

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to MANOR PERSONAL CARE, INC.

LEGAL ENTITY

To operate TABOR MANOR

NAME OF FACILITY OR AGENCY

Located at 6730 TABOR AVENUE, PHILADELPHIA, PA 19111

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 51
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from May 21, 2010 until May 21, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **116980**

Robert E. Robinson

ISSUING OFFICER

Kevin T. Casey

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

PHONE: (717) 783-3670
FAX: (717) 783-5662

MAY 12 2010

Mr. Howard Lavin, President/Administrator
Manor Personal Care, Inc.
Tabor Manor
6730 Tabor Avenue
Philadelphia, Pennsylvania 19111

Dear Mr. Lavin:

As a result of the Department of Public Welfare's licensing inspection on March 24, 2010 and May 4, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

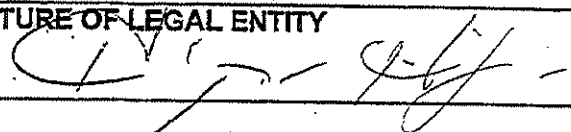
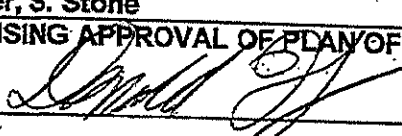
Sincerely,


A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey
Deputy Secretary

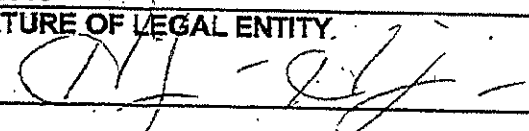
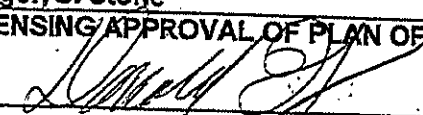
Enclosures
License
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Tabor Manor 6730 Tabor Avenue, Philadelphia, PA 19111		CURRENT LICENSE NUMBER 116980	
INSPECTION DATE 03/24/2010		REGIONAL REPRESENTATIVES D. Frey, P. Metzger, S. Stone	
SIGNATURE OF LEGAL ENTITY 	DATE 4.21.10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 5/4/10



1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
18 A home shall comply with applicable Federal, State and local laws, ordinances and regulations.	The home was not in compliance with 34 Pa. Code Chapter 3, known as the Boiler and Unfired Pressure Vessels regulations. The home has two boilers and did not have the required "Certificate of Boiler or Pressure Vessel Operation" issued by the PA Department of Labor and Industry.	4.16.10	18: After this was brought to our attention at the time of inspection the administrator looked into why we did not have a certificate. After contacting the Department of Labor & Industry we were told that the Department of Labor & Industry had been sending all of our invoices and Certificates to the address of the prior property owner. The Boiler has been inspected and we are waiting for the Boiler Certificate from Department of Labor & Industry. This has been rectified. The administrator will make sure that the boiler inspection certificate is up to date and posted.	5/4/10 


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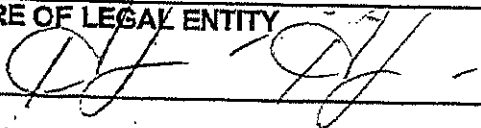

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20b8 The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.	There was no documentation that the home had provided quarterly financial statement to residents #1, 2, 3, 4, 5, 6, 7 and 8 as required by the regulation.	4.16.10	20b8: All quarterly documents are kept up to date and filed quarterly for the residence record. In the future a copy of the quarterly report will also be given to each resident. The resident will sign for receipt of copy. The administrator will assure that each resident receives and understands their quarterly report on a quarterly basis.	Steps have been taken to correct violation; full compliance is not verifiable 5/4/10 Date: Initials (DPW)

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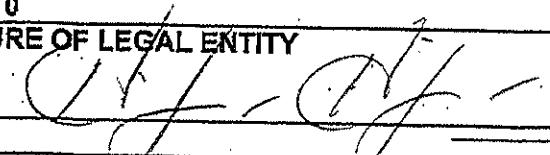
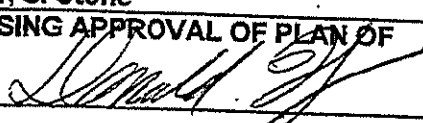
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25a-1 Prior to admission, or within 24 hours after admission, a written resident-home contract (contract) between the resident and the home shall be in place.	A new contract (or an addendum to the current contract) was not on file for resident #4 reflecting the correct monthly rate.	3.24.10	25a-1: resident #4 agreements have been updated to reflect the current and correct monthly rate. The administrator will review all contracts to make sure that all rates are current and correct. Administration will audit the resident records annually to assure compliance.	5/4/10 


