

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 November 30, 2012 until November 30, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 116980

Robert E. Robinson
ISSUING OFFICER

[Signature]
DIRECTOR

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.



NOV 30 2012

Mr. Howard Lavin, President
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 (Department) licensing inspection on October 17, 2012 and October 18, 2012 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 Human Services 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 black ink, appearing to read 'R. Melusky'.

Ronald Melusky
Director

Enclosures
License
Violation Report

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

PGH Name: Tabor Manor		License Number:
Address: 6730 Tabor Ave., Philadelphia, PA 19111		County: Philadelphia
Administrator: Howard Lavin		Region: SOUTHEAST
Legal Entity Name: Tabor Manor Personal care Home Inc.		
Legal Entity Address: 6730 Tabor Ave., Philadelphia, PA 19111		
Certificate(s) of Occupancy I-1 05/10/1971 City of Philadelphia		
Staffing Hours Resident Support: 42 Total Daily Staff: 83 Waking Staff: 62		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal, Settlement		
On-Site Inspections Dates and Department Representatives On-Site 10/17/2012: Adams, Patricia 10/18/2012: Adams, Patricia		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 51 Number of Residents Served: 41 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable:	Number of Residents who: 	
		

Violation Report: 11698 - 10/17/2012 - Adams Patricia	
PCH Name: Tabor Manor	
1. REGULATION 55 Pa.Code §2600 2600.20(b)(1) - 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.	
2a. DESCRIPTION OF VIOLATION -The home manages the finances for resident #1. The home's financial records on 9/11/12 showed a balance of \$20.00; on 9/18/12 a deposit of \$160.00 was made and a withdrawal of \$35.00 was made. The recorded balance was \$125.00 but should reflect a balance of \$145.00. On 10/12/12 resident #1's financial record reflected that \$1785 was deducted for October rent, the correct rent amount is \$1750.00; \$35.00 less than what was deducted. -The home manages the finances for resident #2. The financial transaction record for resident #2 dated 8/31/12 stated that resident #3 signed off on the resident's record as receiving \$25.00.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.</i> The financial records for resident #1 noting the \$125 instead of \$145 was a calculation error. The rental payment of \$1785 was correct. It included \$1750 rent plus \$35 spending deducted (see attached financial record). The administrator audited the resident's financial record to correct the errors. The direct care staff was written up for the calculation errors (see attached staff write up). The administrator will audit the resident's financial records monthly for accuracy. Any errors will be corrected immediately including credits made to resident's accounts. A copy of the resident's financial records will be kept on file at the home and made available to residents. The financial transaction record for resident #2 with resident #3's signature was a signature error. The administrator audited the resident's financial record to correct the error. (see attached financial record). The direct care staff was written up for the signature error (see attached staff write up). The administrator will audit the resident's financial records monthly for accuracy. Any errors will be corrected immediately including any necessary credits to accounts. A copy of the resident's financial records will be kept on file at the home and made available to the residents.	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page)	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	
Date	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of	11/16/12 (Date)
The above plan of correction was approved by	CRM (Initials)
Plan of correction implementation status as of 11/16/12 (Date)	
<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

