

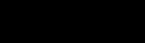


CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: APRIL 2, 2025



Hayes Manor, Inc.
2210 Belmont Avenue
Philadelphia, Pennsylvania 19131

RE: Hayes Manor
License #: 142231

Dear :

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspection February 19, 2025 of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance 142230 dated November 15, 2024 to November 15, 2025 and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026(b)(1);(4) and 55 Pa. Code § 20.71(a)(2);(3);(5) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from April 2, 2025 to October 2, 2025.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

If you disagree with the decision to issue a FIRST PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35.

[REDACTED]

If you decide to appeal your FIRST PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

[REDACTED]
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120
PH: 717-265-8942

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,



Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc:

[REDACTED]

Facility Information

Name: HAYES MANOR License #: 14223 License Expiration: 11/15/2025
 Address: 2210 BELMONT AVENUE, PHILADELPHIA, PA 19131
 County: PHILADELPHIA Region: SOUTHEAST

Administrator

Name: [REDACTED]

Legal Entity

Name: HAYES MANOR INC
 Address: [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

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

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Incident Exit Conference Date: 02/19/2025

Inspection Dates and Department Representative

02/19/2025 - 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: 3
 Number of Residents Who:
 Receive Supplemental Security Income: 5 Are 60 Years of Age or Older: 38
 Diagnosed with Mental Illness: 17 Diagnosed with Intellectual Disability: 2
 Have Mobility Need: 2 Have Physical Disability: 0

Inspections / Reviews

02/19/2025 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/07/2025

03/10/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 03/14/2025
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/15/2025

Inspections / Reviews (*continued*)

03/17/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/14/2025

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 03/24/2025

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On 2/16/2025 at approximately 5:53 pm, the home lost power due to an area outage. Although the first floor and other parts of the home were lit by an emergency generator, the hallways on the second and third floor were left in darkness. The home's emergency procedures state that in the event of a power outage, there will be emergency lighting sufficient to allow for safe egress from the building.

The power remained out when staff escorted residents to their rooms for bed, telling them to stay in their rooms. At some time between 9:00 and 9:30 pm, staff person A escorted resident #1 to their bedroom, [REDACTED] on the third floor. Staff person A instructed resident #1 to remain in the room.

Resident #1 was documented as having an unsteady gait, tending to drag their feet since a fall which resulted in a hip fracture several years ago. The resident had diagnoses of glaucoma with lost vision in the right eye and chronic undifferentiated schizophrenia. The resident made a habit of leaving their bedroom at night to get a drink on the first floor. Resident #1 was checked on once, by staff person A, between 9:45 and 10:00 pm, and was observed sitting on their bed awake.

At around 11:45 pm, staff person B, a security guard making rounds with a flashlight, found resident #1 lying unconscious at the bottom of the second-floor stairwell with blood on their head and mouth. Staff person B called for help and was joined by the charge nurse, staff person C. The two attempted to resuscitate resident #1 by pressing on the resident's chest, despite staff person B lacking First Aid-CPR certification.

The resident was pronounced [REDACTED] by emergency medical technicians at approximately 12:25 am. There were blood stains on a magnetic doorstopper adjacent to a door leading to a second-floor common area, indicating resident #1 fell down a staircase that consisted of 20 steps from the third floor and struck their head on the doorstopper.

Plan of Correction**Directed [REDACTED] - 03/17/2025)**

On February 16, 2025, at approximately 5:53 PM, a power outage occurred due to an area-wide electrical failure. While the first floor and other parts of the home remained lit by the emergency generator which only is operational for 90 minutes, the hallways on the second and third floors were left in darkness except for the exit lights at the end on the hall on both sides. The lighting provided was from the staff which included flashlights, battery operated lighting (lanterns).

Hayes Manor is deeply committed to the safety, well-being, and dignity of our residents. We take all allegations of abuse very seriously and consistently strive to maintain the highest standards of care. We respectfully request a reconsideration of the abuse violation cited under 42B in relation to the power outage that occurred on February 16, 2025. This incident was caused by an area-wide power outage due to severe weather conditions, which were

42b - Abuse (continued)

beyond the control of the home. While parts of the home remained powered by our emergency generator, unforeseen circumstances led to insufficient lighting in certain hallways. However, our staff responded promptly and effectively to ensure the safety of all residents, utilizing alternative lighting sources of flashlights and battery-operated lights purchased from Lowe's after the 90-minute timeframe of our generator lights according to NFPA 101 life safety code. and monitored movement within the affected areas.

