

Department of Human Services
Bureau of Human Service Licensing

August 13, 2021

██████████ ADMINISTRATOR
HAYES MANOR INC
2210 BELMONT AVENUE
PHILADELPHIA, PA 19131

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

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/29/2021, 06/30/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Claire Mendez

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: HAYES MANOR **License #:** 14223 **License Expiration Date:** 11/15/2021
Address: 2210 BELMONT AVENUE, PHILADELPHIA, PA 19131
County: PHILADELPHIA **Region:** SOUTHEAST

Administrator

Name: [REDACTED] **Phone:** 2154731552 **Email:** [REDACTED]

Legal Entity

Name: HAYES MANOR INC
Address: 2210 BELMONT AVENUE, PHILADELPHIA, PA, 19131
Phone: 2154731552 **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: I-2 **Date:** 03/26/2010 **Issued By:** city of phila L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 33 **Working Staff:** 25

Inspection

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 06/30/2021

Inspection Dates and Department Representative

06/29/2021 - On-Site: [REDACTED]
06/30/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 65 **Residents Served:** 29

Secured Dementia Care Unit

In Home: No **Area:** **Capacity:** **Residents Served:**

Hospice

Current Resident: 1

Number of Residents Who:

Receive Supplemental Security Income: 2 **Are 60 Years of Age or Older:** 29
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 4 **Have Physical Disability:** 2

Inspections / Reviews

06/29/2021 - Full

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow-Up Date: *07/30/2021*

8/2/2021 POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/04/2021*

8/4/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *08/06/2021*

8/13/2021 - Document Submission

Lead 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 on file.

Plan of Correction

Do Not Accept

Please see attached

Completion Date: 07/02/2021

Plan of Correction

Accept

- *Upon inspection we thoroughly check all staff members files to search for the document for possibly misfile on 6/30/21.*
- *Request another copy of staff member A high school diploma. Staff member A provided another copy on July 2, 2021. A picture of the diploma is included.*
- *HR completed an audit to check for all required documents on all employees on July 9, 2021.*
- *HR to review all employee files quarterly for completion.*
- *Administrator to complete periodic checks on employee files for compliance semi-annually.*

Completion Date: 07/02/2021

Document Submission

Implemented

Direct care staff requirement audit, please see uploaded attachment.

66b - Training Plan Content

1. Requirements

2600.

66.b. The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:

1. The name, position and duties of each direct care staff person.

Description of Violation

The home's staff training plan does not include name, position and duties of each staff person.

Plan of Correction

Do Not Accept

Please see attached

Completion Date: 07/02/2021

66b - Training Plan Content (continued)

Plan of Correction

Accept

- The annual training schedule was amended to include who is receiving the trainings.
- It also lists the names and positions of the person providing the trainings.
- This new schedule was updated on July 5, 2021.
- The administrator will complete the annual training schedule and ensure that each subject will specify who is receiving the training.
- A copy is included.

Completion Date: 07/02/2021

Document Submission

Implemented

Direct Care and Non- direct care training schedule, please see attached.

86b - Bathroom

1. Requirements

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

The bathroom in bedroom [redacted] does not have a window or an operable ventilation fan.

Plan of Correction

Do Not Accept

Please see attached

Completion Date: 07/05/2021

Plan of Correction

Accept

- The ceiling tile was removed from covering up the inoperable ventilation fan.
- The maintenance department removed the old fan and installed a new one.
- They also customized a new ceiling tile to fit around the new ventilation fan.
- Picture of the new installed fan included.
- The maintenance director and administrator made walking rounds and checked every bathroom for operable entilation fans.
- Upon making daily cleaning rounds, the housekeepers will turn on each ventilation fan to check for proper functioning and immediate report any non-working ventilation fans. A mtg. with the housekeeping staff took place on July 7, 2021.
- The maintenance department will make monthly rounds to check all ventilation fans.

Completion Date: 07/05/2021

Document Submission

Implemented

Please see attached copy of the receipt for the bathroom exhaust fan.

101j5 - Bedside Table/Shelf

1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

101j5 - Bedside Table/Shelf (continued)

5. A bedside table or a shelf.

Description of Violation

There is no bedside table or shelf beside resident #1's bed in bedroom [REDACTED]

Plan of Correction

Do Not Accept

Please see attached

Completion Date: 07/05/2021

Plan of Correction

Accept

-On Monday July 5, 2021 the administrator explained the regulation to the resident and the need for compliance.

The resident understood and agreed to have [REDACTED] bedside table placed beside his bed.

- [REDACTED] bedside table is now beside [REDACTED] bed and can be reached while [REDACTED] is in bed.

-Maintenance and housekeeping staff have been informed of the requirement and reason for it.

-The administrator and maintenance staff made walking rounds to make sure all resident bedside tables were in reach.

-The housekeeping staff will monitor when cleaning resident rooms.

The administrator or department head on duty will observe for bedside tables and all required furniture when making rounds.

Completion Date: 07/05/2021

Document Submission

Implemented

Please see the audit log for resident room requirements

101j7 - Lighting/Operable Lamp

1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident #1 does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Do Not Accept

Please see attached

Completion Date: 07/05/2021

101j7 - Lighting/Operable Lamp (continued)

Plan of Correction

Accept

The administrator spoke with the resident and informed [redacted] of the regulation and its purpose. The resident understood and agreed to comply.