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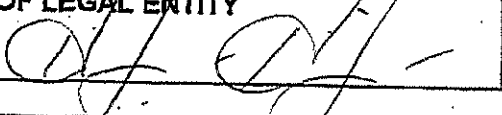

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25c1 The contract shall specify that each resident shall retain, at a minimum, the current personal needs allowance as the resident's own funds for personal expenditure.	The contract for residents #4 and 8 did not specify the correct amount to be retained as personal needs allowance.	3.24.10	25c1: resident #4 agreement has been updated to reflect the \$85.00 monthly personal needs allowance. Resident #8 is private pay and does not receive SSI. The administrator will review all contracts and assure that the correct personal needs allowance is stated. Records audit will be completed annually to assure compliance.	5/4/10 d

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25d-3SOP If the home collects a resident's rent rebate, the resident-home contract must include the home's intended use of the revenue collected from the rent rebate.	Resident # 5 contract does not list the home's intended use of the revenue collected from the residents rent rebate.	4.7.10	25d-3SOP: Our Home addendum for the intended use of the rent rebate has been included in resident #5's agreement. In the future the administrator will assure that all addendums are current and are in the proper place in the resident's files.	5/4/10 

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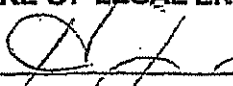

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63a At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and cardiopulmonary resuscitation shall be present in the home at all times.	The home did not have the required staff person(s) who had documentation of training in first aid and certification in obstructed airway techniques and cardiopulmonary resuscitation present in the home during the following times: <ul style="list-style-type: none"> • 3/14/10, 3/15/10, 3/17/10, 3/18/10, 3/21/10, 3/22/10 during 11:00 PM-7:00 AM. The census was 50 during this period and the 1 staff present did not meet these requirements. • 3/10/10, 3:00-11:00 PM. The census was 51 during this period and there was 1 staff who met these requirements but two staff was needed. • 3/11/10, 11:00 PM to 7:00 AM. The census was 51 during this time and the 1 staff present did not meet these requirements and two were required. 	3.24.10	63a: On 3/13/2010 The Staff persons First Aid and CPR was updated. We now have her First Aid and CPR cards on file. The administrator will periodically review the file to make sure that all staffs First Aid and CPR are current. From now on when our census exceeds 50 residents the administrator will assure that the correct staffing with the correct training is present and on duty. <i>Administrator will assure on going compliance of weekly review of Staff Schedules</i>	Steps have been taken to correct violation; full compliance is not verifiable <u>5/4/10</u> Date Initials (DPW)


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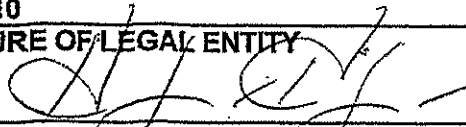

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65g Direct care staff persons, ancillary staff persons, substitute personnel and regularly-scheduled volunteers shall be trained annually in the following areas: (3) Resident rights (under these regulations).	Staff A had not been trained in resident rights annually.	3.30.10	65g: The staff person did not sign in at the training but did attend the training. After consulting with the trainer we did confirm that this staff person did attend the training. The administrator will check all sign in sheets at trainings to assure all staff has signed the attendance sheet. <i>Administrator will conduct quarterly review of training records to assure continued compliance.</i> <i>5/4/10</i> <i>5.4.10</i>	Steps have been taken to correct violation; full compliance is not verifiable <u>5/4/10</u> Date Initials (DPW)

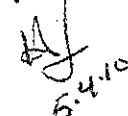

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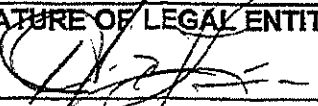

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85a Sanitary conditions shall be maintained.	The freezer in the basement dry storage area was in need of cleaning.	3.24.10	85a: The bottom of the freezer had residue from the box of meat that had been removed that day. After it was brought to our attention during the inspection the freezer was cleaned immediately. The day staff will check the freezer regularly to assure it is clean.	5/4/10 


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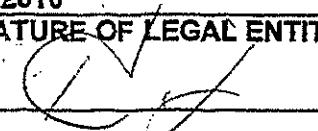

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93a Each ramp, interior stairway and outside steps shall have a well-secured handrail.	The emergency exit from the second floor included 2 exterior steps. These steps did not have a handrail as required by this regulation.	4/30/10	93a: A handrail is being fabricated and will be installed in a timely manner. Administrator will conduct weekly home inspections to assure continued compliance.  5.4.10	5/4/10 