At no point was there any intentional harm or neglect toward our residents. We believe this situation does not align with the definition of abuse, as there was no willful mistreatment or failure to act in a resident's best interest. The facility took immediate corrective actions, including an evaluation of our backup power systems, additional staff training, and policy revisions to prevent future occurrences. Given these factors, we kindly request the removal of the abuse citation and a reassessment of the incident as an unforeseen emergency rather than a failure of care. We are happy to provide any further documentation or clarification needed to support this request. Thank you for your time and consideration. We appreciate your dedication to ensuring high-quality care in all facilities.

On Wednesday February 25, 2025, the administrator reviewed the violation and regulation with all managing staff members on the incident that occurred on February 16th.

At approximately 5:53pm the administrator received a call from the charge nurse stating she was a power outage and wanted to confirm to keep the residents on the 1st floor for safety and monitoring. The staff utilized the flashlights available to them in the security office and nursing unit. The admin contacted the maintenance who stated [REDACTED] was only 2-minutes away and staff were immediately supplied with additional flashlights to assist residents and ensure their safety. The generator came on and supplied lights to the 1st floor front entrance, front doorway to the nursing unit, fire tower, emergency lights, back basement door, thermostats, walk-in refrigerator, parts of the kitchen back door entrance and dining room. Residents were monitored closely to prevent falls or injuries.

The maintenance manager and security guard made walking rounds to ensure that the residents and building was locked down and secure. The administrator also affected by the power outage in her neighborhood with no streetlights was unable to drive but however remained in contact with [REDACTED] Hayes Manor and checked in frequently with both. By 8:33pm by the on-coming charge nurse of 7pm called the admin to say that the residents were requesting to go to their rooms to retire for the night, they were tired and asked if it would be okay to take them up one at a time, provide care as needed and secure them in their rooms. The [REDACTED] also informed them that if a resident did not want to go upstairs that the bed in the infirmary, sofas, and reclining chairs on the 1st floor could be used.

[REDACTED]
[REDACTED] The emergency procedures for power outages have been updated and all staff members have been made aware as of 3/13/25 by the administrator. Please see attached. **This step is unacceptable. According to 2600.101(i) - A resident shall have access to his bedroom at all times. [REDACTED] 3/17/25)**

-Emergency lighting will be provided by the staff. The primary and secondary generator, flashlights, and battery-operated lights and lanterns will provide lighting to illuminate the areas where the residents are housed to ensure that the room and residents are visible and safe.

42b - Abuse (continued)

-A secondary generator was purchased and will be kept in the supply closet off of the dining room to use as a back-up to the 1st generator, or to supply TV to calm, entertain and distract the residents from worry. All staff have been trained on how to operate this portable generator by the maintenance manager on 3/13/25.

-The residents will be escorted to the bathroom by the direct care staff and provided care every 30 minutes and when needed. The charge nurse will conduct wellness rounds every hour to make sure that all residents are safe, seen and their needs met.

-During the outage, the residents will be provided with meals, blankets, and ~~costs~~ by the direct care staff, charge nurse, and MOD. The staff will use a portable thermostat to check the temperature of the room every 30 minutes. **According to 2600.101(k) - Cots and portable beds are prohibited. [REDACTED] 3/17/25)**

-If the outage supersedes what is the allotted time frame according to the Philadelphia County, the residents will be relocated to our temporary shelter locations. Those locations are The Inglis House, Simpson House, and Roxborough Home for Women. Please see included.

-A review of the emergency generator and backup lighting system was conducted to determine why the second and third-floor hallways were not illuminated after the generator's 90-minute timeframe. The facility's maintenance manager went out to Lowe's to purchase more flashlights and battery-operated lights for the 2nd and 3rd floors purchase receipts are enclosed, along with pictures.

-An external electrician was contacted to inspect and assess the backup generator. They came in on 3/4/25 to assess the system. The emergency generator was evaluated and a plan to explore upgrading the system was requested. We are currently waiting on the results of the evaluation and cost for upgrades. Those upgrades are to include the second- and third floor hallways.

-The emergency preparedness policy was revised by the admin. to include regular monthly checks of emergency lighting functionality by the maintenance department in all hallways on 3/5/25.

-Maintenance staff will conduct monthly tests of backup lighting systems to ensure proper operation. The 1st check was completed on 3/4/25 when the electrician was here. A checklist has been developed and implemented, please see attached.

-All staff will receive additional training by the admin. on emergency response procedures, including the use of alternative lighting sources and assisting residents during outages. This training was completed by 3/6/25. The training will be documented and reviewed quarterly to ensure compliance. Training reviewed with the admin to include the new revised protocol of maintaining all residents on the 1st floor, monitoring the temperatures of the dining room and chapel during an outage, direct care staff escorting the residents to the bathroom every 30 minutes and when needed, the charge nurse making wellness rounds every hour to ensure residents needs are met. This was completed on 3/13/25.