Violation Report: 11698 - 10/17/2012 - Adams, Patricia PGH Name: Tabor Manor	
1. REGULATION 55 Pa.Code §2600 2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.512) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).	
2a. DESCRIPTION OF VIOLATION Direct Care staff A was hired on 7/30/12 and a criminal background check was not requested until 7/31/12.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.</i>	
<p>While staff person A was hired on 7/30/12. He did not begin orienting in the home until 7/31/12, which was the date that the criminal check was completed. The home will continue to complete criminal background checks on potential staff prior to or on the day of hire. A copy of the criminal checks will be kept included in the staff person's record. The administrator will audit the staff's records annually to ensure they include criminal background checks.</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Morita Johnson-Harrell</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Morita Johnson-Harrell</i>	Date <i>11/13/12</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <i>11/10/12</i> (Date)	Plan of correction implementation status as of <i>11/10/12</i> (Date)
The above plan of correction was approved by <i>CM</i> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 11698 - 10/17/2012 - Adams, Patricia PCH Name: Tabor Manor	
1. REGULATION 55 Pa.Code §2600 2600.52 - 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 (relating to protective services for older adults) and other applicable regulations.	
2a. DESCRIPTION OF VIOLATION Direct Care staff B was hired on 8/15/12 and retained for employment despite having a prohibitive offense.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.</i>	
<p>Direct Care staff person B's criminal offenses were an oversight by the administrator. The administrator terminated Direct Care staff B when the prohibitive offenses were brought to her attention. The home will complete background checks on potential staff prior to or on the day of hire. If the check returns with prohibitive offenses the administrator will either not hire the staff or terminate immediately. A copy of the criminal checks will be kept included in the staff person's record. The administrator will audit the staff's records annually to ensure they do not include prohibitive offenses.</p>	
Repeat Violation: Yes	Date(s) of Previous Violation(s): 06/01/2011
Signature of Legal Entity Representative (Required on EVERY Page)	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Novita Johnson Harrell</i>	
Date <i>11/13/12</i>	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of	<i>11/16/12</i> (Date)
The above plan of correction was approved by	<i>ORH</i> (Initials)
Plan of correction implementation status as of <i>11/16/12</i> (Date)	
<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

Violation Report: 11698 - 10/17/2012 - Adams, Patricia PCH Name: Tabor Manor	
1. REGULATION 85 Pa.Code §2800 2600.85(a) - Sanitary conditions shall be maintained.	
2a. DESCRIPTION OF VIOLATION -On 10/17/12, at approximately 11:00 am, staff person C was observed biting open packets of medication prior to putting medications in to residents hands. -On 10/17/12, at approximately 11:00 am, staff person D did not sanitize the table on which resident blood sugars are checked.	
3. PLAN OF CORRECTION (POC) (Attach pages if necessary. Remember that you must sign and date any attached pages.) <i>Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.</i> Direct Care staff C admitted to having difficulty opening the medication packet. She also admitted to being nervous during the inspector's observation of the medication administration. Direct Care staff C was written up for this infraction (see attached staff write up). The administrator and the nurse held a staff meeting and discussed the importance of practicing good sanitary conditions while distributing medications. Direct Care staff D admitted that she did not sanitize the table in between blood sugar checks. Direct Care staff D was written up for this infraction (see attached staff write up). The administrator and the nurse held a staff meeting and discussed the importance of practicing good sanitary conditions while distributing medications.	
Repeat Violation: Yes	Date(s) of Previous Violation(s): 07/29/2011
Signature of Legal Entity Representative (Required on EVERY Page)	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	
Signature: <i>Moveta Johnson-Harrell</i> Printed Name and Title: <i>Moveta Johnson-Harrell</i>	
Date 11/13/12	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>11/16/12</u> (Date)	Plan of correction implementation status as of <u>11/16/12</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 11698 - 10/17/2012 - Adams, Patricia
PCH Name: Tabor Manor

1. REGULATION 55 Pa.Code §2600
2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
Base board radiators located in rooms #1 and #5 were found to be hanging off creating a tripping hazard for the residents in that room.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The baseboards did not create a trip hazard as they are flush with the wall.
Maintenance re-hung the radiator covers in rooms 1 and 5 (see attached pictures).
Maintenance walked through the home to ensure that all of the baseboard covers are hung.
The direct care staff will conduct rounds daily to ensure that the baseboard covers are hung properly.
Any covers that come off will be re-hung immediately.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *Movita Johnson-Harrell*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Movita Johnson-Harrell* Date *11/13/12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of: *11/16/12*
(Date)

Plan of correction implementation status as of *11/16/12*
(Date)

The above plan of correction was approved by: *OPM*
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 11898 - 10/17/2012 - Adams, Patricia
PCH Name: Tabor Manor

