, yet [REDACTED] went to the dining room to eat all meals. The inspector also stated that [REDACTED] was observed in bed since 9:30am, by then [REDACTED] had already been to breakfast from 8am-9am and requested that the staff return [REDACTED] to [REDACTED] room. The inspector did not make room rounds until after lunch.

-Upon receiving the inspector's request to assist the resident out of bed at approximately 3:00pm, the necessary action was promptly taken. It's important to note that [REDACTED] expressed reluctance and emotional distress during this process, stating [REDACTED] desire to remain in bed and questioning the reasons for [REDACTED] being asked to get up, especially since [REDACTED] had recently returned to bed after having lunch.

-The resident #1 was provided with AM care assistance and transported to meals on 9/6/23 as we do not serve food in the resident rooms, and she eats 3 meals per day, this was verified by the administrator on 9/6/23.

-The nurse manager reviewed and updated the rasp for resident #1 on [REDACTED] to ensure all of the resident's needs are being met.

-The nurse manager in-serviced the direct care staff on the violation received and reviewed the rasp and the needs of the residents on 9/9/23 with them.

-As of 9/9/23 the direct care staff will continue to provide resident #1 with assistance in getting out of bed, transport to meals, and restroom as needed. The staff will also continue to encourage the resident to remain in the lounge and sunroom to encourage socialization when the resident allows. This was reviewed by the nurse manager on 9/9/23.

-Please find attached a family letter that provides further context and insight into [REDACTED] behaviors.

-Effective 9/9/23 the nurse manager or designee will continue to make daily rounds and monitor resident #1 for care, ambulation, and interaction daily for 1 month.

-The administrator or designee will continue to observe resident upon making rounds at weekly, and initiate conversation and encouragement to participation and socialization as we are committed to ensuring that [REDACTED] [REDACTED]s care aligns with [REDACTED] needs while addressing any concerns or challenges that may arise.

Licensee's Proposed Overall Completion Date: 09/26/2023

Implemented [REDACTED] - 11/02/2023)

65f - Training Topics

2. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.

65f Training Topics (*continued*)

2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person A did not receive training in medication self administration training, instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, care for residents with dementia and cognitive impairments, infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, personal care service needs of the resident, safe management techniques, care for residents with mental illness or an intellectual disability, or both, if the population is served in the home during training year 2022.

Direct care staff person B did not receive training in medication self administration training, instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, care for residents with dementia and cognitive impairments during training year 2022.

Plan of Correction

Accept (█) - 10/02/2023)

The violation occurred because the human resource manager did not complete an audit for 2022 to ensure all staff members received their required training.

The administrator reviewed the violations with HR on September 7, 2023 and provided her with a list of required annual trainings.

On September 7, 2023, the human resources manager completed an employee training audit to determine what employees missed any required trainings for 2022. (Please see attached)

On September 8, 2023, the nurse manager started in services for all employees who missed any trainings that were required. These in services were completed by September 18, 2023.

Staff person A received █ required trainings for:

1. Medication self administration training
2. Instruction on meeting the needs of the residents as described in the pre admission screening form, assessment tool, medical eval and support plan.
3. Care of residents with dementia and cognitive impairments on September 8, 2023, all in services were given by the nurse manager.

Staff person A received their training for:

4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of █ decubitus ulcers, incontinence, malnutrition and dehydration.

5. Personal care service needs of the resident on September 11, 2023, both trainings were given by the nurse manager.

Staff person A also received

6. Safe management techniques.

65f Training Topics (continued)

7. Care for residents with mental illness or an intellectual disability, or both, if the population is serviced in the home. This training was given on September 14, 2023, by the nurse manager.

Staff person B received her required trainings for:

1. Medication self administration training

2. Instruction on meeting the needs of the residents as described in the pre admission screening form, assessment tool, medical eval and support plan.

3. Care of residents with dementia and cognitive impairments on September 8, 2023, all in services were given by the nurse manager.

HR will review all direct care employee files quarterly on March, June, September, and December of each year to ensure compliance.

The administrator will review employee files semi annually during January and July of each year to make sure all requirements are met.

Licensee's Proposed Overall Completion Date: 09/25/2023

Implemented () - 11/02/2023)

65g - Annual Training Content

3. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

5. Falls and accident prevention.

Description of Violation

Staff person A did not receive training in falls and accident prevention during training year 2022.

Plan of Correction

Accept () - 10/02/2023)

The violation occurred because the human resource manager did not complete an audit for 2022 to ensure all staff members received their required training.

The administrator reviewed the violations with HR on September 7, 2023, and provided with a list of required annual trainings.

On September 7, 2023, the human resources manager completed an employee training audit on all direct care staff to determine what employees missed any required trainings for 2022. (Please see attached)

Staff person A received fall and accident prevention training on September 14, 2023, from HR who is the safety director.

