



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
Norristown State Hospital
1001 Sterigere Street
Bldg 2 Rm. 161
Norristown, Pennsylvania 19401

ADULT RESIDENTIAL LICENSING

1-866-711-4115
610-270-1137

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
Mailing Date: December 27, 2011

Ms. Irene Nelson
New Manor Personal Care Boarding Home
8253 Thouron Avenue
Philadelphia, Pennsylvania 19150

Re: New Manor Personal Care Boarding Home
2211 West Venango Street
Philadelphia, Pennsylvania 19140

Dear Ms. Nelson:

As a result of the Department of Public Welfare's licensing inspection on September 8, 2011 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.

Sincerely,

A handwritten signature in black ink that reads "Chevon Miller" followed by a stylized flourish.

Chevon Miller
Regional Licensing Administrator

Enclosure(s)
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME New Manor Personal Care Home, 2211 W. Venango Street Philadelphia, PA		CURRENT LICENSE NUMBER 115530	
INSPECTION DATES (Include all dates of the inspection) 09/08/2011		REGIONAL REPRESENTATIVE Patricia Adams	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Irene Nelson</i>	DATE <i>10-5-11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Charon Miller</i>	DATE <i>11/12/11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
5a1 The administrator or designee shall provide, upon request, immediate access to the home, the residents and records to agents of the Department.	On 9/8/11, an agent of the Department, requested access to staff person A's records. The record was off site and unavailable.		<i>Staff A record is on site. The home will duplicate records prior to removing them from the home. The original records will be available on site at all times. This regulation will be on going and reviewed annually by Quality management</i>	Steps have been taken to correct violation; full compliance is not verifiable <i>11/12/11</i> Date <i>CPM</i> Initials (DPW)

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

NAME AND ADDRESS OF PERSONAL CARE HOME New Manor Personal Care Home, 2211 W. Venango Street Philadelphia, PA		CURRENT LICENSE NUMBER 115530	
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SIGNATURE OF LEGAL ENTITY <i>Dorene Nelson</i>	DATE 10-5-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheryl Miller</i>	DATE 11/12/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
20b1 The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.	<p>- Resident # 1's balance on 2/1/11 was \$80.00. On 2/12/11 resident # 1 withdrew \$20.00 and the home recorded the balance as 65.00. The correct balance was \$60.00. The error of \$5.00 continued to be carried forth on every transaction from 2/12/11 to 9/1/11.</p> <p>- Resident funds are transferred, online, from their individual accounts to the home's account for payment of rent and monthly personal care allowance deposits of \$85.00. The personal care allowance is deposited into a resident spending account for cash disbursement. The home does not maintain a record of these financial transactions.</p>		<p><i>Res #1 error of five dollars was corrected. The home will review financial records monthly for incorrect balances. This regulation will be ongoing, and reviewed annually by quality management.</i></p> <p><i>The home does maintain a record of all residents bank statements. All residents are required to sign the money disbursement record after receiving their \$85.00. This record is also kept on file. The home implemented a policy where by residents will sign indicating rental payment has been received. This regulation will be monitor by quality management monthly in accordance with the resident allowance policy.</i></p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>11/12/11</i> Date</p> <p><i>[Signature]</i> Initials (DPW)</p>

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SIGNATURE OF LEGAL ENTITY <i>Irene Nelson</i>	DATE 10-5-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Miller</i>	DATE 11/12/11

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20b3 The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.	<ul style="list-style-type: none"> - Cash disbursements of \$85.00 was made to resident #2, on 7/1/11 and 9/1/11 . The home did not obtain the resident signature for the receipt of the disbursement. - On 9/1/11, a cash disbursement of \$85.00 was made to resident #3. The home did not obtain the resident's signature for the receipt of the disbursement. 		<p><i>Written signatures for Residents #2 and #3 was obtained.</i></p> <p><i>The home will obtain resident written signature prior to the disbursement of their funds.</i></p> <p><i>This regulation will be monitor monthly by Quality management</i></p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>11/12/11</i> Date</p> <p><i>[Signature]</i> Initials (DPW)</p>