-A mock power outage drill was conducted on 3/4/25 by the admin, maintenance manager, and external electrician to assess potential improvements and staff preparedness.

-The administrator, maintenance manager, and safety committee members will oversee the implementation of

85a - Sanitary Conditions

3. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 2/19/2025 at 10:38 am, there was a mug on the bathroom sink of room [REDACTED] containing what appeared to be the rotting remnants of soup or other food product on the rim and inside surface of the mug. There were also white specks of what appeared to be toothpaste dotting the shelves and walls of the medicine cabinet. The room, which belonged to resident #1, had not been occupied since the resident died from a fall on the night of 2/16/25.

Plan of Correction

Accept [REDACTED] - 03/10/2025)

On February 19, 2025, at 10:38 AM, room 311 was found in an unsanitary condition despite being unoccupied

85a - Sanitary Conditions (continued)

since the [REDACTED] of
resident #1 on [REDACTED]/2025.

A mug on the bathroom sink containing remnants of hot chocolate with marshmallows which [REDACTED] made for [REDACTED] daily.

White specks resembling toothpaste on the shelves and walls of the medicine cabinet.

This violation highlights a lapse in housekeeping procedures and failure to adhere to infection control and sanitation protocols as [REDACTED] room had not been entered since the morning of the incident.

[REDACTED] was contacted by the admin on [REDACTED] 0/25 regarding [REDACTED] personal items. All items were removed from the room and donated according to [REDACTED] wishes.

On February 20, 2025, the housekeeping staff was dispatched by the administrator to clean and sanitize room [REDACTED]

The bathroom, medicine cabinet, and all surfaces were thoroughly cleaned and disinfected. The room was detailed cleaned and completed on 2/20/25 by housekeeping.

A review of housekeeping protocols revealed that the room had not been properly cleaned due to miscommunication regarding its status after the resident's passing. Staff interviews with the admin. confirmed that the staff was waiting on direction due to the circumstances of the resident's [REDACTED]. They knew there would be an investigation and presumed not to touch anything until told.

A Post-Resident Departure Cleaning Protocol was implemented by the admin. on 2/20/2025 to ensure that all rooms are thoroughly cleaned and disinfected within 24 hours after a resident's departure.

All staff received mandatory training on post-mortem cleaning procedures and infection control standards by March 6, 2025, by the administrator. Please see attached.

A detail cleaning assignment calendar has been updated on 2/28/25 by the admin. and upon making daily rounds the admin or designee will monitor for completion.

The Assistant Admin. will inspect and sign off on room sanitation before it is reassigned to a new resident.

A checklist was developed on 2/24/25 by the admin of all available rooms. They are to be checked on daily rounds by the admin. or MOD to ensure that they are cleaned and ready for reassignment.

The admin. or Asst Adm. will perform random room inspections twice a month to ensure compliance with housekeeping standards.

Proposed Overall Completion Date: 03/05/2025

Implemented [REDACTED] - 03/19/25)

Licensee's Proposed Overall Completion Date: 03/05/2025

87 - Lighting**4. Requirements**

87 - Lighting (*continued*)

2600.

87. Lighting - The home's hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

Description of Violation

On 2/16/2025 at approximately 5:53 pm, the home lost power due to an area outage. There was no lighting in the second and third-floor hallways, or in resident rooms on these floors, until power was restored at some time the following morning. The home's emergency procedures state that during a power outage, there will be emergency lighting sufficient to allow for safe egress from the building. However, the darkness in the home contributed to resident #1 falling while descending the stairs from the third to the second floor, sometime between 10:00 and 11:50 pm.

Plan of Correction**Directed** [REDACTED] **03/17/2025)**

On February 16, 2025, at approximately 5:53 PM, the facility lost power due to an area-wide outage. While emergency generators provided lighting on the first floor, the second and third-floor hallways, along with resident rooms on these floors, remained in complete darkness until power was restored the following morning. Hayes Manor's emergency procedures state that emergency lighting must be sufficient to allow for safe egress during power outages. However, the lack of lighting contributed to Resident #1 falling while descending the stairs from the third to the second floor between 10:00 PM and 11:50 PM.

On Wednesday February 25, 2025, the administrator reviewed the violation and regulation with all managing staff members on the incident that occurred on February 16th.

At 5:53pm the admin. was notified by the charge nurse working 7A-7P that there was a power outage, the generator came on suppling partial light in the halls and was instructed to keep the residents on the 1st floor to be monitored to safety and prevent injuries.

At the inception of the outage the staff members used flashlights and battery-powered lanterns to provide temporary lighting in addition to the generator in darkened areas and continued to use them after the 90-minute use of the generator.