Any employee requiring fall and safety prevention training received it on September 14, 2023. from HR.

HR will review all employee files quarterly on March, June, September, and December each year to ensure compliance. This action will continue permanently moving forward.

The administrator will review employee files semi annually during January and July to make sure all requirements are met to prevent re occurrence.

Licensee's Proposed Overall Completion Date: 09/25/2023

Implemented () - 11/02/2023)

132g - Fire Drills Days/Times

4. Requirements

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The home routinely conducted fire drills during the first week of the month as evidenced by the following drills:

May 7, 2023, at 12:28am,

June 3, 2023, at 5:49pm,

July 6, 2023, at 8:10am,

August 4, 2023, at 2:33am and

September 1, 2023, at 5:42pm.

Plan of Correction**Accept (█ - 10/02/2023)**

-The violation occurred because the staff previously comprehended 30 days as opposed to a monthly fire drill. The drills had previously been performed on different days of the week, and different times of day within a 30-day time period.

-The maintenance staff along with the other managers were in-serviced by the administrator on September 20, 2023, on the violation received, the regulation, and the requirement on conducting fire drills monthly.

-Effective the month of October 2023, which is when our next fire drill is due, all fire drills will be performed monthly by the maintenance manager or designee at different days of the week, and different times of the day and night as required.

-Moving forward from October 1, 2023, the maintenance manager and administrator will collaborate on the day of the week and time of the day for fire drills to prevent reoccurrence of the violation.

Licensee's Proposed Overall Completion Date: 09/25/2023

Implemented (█ - 11/02/2023)

141a 1-10 Medical Evaluation Information

5. 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.

141a 1-10 Medical Evaluation Information (continued)

Description of Violation

Resident #2's medical evaluation dated [REDACTED] did not include page two of the medical evaluation. Elements that are missing include a special diet, special instruction and a medication regimen.

Plan of Correction

Accept ([REDACTED] - 10/02/2023)

-The doctor re-sent a copy of page #2 for resident #2 DME on [REDACTED]. Please see attached.

-The nurse manager completed an audit of all resident's charts to verify that all DME's are correct and complete on 9/18/23.

-As of 9/18/23 the nurse manager will conduct an audit to ensure that all pages of medical evaluations are included and properly documented before filing quarterly. This checklist should explicitly list the required elements, such as special diets, special instructions, and medication regimens, to serve as a guide for completeness and will be done in the months of March, June, September, and December each year.

-The administrator will conduct periodic audits in January and July of each year to ensure the documentation process, and to identify any recurring issues to make continuous improvements to the documentation procedures. These actions will establish a system where a second staff member double-checks the documentation for completeness before it is considered final. This additional layer of review can catch any overlooked details.

-On 9/15/23 the nurse manager provided an in-service to the staff on how to review and verify information on Medical Evaluations (DME)

Licensee's Proposed Overall Completion Date: 09/26/2023

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

182c - Medication Administration

6. Requirements

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

6. Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in subsection (b)(4).

Description of Violation

On [REDACTED] at [REDACTED], staff member C did not place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in subsection (b)(4) for resident #3, who requires this assistance to take [REDACTED], and [REDACTED].

Plan of Correction

Accept ([REDACTED] - 10/02/2023)

-Staff Member C did not properly provide assistance to Resident#3 as prescribed in the medication administration protocol.

-On 9/11/23 the nurse manager gave Staff Member C a refresher course and test regarding medication administration. Please see attached.

-On 9/11/23 the nurse manager informed all med tech staff of the violation received and in-serviced all med techs on the importance of correct medication administration and monitoring the resident during consumption of medications. Staff members were retrained on the specific administration requirements for these medications and reminded of the importance of adhering to the prescriber's orders.

The nurse manager also provided education on the proper handling and administration of medications, particularly for residents with specific requirements. attached is a copy of the topics reviewed.

182c - Medication Administration (continued)

- As of 9/11/23 Staff members involved in medication administration will receive increased supervision and oversight to ensure that medications are administered in accordance with the prescriber's instructions and DPW requirements by the nurse manager when on duty for 2 weeks.
- A review of medication documentation practices was conducted by the certified medication administration trainer on 9/23/23 to ensure that all medication administrations are accurately recorded, including the route and method of administration, pls. see enclosed.
- Continued practicums and observations will provided to staff as per medication administration protocol every 6 months and or annually.

Licensee's Proposed Overall Completion Date: 09/26/2023

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

187d - Follow Prescriber's Orders

7. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #2 is prescribed [redacted]: [redacted] 200-250=1U, 251-300=2U, 301-350=3U and 350>=4U. However, on [redacted] at [redacted], the blood sugar was [redacted], the home failed to administer 2 units of [redacted] as prescribed by the sliding scale. On [redacted] at [redacted], the blood sugar was [redacted] and the home failed to administer 4 units of [redacted] as prescribed by the sliding scale.