Upon making rounds the administrator and maintenance staff checked all resident bedrooms for compliance, and made adjustments when necessary.

The housekeeping staff was also informed of regulation and to monitor for proper furniture positioning and lighting, and to report any non compliance.

The administrator or department head on duty will observe when making daily rounds.

Picture of the rearranged room is included.

Completion Date 07/05/2021

Document Submission

Implemented

Please see the resident room audit for requirements.

103f - Refrigerator/Freezer Temps

1. 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

There was no thermometer found in the refrigerator known as Box 1 to measure temperature.

Plan of Correction

Do Not Accept

Please see attached

Completion Date: 07/05/2021

Plan of Correction

Accept

-On Wednesday June 30, 2021 the dietary manager replaced the missing thermometer to refrigerator box 1.

-The maintenance director permanently attached a thermometer to refrigerator box #1.

-The dietary manager and cook on duty will observe and confirm placement when recording temperatures.

-The dietary department will monitor for thermometer placement when using the box.

-The administrator of person on admin. coverage on rounds will observe for thermometer and proper storage levels.

-Picture included.

Completion Date: 07/05/2021

Document Submission

Implemented

previously submitted

107d - Procedure Emergency Management Agency Submission

1. Requirements

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

107d - Procedure Emergency Management Agency Submission *(continued)*

Description of Violation

The home's written emergency procedures have not been submitted to the local emergency management agency since 2/28/2019.

Plan of Correction

Do Not Accept

Please see attached

Completion Date: 07/27/2021

Plan of Correction

Accept

-Our annual letter and emergency procedures were updated and sent to the Office of Emergency Management of July 27, 2021.

-The front office staff was in-serviced on the requirement.

-The office manager has been assigned to send the annual letter, fire evacuation plans, and emergency procedures by January 15th each year.

-The administrator will check by no later than January 20th to be sure that the task was completed, and look for the receipt or acknowledgement.

Completion Date: 07/27/2021

Document Submission

Implemented

previously submitted

123b - Emergency Procedures Posted

1. Requirements

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

The home's emergency procedures posted in a conspicuous and public place in the home did not include the local municipality's emergency procedure.

Plan of Correction

Do Not Accept

Please see attached

Completion Date: 07/06/2021

123b - Emergency Procedures Posted (continued)

Plan of Correction

Accept

- The emergency procedures have been relocated to another area in the front entrance that would allow us to permanently attach all required documents.
- The front office staff and department heads have all been made aware to monitor for placement.
- The office manager will observe for emergency procedures daily and remove and update plans when necessary.
- The administrator or person on admin coverage will check for emergency procedures, evacuation plan, and city evacuation protocols when making rounds daily.

Completion Date: 07/06/2021

Document Submission

Implemented

previously submitted

124 - Notice to Fire Department

1. Requirements

2600.

- 124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The home does not have documentation of written notification to the local fire department of the address of the home, location of the bedrooms, and the assistance needed to evacuate in an emergency.

Plan of Correction

Do Not Accept

Please see attached

Completion Date: 07/27/2021

Plan of Correction

Accept

- Our annual letter and emergency procedures were updated and sent to [REDACTED] on July 27, 2021.
- The front office staff was in-serviced on the requirement.
- A return receipt was received on July 27, 2021.
- A copy is included.
- The office manager has been assigned to send the annual letter, fire evacuation plans, and emergency procedures by January 15th each year.
- The administrator will check by January 20th to make sure that the task was completed and look for the receipt or acknowledgement.

Completion Date: 07/27/2021

Document Submission

Implemented

previously submitted

162c - Menus Posted

1. Requirements

2600.

162c - Menus Posted (continued)

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's menu for the week of 6/25/21-7/4/2021 was posted. However, the home didn't have the following week menu posted 1 week in advance in a conspicuous and public place in the home.

Plan of Correction

Do Not Accept

Please see attached

Completion Date: 07/01/2021

Plan of Correction

Accept

-Two weeks of menus were posted on July 1, 2021.

-A glass encasement has been installed by the maintenance staff to ensure that menus can only be removed by staff.

-Two weeks of menus will be posted every Monday morning by the dietary manager, or cook in [redacted] absence.

-The receptionist or activity director will check daily that menus are posted while putting the daily activity schedule.

-The administrator or manager on duty will monitor for compliance when making daily rounds.

Completion Date: 07/01/2021

Document Submission

Implemented

previously submitted

252 - Record Content

1. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

3. A photograph of the resident that is no more than 2 years old.

Description of Violation

Resident #2's record does not include a photograph taken no more than 2 years ago. The last photograph is dated 1/15/19.

Plan of Correction

Do Not Accept

Please see attached

Completion Date: 06/30/2021

252 - Record Content (continued)

Plan of Correction**Accept**

-An updated photograph was taken of resident #2 to update [REDACTED] file on June 30, 2021.

-Picture included.

-Checked all residents records to make sure all photographs are no more than 2 years old. [REDACTED] was completed by July 5, 2021.

-All nursing staff have been in-serviced on the regulation and are now required to monitor the dates of all photographs.

-The nurse manager will observe the photographs monthly when completing the medication reviews.

-The administrator will check records semi-annually for compliance.

Completion Date: 07/05/2021

Document Submission**Implemented**

previously submitted