

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

December 10, 2024

[REDACTED]
HAYES MANOR INC
[REDACTED]
[REDACTED]

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/31/2024 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: 11/15/2024
 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: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: Other Date: 04/12/1985 Issued By: City of Phila L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 41 Waking Staff: 31

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 10/31/2024

Inspection Dates and Department Representative

10/31/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 65 Residents Served: 39
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 0
 Number of Residents Who:
 Receive Supplemental Security Income: 5 Are 60 Years of Age or Older: 39
 Diagnosed with Mental Illness: 17 Diagnosed with Intellectual Disability: 2
 Have Mobility Need: 2 Have Physical Disability: 0

Inspections / Reviews

10/31/2024 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/23/2024

12/10/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 12/10/2024
 Reviewer: [REDACTED] Follow-Up Type: Bypass Document Submission

Inspections / Reviews *(continued)*

12/10/2024 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/10/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

103i - Outdated Food

1. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

There was an unlabeled, undated green and red peppers in the freezer.

There was an incorrectly labeled and undated red tomatoes in the freezer, they were labeled as Frosted Flakes.

Plan of Correction

Accept (████ - 12/10/2024)

-The administrator and managing staff reviewed violation and regulation on Friday, November 1, 2024.

-On October 31, 2024, the cook removed both the unlabeled green and red peppers and the incorrectly labeled tomato items from the freezer and discarded them.

-On November 4, 2024, the admin. met with all dietary staff to review the violation and in-service them on proper labeling and general food safety. (Please see attached).

-As of November 4, 2024, both cooks' day and evening shift must inspect refrigerators and freezers prior to leaving for the day. They are to discard any unlabeled or incorrectly labeled foods daily.

-As of November 5, 2024, the refrigerators and freezers must be checked every 3rd day by the dietary supervisor or admin person on coverage to inhibit the reoccurrence of this violation for everyone's safety. This task will be completed permanently.

Proposed Overall Completion Date: 11/20/2024

Licensee's Proposed Overall Completion Date: 11/20/2024

Implemented (████ - 12/10/2024)

183e - Storing Medications

2. 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 █████ there was unopened █████ belonging to Resident █████ According to the manufacturer's instructions this medication is to be kept in the refrigerator until opening.

Plan of Correction

Accept (████ - 12/10/2024)

-On October 30, 2024, at 9pm the med tech used the last drop from the previous bottle and placed a new on in the med cart.

-The admin and nurse manager reviewed the violation and regulation on Friday, █████

-On Friday, █████, the nurse manager contacted the pharmacy to review the manufactures instructions regarding the █████. The manufacture states to protect from light, store unopened bottles under refrigeration at 2 to 8 degrees C. During shipment the bottle may be maintained at temperatures up to 40 degree C for a period not to exceed 8 days. Once the bottle is opened it should be refrigerated but may be stored at room temperature up to 77 degrees for 6 weeks.

183e Storing Medications (continued)

By Monday November 11, 2024, the nurse manager completed an audit of the med cart to check all eye drops.

On Monday November 15, 2024, the nurse manager met with all med techs to review the violations received and in service all med tech staff regarding PRN medications and requirements, the glucometers and new procedure to check all readings and flow sheets, and proper storage of all medications including eye drops.

The nurse manager will continue to complete a monthly audit by the last week of the month to monitor for proper storage of eye drops. Next audit due November 25th November 29th, 2024.

The administrator will complete quarterly reviews permanently. The next quarterly due December 2nd Dec 6th, 2024.

Proposed Overall Completion Date: 11/20/2024

Licensee's Proposed Overall Completion Date: 11/20/2024

Implemented [redacted] - 12/10/2024)

185a - Implement Storage Procedures

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 [redacted] is prescribed [redacted] as needed. On [redacted], [redacted] medication was not available in the home.

On [redacted], at 8:00 am, [redacted] reading was [redacted] but was documented as [redacted] on Resident [redacted] Medication Administration Record.

On [redacted] at 4:45 pm, [redacted] reading was [redacted] but was documented as [redacted] on Resident [redacted] Medication Administration Record.

On [redacted], at 4:45 pm, Glucometer reading was [redacted] but was documented as [redacted] on Resident [redacted] Medication Administration Record.

Plan of Correction

Accept [redacted] - 12/10/2024)

The admin and nurse manager reviewed the violations and regulation on Friday, [redacted].

On [redacted], the [redacted] for resident [redacted] was discontinued due to non use as it was no longer needed, pls see attached.

By Monday November 11, 2024, the nurse manager completed an audit of the med cart for all PRN medications to ensure their presence or to discontinue if they were no longer needed. (documentation included)

All med techs have been instructed to contact doctor and discontinue all non used PRN medication immediately after completion. As well as in serviced on the new procedure regarding glucose machines and flow sheets for accuracy. This task is effective as of November 15, 2024, and to document on the 24 hour nursing report for the nurse manager to monitor. (see attached)

185a Implement Storage Procedures (continued)

On [REDACTED] the nurse manager performed an audit on resident [REDACTED] glucometer and flow sheet to make necessary corrections.

The nurse manager will continue to conduct an audit monthly during the medication renewal process permanently this task takes place from the 25th - 29th of each month. Audit included.

As of November 15, 2024, all med techs are required to check the last reading on all glucometers against the flow sheet and what is documented on the 24 hour report prior to using the machine. They were in serviced by the nurse manager. (pls see enclosed)

The administrator is to continue to complete quarterly reviews for compliance permanently. Next quarterly due Dec 2nd - Dec 6th, 2024.

Proposed Overall Completion Date: 11/20/2024

Licensee's Proposed Overall Completion Date: 11/20/2024

Implemented ([REDACTED] - 12/10/2024)