



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: February 10, 2014**

Ms. Dawn Baker, RN, Administrator  
Manor Personal Care, Inc.  
6730 Tabor Avenue  
Philadelphia, Pennsylvania 19111

RE: Tabor Manor  
# 116980

Dear Ms. Baker:

As a result of the Department of Public Welfare's (Department) licensing inspection on May 30, 2013 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary 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.

Sincerely,

A handwritten signature in black ink that reads "Roslyn Brewer". The signature is written in a cursive style with a large, stylized "R" and "B".

Roslyn Brewer  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary

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

PCH Name: TAVOR MANOR		License Number: 116980
Address: 6730 TAVOR AVENUE, PHILADELPHIA, PA 19111		County: Philadelphia
Administrator: Dawn Ward		Region: SOUTHEAST
Legal Entity Name: MANOR PERSONAL CARE INC		
Legal Entity Address: 6730 TAVOR AVENUE, PHILADELPHIA, PA 19111		
Certificate(s) of Occupancy		
Staffing Hours		
Resident Support:	Total Daily Staff: 47	Waking Staff: 35
Type of Inspection: Partial	BHA Docket Number: 034-11-0046	Notice: Unannounced
Reason(s) for Inspection(s) Complaint, Monitoring, Settlement		
On-Site Inspection Dates and Department Representatives On-Site 05/30/2013; Foulkes, Kimberli; Kazimer, Lauren		
Off-Site Inspection Dates and Inspectors, If Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Date		
Licensed Capacity: 61	Number of Residents who:	
Number of Residents Served: 47	Receive Supplemental Security Income: 39	
Secured Dementia Care Unit In Home: No	Are 60 Years of Age or Older: 17	
Area:	Have Mental Illness: 42	
Secured Dementia Unit Capacity, If Applicable:	Have an Intellectual Disability: 1	
Number of Residents Served in Secured Dementia Care Unit, If applicable:	Have a Mobility Need: 0	
Number of Current Hospice Residents: 0	Have a Physical Disability: 1	
Number of Hospice Residents In past year: 0		

Violation Report: 11698 - 05/30/2013 - Foulkes, Kimberli  
 PCH Name: TABOR MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION  
 Resident #1 had a procedure done on 3/21/13 and was placed in compression stockings. Physicians records indicate that instructions were given to the care takers at the home. On 4/11/13 Resident #1 was admitted to Roxborough Hospital with an admitting diagnosis of Abscess/Cellulitis of the right thigh. The hospital records indicate the resident had on a thigh-high TED stocking and developed a compression type wound. It was described in the hospital records as "a band-like horizontal wound in the medial right upper thigh down to the dermis with a foul odor, it was several centimeters in length. Lab tests showed the wound cultures were positive for Staphylococcus, Proteus mirabilis, and ESBL."

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 4/12/2013 the administrator created a communication log for the use of staff, doctors and nurses and any outside vendors who service our residents. All staff was in-serviced on the use of the log. The log will be kept in the medication room. The home's manager/nurse will review the communication log daily to ensure all new orders are followed. The administrator will review the log weekly to ensure that all residents receive follow-up care as necessary. The communication log will be reviewed at the quality management meetings.

The manager/nurse will update the RASP to ensure that staff is aware of changes in care.

On 6/9/13, the administrator spoke with the cardiologist while visiting in the home and informed him of the communication log, at this time it was requested that he and his partners write all needed follow-up care in the log to include the date, duration of the treatment and contact number. "Verbal orders will not be accepted."

The administrator has scheduled training for all staff on "neglect and abuse."

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Down Baker*      Date

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

The above plan of correction is approved as of 8/30/13  
 (Date)

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

Plan of correction implementation status as of 11/6/13  
 (Date)

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

Violation Report: 11898 - 05/30/2013 - Foulkes, Kimberli  
 PCH Name: TABOR MANOR

1. REGULATION 88 Pa.Code §2600  
 2600.86(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

- On 5/30/13, the resident bathroom in room #3 had fecal matter smeared on the floor and door frame.
- On 5/30/13, the resident bathroom in room #5 had a strong odor of urine that could be smelled before entering the bathroom. In room #5, the bed to the right inside the door had sheets that were covered with dirt and debris.
- On 5/30/13, the resident bathroom in room #6 had a strong odor of urine. In room #6, the bed to the right against the far wall was disheveled and the linens were extremely soiled with yellow stains, dirt and debris on the sheets and stains on the pillow case.

3. P: At the time of inspection, direct care staff immediately cleaned the bathroom in rooms  
 Inc #3, 5 and 6 pleted  
 Inc

On 5/31/2013, the administrator had a meeting with the housekeeper and discussed the importance of maintaining the cleanliness of the home. The employee was given a written warning.