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SIGNATURE OF LEGAL ENTITY <i>Irene Nelson</i>	DATE <i>10-5-11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherison Miller</i>	DATE <i>11/12/11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
51/52 Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults). Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102) and 6 Pa. Code Chapter 15	The record and date of hire was not available in order to determine compliance for staff person A.		<i>The record and date of hire is available. The home will duplicate records prior to removing them from the home. The original records will be on file at all times. This regulation will be ongoing and reviewed annually by quality management.</i>	Steps have been taken to correct violation; full compliance is not verifiable <i>10/12/11</i> Date Initials (DPW) <i>[Signature]</i>

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SIGNATURE OF LEGAL ENTITY <i>Doreen Nelson</i>	DATE 10-5-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
(relating to protective services for older adults) and other applicable regulations.				

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REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
54a Direct care staff persons shall have the following qualifications: (1) Be 18 years of age or older, except as permitted in subsection (b). (2) Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry. (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care	Compliance for direct care staff person A could not be determined as the record was not available on 9/8/11.		<i>Direct Care Compliance for staff A is available. The home will duplicate records prior to removing them from the home. The original records will be on file at all times. This regulation will be on going and reviewed annually by quality management.</i>	Steps have been taken to correct violation; full compliance is not verifiable <i>10/14/11</i> Date <i>[Signature]</i> Initials (DPW)

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services with reasonable skill and safety.				

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65a Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following: (1) Evacuation procedures. (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency	Compliance could not be determined for staff person A, because the staff's record and date of hire was not available on 9/8/11.		<i>Compliance can be determined for staff A. Staff A record and date of hire is available. The home will duplicate records prior to removing them from the home. The original records will be on site at all times. This regulation will be on going and reviewed annually by Quality Management</i>	<i>Steps have been taken to correct violation; full compliance is not verifiable</i> Date <i>10/11/11</i> Initials (DPW) <i>[Signature]</i>

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location if applicable. (3) The designated meeting place outside the building or within the firesafe area in the event of an actual fire. (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable. (5) The location and use of fire extinguishers. (6) Smoke detectors and fire alarms. (7) Telephone use and notification of emergency services.				

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65b Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following: (1) Resident rights. (2) Emergency medical plan. (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102). (4) Reporting of reportable incidents	Compliance could not be determined for staff person A, because the staff's record and date of hire was not available on 9/8/11.		<i>Staff A record and date of hire is available. The home will duplicate records prior to removing them from the home. The original records will be on site at all times. This regulation will be on going and reviewed annually by Quality Management</i>	<div style="text-align: center;"> Steps have been taken to correct violation; full compliance is nonverifiable <i>10/12/11</i> Date Initials (DPW) <i>[Signature]</i> </div>

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SIGNATURE OF LEGAL ENTITY <i>Frank Nelson</i>	DATE 10-5-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE

REGULATION 55 Pa.Code §2600 and conditions.	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY

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<p>65d</p> <p>Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:</p> <p>(1) Training that includes a demonstration of job duties, followed by supervised practice.</p> <p>(2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.</p> <p>(3) Initial direct care staff person training to include the</p>	<p>Compliance could not be determined for staff person A, because the staff's record was not available on 9/8/11.</p>		<p><i>Compliance can be determined for staff A. Staff record is available. The home will duplicate records prior to removing them from the home. The original records will be on site at all times. This regulation will be ongoing and reviewed annually by Quality Management.</i></p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>10/12/11</i> Date</p> <p><i>MM</i> Initials (DPW)</p>

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REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
following: (i) Safe management techniques. (ii) ADLs and IADLs. (iii) Personal hygiene. (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities. (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older. (vi) Implementation of the initial assessment, annual				

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assessment and support plan. (vii) Nutrition, food handling and sanitation. (viii) Recreation, socialization, community resources, social services and activities in the community. (ix) Gerontology. (x) Staff person supervision, if applicable. (xi) Care and needs of residents with special emphasis on the residents being served in the home. (xii) Safety management and hazard prevention.				

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(xiii) Universal precautions. (xiv) The requirements of this chapter. (xv) Infection control. (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home. (6) Smoke detectors and fire alarms. (7) Telephone use and notification of emergency services.				