Plan of Correction

Accept ([redacted] 10/02/2023)

-Resident # 2 is on sliding scale for [redacted] three times daily. On [redacted] resident #2 BS was [redacted] at 8Am before breakfast. The med tech gave 2 units of [redacted] and failed to document that it was given. [redacted] ate [redacted] breakfast and returned at [redacted] for [redacted] next BS it was [redacted] On [redacted] residents [redacted] was [redacted] at [redacted] before dinner, [redacted] was given 10 nits as per order and 4 units as per sliding scale and the sliding scale dose was not documented. On [redacted] at 8am the next time the BS was ordered the residents BS was [redacted]

- The violation was reviewed by the nurse manager and med techs on 9/11/23.
- On 9/11/23 the nurse manager in-serviced all med techs on sliding scale insulin administration and documentation. Pls see enclosed.
- The nurse manager will conduct monthly audits on the documentation of all residents who are on sliding scale insulin during the recap process which usually take place on the 27th of each month.
- The administrator developed a different way of documenting the sliding scale documentation results daily and for each time during the day to ensure compliance. It will begin on October 1, 2023, with the new MAR's, and will go as such:

Example-[redacted] ss three times daily: 200-250- 1 unit, 251-300- 2 units, 301-350- 3 units, above 351-4 units.

8am Initial-[redacted]
BS-[redacted]
Coverage-[redacted]

187d Follow Prescriber's Orders (continued)

11:30a Initial [redacted]
BS [redacted]
Cov [redacted]
Site LA

5:00pm Initial [redacted]
BS [redacted]
Cov [redacted]
Site RA

This new sliding scale documentation will continue permanently starting October 1, 2023, to prevent future errors.

Licensee's Proposed Overall Completion Date: 09/26/2023

Implemented [redacted] - 11/02/2023)

8. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #4 is prescribed [redacted], take 1 tab by mouth daily. However, this medication was not administered from [redacted] to [redacted] because the medication was not available in the home.

Plan of Correction

Accept [redacted] - 10/02/2023)

It was stated that the resident #4 was without [redacted] medication for 6 days because the vial was empty upon inspection. The resident did receive [redacted] medication as prescribed from [redacted] It was documented as received that morning prior to inspector's visit that afternoon into the nursing unit (please see attached) The medication had been previously brought in by her granddaughter from the [redacted] pharmacy. We were instructed to have [redacted] medication sent by our pharmacy at the completion of that refill. The medication was called into our pharmacy on 9/6/23 by the nurse manager.

The medication was due at 9am the next morning on 9/7/23 and was delivered by our pharmacy at 6:48pm on 9/6/23 so no doses was missed.

The nurse manager completed an audit on the medication cart for all ordered medications on 9/8/23.

The nurse manager or lead med tech will complete weekly audits of the medication cart to ensure all ordered medications are present.

The staff will continue to make sure that there is a 7 day supply of medications on hand for each resident.as of 9/8/23. Contact the pharmacy for replacement and or refill as needed.

The weekly audit started on Monday September 8, 2023, and will continue on Monday of each week, unless the Monday falls on a holiday, then it will be completed on the Friday before the holiday. Please see attached.

Licensee's Proposed Overall Completion Date: 09/26/2023

Implemented [redacted] - 11/02/2023)

187d Follow Prescriber's Orders (continued)

188b - Medication Error Reporting

9. 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 #4 is prescribed [redacted] take 1 capsule by mouth daily. However, resident #4 was not administered [redacted] from [redacted] to [redacted]. The medication error was not reported to the resident, resident's designated person, and prescriber.

Plan of Correction

Accept ([redacted] - 10/02/2023)

As previously stated as per the nurse manager on 9/8/23 after completion of an investigation no doses had been missed and the medication was documented and signed out by the med techs from September 1 6, the med tech stated she used the last dose from CVS pharmacy and the refill was called into our pharmacy on September 6, 2023, by the nurse manager. please see enclosed the manifest and packing slip.

The resident received the next due dose on 9/7/23 as prescribed therefore there was no medication error to report. The medication was received on 9/6/23 and given to the resident on 9/7/2023.

The nurse manager completed an audit on the medication cart for all ordered medications on 9/8/23.

Moving forward as of 9/8/2023, the nursing staff is to monitor the med cart for all needed medications. If any medications are omitted for any reason the nurse manager or designee is required to report the omission to the doctor, RP and administrator immediately.

Effective 9/8/23, a medication error report is to be completed by the nurse manager or designee at the time of the incident.

The nurse manager will continue to complete a monthly audit by the 8th of each month which began on 9/8/23, and continue to audit monthly permanently to prevent medication errors.

Licensee's Proposed Overall Completion Date: 09/26/2023

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