The administrator created a cleaning schedule and conducted a meeting with all staff, reviewing the schedule.

The home's manager will conduct daily rounds to ensure that cleanliness of the home is well maintained.

In room #6, the bed to far right against the wall was disheveled and the linens were found to have dirt and debris because the resident often lies in his bed with his clothes and shoes on. The administrator informed the resident of the importance of removing his shoes before lying down to rest.

At the time of inspection, a direct care staff member immediately removed the soiled linens and replaced with fresh linens

The direct care staff will check room #6 daily to ensure that the resident is not getting in the bed with his shoes on.

The direct care staff will change the linen in room # 6 daily and as needed when soiled

Repe... with debris | Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Dawn Baker*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Dawn Baker-LN Adm*

Date *7/29/13*

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The above plan of correction is approved as of 7/30/13  
 (Date)

Plan of correction implementation status as of 7/30/13  
 (Date)

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 (Initials)

- Fully Implemented
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- Not Implemented

Violation Report: 11698 - 06/30/2013 - Foulkes, Kimbarli  
 PCH Name: TABOR MANOR

1. REGULATION 58 Pa.Code §2600  
 2600.85(b) - There may be no evidence of infestation of insects or rodents in the home.

2a. DESCRIPTION OF VIOLATION  
 On 5/30/13, at 3:04 pm, the resident bathroom in room #5 had small flies flying around that were too numerous to count.

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.

Flies are gaining entry due to residents frequently entering and exiting the home.  
 The exterminator was notified and provided the home with fly traps.  
 Direct care staff will check the traps weekly and change as necessary.  
 At the time of inspection, direct care staff immediately cleaned and disinfected the bathroom in the room 5.  
 On 5/31/2013, the administrator had a meeting with the housekeeper and discussed the importance of maintaining cleanliness in the home and at this time, the employee was given a written warning. See attached.  
 The home's manager will conduct daily rounds to ensure that cleanliness of the home is well maintained.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Den Bal*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Den Baker - PA-Admin*      Date *7/29/13*

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 (Date)

Plan of correction implementation status as of 11/06/13  
 (Date)

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

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

Violation Report: 11698 - 05/30/2013 - Fouikes, Kimberli  
 PCH Name: TABOR MANOR

1. REGULATION 65 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

The entrance door to resident room #5 is cracked along the side near the hinges at the top and bottom corners. The screws are partially pulled out of the hinges in the middle of the door that hold it on the frame. The door does not open and close properly and is difficult to open unless it is lifted up as it is pushed on. In the event of an emergency this door may not be able to be opened by a resident or could fall off and harm a resident.

3. Plan On 6/5/2013 the entrance door to room #5 was repaired.

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completed

Direct care staff will conduct rounds weekly to ensure that all doors are in good repair.

Any damaged door will be immediately reported to the administrator.

The administrator will notify maintenance of the needed repair.

Maintenance will report to the administrator upon the completion of the repair.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Don Baker*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)

Don Baker - RN/ADM

Date 7/29/13

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Violation Report: 11698 - 05/30/2013 - Foulkes, Kimberli  
 PCH Name: TABOR MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.101(j)(1) - Each resident shall have the following in the bedroom: A bed with a solid foundation and fire retardant mattress that is in good repair, clean and supports the resident.

2a. DESCRIPTION OF VIOLATION  
 Room #5 has two residents living in the room. The room has two complete beds and one box spring in the middle of the room. The two complete beds have original plastic on them that is from the manufacturer used for shipping. The plastic used for shipping is not fire retardant and poses a hazard to the residents.

3. PL. The plastic covering found on the resident's bed in room # 5 was immediately removed, at the time of inspection. revised  
*inc:*  
*intr*

The single box spring found in room# 5 was removed

The administrator instructed the home's manager and all direct care staff to immediately conduct rounds and remove any manufactures packing plastic found on resident beds.

The direct care staff will check all new bedding that is purchased and immediately remove packing plastic before placing into resident rooms.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*D. Bal*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)

*Dawn Baker-Admin* Date *7/29/13*

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 11698 - 06/30/2013 - Foukes, Kimberl  
 PCH Name: TABOR MANOR

1. REGULATION 55 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  
 -Room #5 has 2 complete beds and one box spring in the room. There are two residents who reside in this room. The complete bed on the far left wall by the window did not have a top sheet or a pillow case.

3. P  
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 Prior to inspection the linens on the bed in room # 5 had bed removed and were being washed. *completed*  
 The linens in room # 5 were immediately replaced after washing.  
  
 Direct care staff will perform rounds daily to ensure that all residents have clean linen on their beds.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Dawn Baker*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Dawn Baker RN-ADM* Date *7/29/13*

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