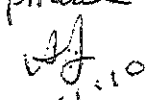

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101j2 Each resident shall have the following in the bedroom: A chair for each resident that meets the resident's needs.	Bedroom chairs provided by the home (in bedrooms 4, 6, 14, 15 and 16) were folding chairs. It was not documented that they were requested/approved by the residents in writing. <u>Repeated Violation – 01/08/2009</u>	4.7.10	101j2: Residents are given a choice of two types of chairs. One is a high quality very comfortable molded folding chair. When a resident chooses the folding chair the administration will make sure that the resident signs our folding chair addendum.	5/4/10 

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121b Doors used for egress routes from rooms and from the building may not be equipped with key-locking devices, electronic card operated systems or other devices which prevent immediate egress of residents from the building, unless the home has written approval or a variance from the Department of Labor and Industry, the Department of Health or the appropriate local building authority.	The exit door from the dining area had a key operated lock.	4.7.10	121b: The exit door from the dining area interior lock has been covered so a key is not able to be used and the lock is rendered inoperable. Administrator will inspect home weekly to assure continued compliance.  5.4.10	5/4/10 

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132b A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.	The home did not have documentation of a fire safety inspection completed annually.	4.7.10	132b: A fire inspection has been completed. In the future the administrator will assure that the Fire Safety inspection is done in a timely manner.	Steps have been taken to correct violation; full compliance is not verifiable <u>5/4/10</u> Date Initials (DPW)


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141a-2 The medical evaluation shall include the following: (5) Allergies. (6) Immunization history.	The medical evaluations did not include all the required contents. <ul style="list-style-type: none"> Residents #1 and 7 - allergies not addressed. Resident #3 - immunization history not addressed. 	3.24.10	141a-2: The administrator will make sure that Physicians completing Resident Medical Evaluations fill out all questions including allergies. Resident #3 immunization is addressed. Administrator will audit all future medical evaluations to ensure continued compliance. <i>[Signature]</i> 5.4.10	Steps have been taken to correct violation; full compliance is not verifiable <i>[Signature]</i> Date: 5/4/10 Initials (DPW): <i>[Signature]</i>


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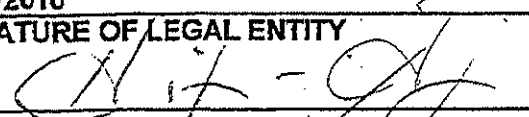

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144c-2 The location of a smoking room or outside smoking area shall be a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.	The rear patio at the exit from the home was observed as being used as the designated smoking area.	4.23.10	144c-2: The home has changed the smoking area. A canopy has been purchased by the home for the residents and they will be directed to the new smoking area. Staff will monitor the residents to ensure that they are smoking in the new location	5/4/10 

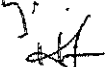

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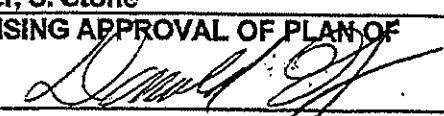
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187b The information in subsections 187a13 and 187a14 shall be recorded at the time the medication is administered.	<ul style="list-style-type: none"> Administration of resident #5 Humalog was not recorded as administered at the dinner hour from March 1 to March 23, 2010. Administration of resident #5 03/16/2010 8 PM dose of Geodon, Divalproex, Chlorpromazine and Lorazepam was not recorded. 	3.24.10	187b: The home will have a medication in-service for the staff. Staff will be reminded of medication administration documentation. The administrator will review the MAR daily to ensure that all staff are passing and documenting medication administrations accurately.	5/4/10 


VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Tabor Manor 6730 Tabor Avenue, Philadelphia, PA 19111		CURRENT LICENSE NUMBER 116980	
INSPECTION DATE 03/24/2010		REGIONAL REPRESENTATIVES D. Frey, P. Metzger, S. Stone	
SIGNATURE OF LEGAL ENTITY 	DATE 4.21.10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 5/4/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
227g Individuals who participate in the development of the support plan shall sign and date the support plan.	The staff who participated in the development of the support plans for residents #1, 2, 3, 4, 5, 6 and 7 had not signed and dated the plans.	4.22.10	227g: All support plans have been signed. The administrator will periodically review all support plans to assure they are all signed at the time of completion. reviews will occur monthly.  5.4.10	5/4/10 

**VIOLATION REPORT
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1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
227h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.	Resident #4 had not signed the support plan and there was no documentation of their refusal or inability to do so.	3.25.10	227h: From now on when a resident refuses to sign the support plan, the person completing the support plan will note the refusal. The staff will make sure that any resident refusing to sign documents are brought to the administrators attention. Administrators will review records monthly to assure continuing compliance.  5/4/10	Steps have been taken to correct violation; full compliance is not verifiable <u>5/4/10</u> <u>D</u> Date/ Initials (DPW)