At 8:33PM the admin received a call from the 7P-7A charge nurse stating that the residents were tired and wanted to go to bed. The charge nurse also requested that the direct care staff escort the residents to their room one at a time, provide care if needed and instructed the residents to remain in their rooms until power was restored. Also informing them that the staff would be checking on them.

Upon making rounds security staff member noted the resident lying on the floor and the bottom of the 2nd floor landing at approximately 11:45PM. [REDACTED] called out for assistance and the charge nurse immediately came up to provide First aid and initiate CPR and was assisted by the security guard until the EMT's arrived.

-A review of the emergency generator system revealed that backup power was insufficient to illuminate the second and third floors hallways and stairs.

[REDACTED]
[REDACTED] - The emergency procedures for power outages have been updated and all staff members have been made aware as of 3/13/25 by the administrator. Please see attached. **This step is**

87 - Lighting (continued)

unacceptable. According to 2600.101(i) - A resident shall have access to his bedroom at all times. [REDACTED] 3/17/25)

-Emergency lighting will be provided by the staff. The primary and secondary generator, flashlights, and battery-operated lights and lanterns will provide lighting to illuminate the areas where the residents are housed to ensure that the room and residents are visible and safe.

-A secondary generator was purchased and will be kept in the supply closet off of the dining room to use as a back-up to the 1st generator. All staff have been trained on how to operate this portable generator by the maintenance manager on 3/13/25.

-The residents will be escorted to the bathroom by the direct care staff using flashlights and lanterns and the direct care staff will provide care every 30 minutes and when needed. The charge nurse will conduct wellness rounds every hour to make sure that all residents are safe, seen and their needs met. All direct care staff have been made aware of these updates, this was completed by 3/13/25.

-During the outage, the residents will be provided with meals, blankets, and [REDACTED] by the direct care staff, charge nurse, and MOD. The staff will use a portable thermostat to check the temperature of the room every 30 minutes. **According to 2600.101(k) - Cots and portable beds are prohibited. [REDACTED] 3/17/25)**

-If the outage supersedes what is the allotted time frame according to the Philadelphia County, the residents will be relocated to our temporary shelter locations. Those locations are The Inglis House, Simpson House, and Roxborough Home for Women.

-On the day of the incident the maintenance manager went out to purchase additional lighting on 2/16/25 for the halls and stairs after the generator ceased to function.

-The generator system was evaluated on 3/4/25 by [REDACTED] an external electrician to determine if a higher-capacity unit is required to support additional emergency lighting needs.

-A Power Outage Response Protocol was upgraded by the admin. on 3/3/25 and again on 3/13/25 with improvements to ensure staff members are assigned to monitor and assist residents in darkened areas. All residents will be maintained on the 1st floor for safety.

-A lighting audit was conducted on 3/4/25 by the admin. and maintenance manager and will be completed monthly to verify that emergency systems function correctly.

-Additional battery-powered lanterns and flashlights was stored on all floors. This inventory was placed in emergency closets on each floor by the maintenance manager on 3/4/25 and will be checked quarterly for functionality by him.

-As of April 1, 2025 quarterly emergency drills will include simulated power outages to test response times, equipment functionality, and staff preparedness.

87 - Lighting (continued)

-The administrator and maintenance manager will conduct random power outage drills to test emergency lighting effectiveness.

-A mock power outage drill was conducted on 3/4/25 by the admin, maintenance manager, and external electrician to assess potential improvements and staff preparedness.

-An external electrician was contacted to inspect and assess the backup generator. They came in of 3/4/35 to assess the system. The emergency generator was evaluated and a plan to explore upgrading the system was requested. We are currently waiting on the results of the evaluation and cost for upgrades. Those upgrades are to include the second- and third floor hallways.

Proposed Overall Completion Date: 03/06/2025

Proposed Overall Completion Date: 03/13/2025

Directed steps:

In additional to the above-mentioned plan of correction:

Immediately: The home shall provide enough emergency lighting (flashlights, lanterns, etc) to ensure that during a power outage each resident in the home can safely move through the home and safely evacuate. Residents may not be required to share sleeping space with individuals of the opposite sex. Residents shall have access to their bedrooms at all times. Documentation of the purchase of additional lighting shall be kept for review by the Department.

Immediately: The home's emergency procedures shall be updated to include calling in additional direct care staff in the event of a power outage, to complete rounds throughout the home and ensure resident safety. Staff shall be educated on the changes to the emergency procedures within 3 days of the update. Documentation of education shall be kept in accordance with 2600.65i.

Directed Completion Date: 03/22/2025

Not Implemented (■ -3/24/25)