1. REGULATION 55 Pa.Code §2600
2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

Room #3 was found to have a folding chair with a cracked seat along the front edge creating a hazard if resident skin became pinched between the two surfaces and a possible resident fall hazard if the edge broke off while residents sat in the chair.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The cracked folding chair was removed from room 3 at the time of the inspection.
The home has purchased an additional chair and put it in room 3 (see attached picture).
The direct care staff will conduct rounds daily to ensure that all bedroom chairs are in good repair and free of hazard.
If any chairs are found to be broken, in disrepair, the staff will immediately report this to the administrator.
The administrator will purchase new chairs as needed for the resident's rooms.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *Mavis Johnson-Harrell*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Mavis Johnson-Harrell* Date *11/13/12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *11/16/12*
(Date)

The above plan of correction was approved by *DEM*
(Initials)

Plan of correction implementation status as of *11/16/12*
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 11698 - 10/17/2012 - Adams, Patricia PCH Name: Tabor Manor	
1. REGULATION 56 Pa.Code §2600 2600.101(j)(3) - Each resident shall have the following in the bedroom: Pillows, bed linens and blankets that are clean and in good repair.	
2a. DESCRIPTION OF VIOLATION The bed for resident room #3 had two pillows that were threadbare and had filling exposed.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.</i>	
<p>The pillows in room #3 were discarded during the inspection. The home has purchased additional pillows (see attached picture). A new pillow was put in room #3. The direct care staff will conduct rounds to check to make sure that all resident pillows are in good repair. Any pillows torn or in disrepair will be discarded and the home will replace it with a new pillow.</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page)	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	
Date 11/13/12	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of	11/10/12 (Date)
The above plan of correction was approved by	OEM (Initials)
Plan of correction implementation status as of 11/10/12 (Date)	
<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

Violation Report: 11698 - 10/17/2012 - Adam, Patricia
 PCH Name: Tabor Manor

1. REGULATION 55 Pa.Code §2600
 2600.102(k) - Use of a common towel is prohibited.

2a. DESCRIPTION OF VIOLATION
 There were no paper towels, mechanical air blower hand dryer or individually labeled cloth towels in residents rooms numbered #1, #3 and #5.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Paper towels were put in rooms #1 and 3 during the inspection.
 The direct care staff will conduct rounds daily to ensure that paper towels are in the bathrooms.
 When paper towels are not present the direct care staff will immediately put them in the resident's bathroom.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Date 11/13/12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 11/13/12
 (Date)

The above plan of correction was approved by ORM
 (Initials)

Plan of correction implementation status as of 11/13/12
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 11698 - 10/17/2012 - Adams, Patricia
 PCH Name: Tabor Manor

1. REGULATION 55 Pa.Code §2600
 2600.103(i) - Outdated or spoiled food or opened cans may not be used.

2a. DESCRIPTION OF VIOLATION
 -On 10/17/12 at approximately 11:30 am five packages of three slices of French Toast, two packages of pancakes, two packages of raw chicken weighing between 3 and 10 pounds and four packages of Tortellini were found in the freezer located in the dry storage room basement freezer without dates.
 -On 10/17/12 at approximately 11:30 pm two cereals containers of approximately 2 pounds of Cheerios, one cereal container of approximately 2 pounds of Frosted Flakes, one cereal container of approximately 2 pounds of Rice Krispy's and one cereal container of approximately 2 pounds of Shredded Wheat were found in the dry storage room without dates.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

On 10/17/12 the French toast, pancakes, two packages of chicken and tortellini were pulled from the freezer.
 On 10/17/12 the cereal containers of cheerios, frosted flakes and shredded wheat were pulled from the dry storage.
 The cook was written up for not dating the food from the freezer and the dry storage areas when they were removed from their original labeled containers (see attached staff write up).
 The cook was informed of the importance of properly labeling foods when they are removed from their containers.
 The cook will check the freezers and dry storage spaces daily to ensure that all foods are dated.
 Any foods without dates will be disposed of immediately.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Date 11/13/12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 11/13/12 (Date)

The above plan of correction was approved by CPM (Initials)

Plan of correction implementation status as of 11/13/12 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 11698 - 10/17/2012 - Adams Patricia PCH Name: Tabor Manor	
1. REGULATION 55 Pa.Code §2600 2600.161(d) - A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.	
2a. DESCRIPTION OF VIOLATION -Resident #4 had been prescribed a low fat, low cholesterol heart healthy diet and encouraged to lose weight by the resident's physician. The home does not make this diet available to the resident, including on 10/18/12 when observing lunch resident received a six ounce bowl of chicken noodle soup and two grilled ham and cheese sandwiches. -Resident #5 had been prescribed a 1600 calorie, ADA, low salt, heart healthy diet. The home does not make this diet available to the resident, including on 10/18/12 when observing lunch resident received a six ounce bowl of chicken noodle soup and two grilled ham and cheese sandwiches. -Resident #6 had been prescribed a NAS, 1800 calorie, ADA, low cholesterol diet. The home does not make this diet available to the resident, including on 10/18/12 when observing lunch resident received a six ounce bowl of chicken noodle soup and two grilled ham and cheese sandwiches.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.	
Residents #4, 5, and 6 were informed of the importance of following their low cholesterol, heart healthy and 1600 calorie diets as recommended by their physicians. The direct care staff reminds residents #4, 5, and 6 of their daily dietary needs. The home will review the resident's medical evaluations for special instruction in regard to resident's diets. The direct care staff will encourage resident's to follow the physician's recommendations daily. The direct care staff will monitor the residents' daily intake and remind them of restrictions and recommendations. The administrator will continue document any physician recommendations on the resident's RASP. The administrator will audit the RASP annually to ensure that they support the medical evaluations.	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page)	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	
Date	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of	11/16/12 (Date)
The above plan of correction was approved by	ORJ (Initials)
Plan of correction implementation status as of 11/16/12 (Date)	
<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

Violation Report: 11698 - 10/17/2012 - Adams, Patricia
PCH Name: Tabor Manor

1. REGULATION 55 Pa.Code §2600
2600.221(c) - A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION
The home does not have a current weekly activity calendar posted in a public and conspicuous place in the home.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The activity calendar was posted in a conspicuous place in the home at the time of the inspection.
The direct care staff will conduct rounds daily to ensure that the activity calendar is posted.
If the calendar is removed the direct care staff will immediately replace it.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *Monita Johnson-Harrel*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Monita Johnson-Harrel* Date *11/13/12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 11/16/12
(Date)

The above plan of correction was approved by *DM*
(Initials)

Plan of correction implementation status as of 11/16/12
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 11698 - 10/17/2012 - Adams Patricia PCH Name: Tabor Manor	
1. REGULATION 55 Pa.Code §2600 2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.	
2a. DESCRIPTION OF VIOLATION The medical evaluation for resident #2 indicates the resident has a need for losing weight. The resident's support plan does not document how this need will be met and the home has not attempted to facilitate this need.	
b. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.	
<p>The home has spoken with resident #2 regarding [redacted] daily diet.</p> <p>Resident #2 has been responsible with reducing [redacted] complex carbohydrates daily.</p> <p>The direct care staff reminds resident #2 daily of [redacted] dietary needs and encourages [redacted] to walk daily.</p> <p>Resident #2's support plan has been updated to include with staff's support (see attached support plan addendum).</p> <p>The home will review the resident's medical evaluation for special instruction in regard to resident's diets.</p> <p>The direct care staff will encourage resident's to follow the physician's recommendations.</p> <p>The direct care staff will monitor the residents' daily intake and remind them of restrictions.</p> <p>The administrator will document any physician recommendations on the resident's RASP.</p> <p>The administrator will audit the RASP annually to ensure that they support the medical evaluations.</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page)	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Monica Johnson-Harrell</i>	
Date <i>11/13/12</i>	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <i>11/10/12</i> (Date)	Plan of correction implementation status as of <i>11/10/12</i> (Date)
The above plan of correction was approved by <i>JPM</i> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented