



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

OCT 30 2013

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

Dear Ms. Baker:

As a result of the Department of Public Welfare's licensing inspection on August 19, 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 2600 must be maintained.

Your regular license for the period November 30, 2013 to November 30, 2014 was issued on August 16, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matt Jones".

Matthew Jones
Acting Director ^{15A}

Enclosure
License Inspection Summary

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

PCH Name: TABOR MANOR		License Number: 11698
Address: 6730 TABOR AVENUE, PHILADELPHIA, PA 19111		County: Philadelphia
Administrator: Dawn Baker		Region: SOUTHEAST
Legal Entity Name: MANOR PERSONAL CARE INC		
Legal Entity Address: 6730 TABOR AVENUE, PHILADELPHIA, PA 19111		
Certificate(s) of Occupancy Other 12/01/1971 City of Philadelphia		
Staffing Hours		
Resident Support:	Total Daily Staff: 48	Waking Staff: 36
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Monitoring		
On-Site Inspections Dates and Department Representatives On-Site 08/19/2013: 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: 48 Secured Dementia Care Unit In Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served In Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents In past year: 0	Number of Residents who: Receive Supplemental Security Income: 39 Are 60 Years of Age or Older: 14 Have Mental Illness: 42 Have an Intellectual Disability: 1 Have a Mobility Need: 0 Have a Physical Disability: 1	

Violation Report: 11698 - 08/19/2013 - Adams, Patricia
 PCH Name: TABOR MANOR

1. REGULATION 55 Pa.Code §2600
 2600.20(b)(8) - 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.

2a. DESCRIPTION OF VIOLATION
 Residents #1, #2, and #3 have not received a quarterly account of financial transactions.

The home immediately provided itemized quarterly financial statements to all residents/designated persons. The home will provide the residents and their designees with copies of the financial transactions quarterly and keep copies of the financial transactions in the home.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Down Baker Administrator</i>	Date <i>9/18/13</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <i>10/1/13</i> (Date)	Plan of correction implementation status as of <i>10/1/13</i> (Date)
The above plan of correction was approved by <i>DB</i> (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 - 08/19/2013 - Adams, Patricia
 PGH Name: TABOR MANOR

1. REGULATION 55 Pa.Code §2600

2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION

Staff person A is the only person assigned to work the overnight shift each week on Tuesday and Saturday. Staff person A's certification in first aid and CPR expired 1/2013.

Staff person A was immediately removed from the overnight shift and replaced with direct care staff that has current CPR training. Administration will review all staff records, upon hire and at annually to ensure that all pertinent documents are included and current.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Dawn Baker RN - Administrator</i>	Date <i>9/18/13</i>
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The above plan of correction is approved as of *10/1/13*
 (Date)

Plan of correction implementation status as of *10/1/13*
 (Date)

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

The above plan of correction was approved by *[Handwritten Initials]*
 (Initials)

Violation Report: 11698 - 08/19/2013 - Adams, Patricia
 PC# Name: TABOR MANOR

1. REGULATION 65 Pa. Code §2600

2600.65(a) - 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 location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe 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.

2a. DESCRIPTION OF VIOLATION

Ancillary staff person B, hired 4/8/13 and direct care staff person C, hired 4/15/13, did not receive orientation in the following:

- (1) Evacuation procedures
- (2) Staff duties and responsibilities during the fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designate meeting place outside the building or within the fire-safe 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 extinguisher.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

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 8/20/13, staff person B and C received orientation that included all pertinent information to comply with 2600.65. Administration will ensure that all employees receive required orientation within 40 scheduled working hours. The administrator will audit employee records, at least annually, to ensure that all pertinent trainings are received, documented and in compliance with 2600.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature]

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

Don Baker RN-Administrator

Date
9/10/13

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10/10/13
 (Date)

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10/10/13
 (Date)

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 (Initials)

Violation Report: 11698 - 08/19/2013 - Adams, Patricia
 FCH Name: TABOR MANOR

1. REGULATION 58 Pa.Code §2600
 2600.65(b) - 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 and conditions.

2a. DESCRIPTION OF VIOLATION
 Ancillary staff person B, hired 4/8/13 and direct care staff person C, hired 4/15/13 did not receive orientation in the following elements:
 (1) Resident rights
 (2) Emergency medical plan.
 (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act.
 (4) Reporting of reportable incidents and conditions.

On 8/20/13, staff person B and C received orientation that included all pertinent information to comply with 2600.65. Administration will ensure that all employees receive required orientation within 40 scheduled working hours. The administrator will audit employee records, at least annually, to ensure that all pertinent trainings are received, documented and in compliance with 2600..

Repeat Violation; No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Dawn Baker RN-Administrator</i>	Date <i>9/18/13</i>
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The above plan of correction is approved as of 10/16/13
 (Date)

Plan of correction implementation status as of 10/16/13
 (Date)

The above plan of correction was approved by *[Signature]*
 (Initials)

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

Violation Report: 11698 - 08/19/2013 - Adams, Patricia
 PCH Name: TABOR MANOR

1. REGULATION 55 Pa.Code §2600
 2600.65(c) - Ancillary staff persons shall have a general orientation to their specific job functions as it relates to their position prior to working in that capacity.

2a. DESCRIPTION OF VIOLATION
 Ancillary staff person B, hired 4/8/13, did not receive a general orientation to their job functions..

On 8/20/13, staff person B was given general orientation to their specific job functions with the administrator. At the time of hiring new associates, administration will ensure that all employees receive general orientation to their job duties. The administrator will review employee files, at least annually to ensure that the home is in compliance with 2600.65.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Don Baker RN-Administrator* Date *9/18/13*

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The above plan of correction is approved as of <i>10/16/13</i> (Date) The above plan of correction was approved by <i>[Signature]</i> (Initials)	Plan of correction implementation status as of <i>10/16/13</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
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Violation Report: 11898 - 08/19/2013 - 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

On 8/19/13, the air conditioning units in room #5 and #18 were not securely fitted in the windows, leaving openings for vermin and or insects to enter.

3.

At the time of inspection, direct care staff immediately secured the air conditioner unit in the window. Direct care staff will check all residents' air conditioners daily to ensure that they are secure and immediately secure all air conditioners that are not in compliance with 2600. The administrator will check all rooms monthly to ensure that the home is in compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

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

Donna Baker RN Administrator

Date

9/10/13

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Plan of correction implementation status as of

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 (Date)

The above plan of correction was approved by

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 (Initials)

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

Violation Report: 11696 - 08/19/2013 - 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

The rubber insulation around the lid of the freezer chest, located in basement pantry area, was not secure allowing cold air to escape from the closed freezer chest lid.

The administrator ordered new insulation for the freezer chest located in the basement. Upon arrival of the new insulation the home will replace the item. Kitchen staff will check and record the freezer temperature daily and immediately report abnormal temperatures to the administrator. The home manager will review the log weekly to ensure that the food is stored at the proper temperatures. The administrator will review the log monthly to ensure that the home remains in compliance. *Kitchen staff will check the insulation daily to ensure the freezer is properly sealed*

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *DuBal-administrator* Date *9/18/13*

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 (Date)

Plan of correction implementation status as of *10/16/13*
 (Date)

The above plan of correction was approved by *[Signature]*
 (Initials)

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

Violation Report: 11698 - 08/19/2013 - Adams, Patricia
 PCH Name: TABOR MANOR

1. REGULATION 55 Pa.Code §2600
 2600.101(j)(2) - Each resident shall have the following in the bedroom: A chair for each resident that meets the resident's needs.

2a. DESCRIPTION OF VIOLATION
 Bedroom # 1 has 3 residents but only two chairs.

3. P

At the time of inspection, a chair was placed in bedroom #1. Direct care staff will check residents' rooms daily to ensure that a chair is available to all residents'. The administrator will check resident's rooms monthly to ensure the home is in compliance with 2600.

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-Administrator* Date *9/18/13*

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Violation Report: 11698 - 08/19/2013 - Adams, Patricia

PGH Name: TABOR MANOR

1. REGULATION 56 Pa.Code §2600

2600.103(b) - Kitchen surfaces must be of a nonporous material and cleaned and sanitized after each meal.

2a. DESCRIPTION OF VIOLATION

- On 8/19/13, there was a layer of brown liquid in the bottom of the refrigerator located in the kitchen.

- The kitchen stove top was encrusted with a black carbon residue.

3. At the time of inspection, the refrigerator was cleaned removing the brown layer of liquid. Kitchen staff will check and clean the refrigerator daily. Administration will check the refrigerator weekly to ensure that the home is in compliance.

Kitchen staff soaked and cleaned the black residue from the stove top. Kitchen staff will clean the stove top daily. Administration will check the stove top weekly to ensure that the home is in compliance. The administrator will check the kitchen monthly to ensure that the stove top remains free of residue.

Back cleaned by

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

D. Baker

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

Dawn Baker RN Administrator

Date

9/18/13

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(Date)

Plan of correction implementation status as of

10/16/13
(Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

JB
(Initials)

Violation Report: 11698 - 08/19/2013 - Adams, Patricia
 PGH Name: TABOR MANOR

1. REGULATION 55 Pa.Code §2600
 2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION
 On 8/19/13, there was a large unidentified container of brown liquid and a pan of meat unlabeled and undated in the kitchen refrigerator.

Kitchen staff explained that the container with the large amount of liquid and container of sliced meat were prepared on the day of inspection to be served for lunch, prior to the kitchen being inspected. However, kitchen staff failed to label and date the items. Kitchen staff immediately, labeled and dated the Ice tea and the lunch meat.

After inspection, the administrator held a staff meeting and informed them of the importance of labeling and dating all food items after opening and prior to placing in the refrigerator. Kitchen staff will check the refrigerator daily to ensure that all food items are properly labeled and dated. Administration will check the refrigerator weekly to ensure that the home is in compliance. The administrator will check the kitchen monthly to ensure that the home remains in compliance.

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) *Donna Baker RN-Administrator* Date *9/18/13*

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The above plan of correction was approved by <i>[Signature]</i> (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 - 08/19/2013 - Adams, Patricia
 FCH Name: TABOR MANOR

1. REGULATION 55 Pa.Code §2600
 2600.132(f) - Alternate exit routes shall be used during fire drills.

2a. DESCRIPTION OF VIOLATION

The Knor street exit was used during the fire drill held on 2/12/13, 3/23/13, 4/30/13 and 6/20/13.

On 8/20/13 all staff was in-serviced on the utilizing all exits, away from the fire, during a fire drill. Administration will ensure that the all permissible exits are used during all fire drills. The administrator will monitor the fire drill log monthly to ensure that alternate exits are used.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
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[Handwritten Signature]

Printed Name and Title of Legal Entity Representative
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Donna Baker RN-Administrator

Date
9/18/13

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 (Date)

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- Fully Implemented
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- Not Implemented

Violation Report: 11698 - 08/19/2013 - Adams, Patricia
PCH Name: TABOR MANOR

1. REGULATION 56 Pa.Code §2600
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

The medical evaluation for resident #4, dated 10/16/12, does not include (7) medication regimen, contraindicated medications and medication side effects.

The incompleteness of the medical evaluation was an oversight of the administrator. The medical evaluation for resident #4, dated 10/16/12, was forwarded to the PCP for completion of the medication regimen. The administrator will review resident records upon admission to ensure that all pertinent information is included in the medical evaluation. The administrator will conduct annual chart audits to ensure that the medical evaluations are completed at least annually.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative
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Donna Baker RN Administrator Date *9/18/13*

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(Date)

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(Date)

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(Initials)

Violation Report: 11698 - 08/19/2013 - Adams, Patricia
 PCF Name: TABOR MANOR

1. REGULATION 65 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
 Resident #5's last medical evaluation was completed on 8/1/12.

At the time of inspection, medical evaluation for resident #5 had been completed by PCP on 8/9/13, but was not available in the home for the inspector to review. The home immediately notified the PCP, requesting a copy of the completed medical evaluation; the office of the PCP faxed a copy of the medical evaluation. The administrator will review resident records upon admission to ensure that all pertinent information is included in the medical evaluation. The administrator will conduct annual chart audits to ensure that the medical evaluations are completed and available to the home, in a timely manner.

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 Date
 (Required on EVERY Page) *Don Baker RN-Administrator* *9/18/13*

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Violation Report: 11698 - 08/19/2013 - Adams, Patricia
 POH Name: TABOR MANOR

1. REGULATION 55 Pa.Code §2600
 2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION

On 8/19/13, resident # 6's Advair Discus, was not dated. The manufacturer instructions state "write the "Pouch open" and "Use by" date on the label on top of the discus. The use by date is 1 month from date of opening the pouch."

The Advair diskus for resident #6 was received from the pharmacy on 8/18/2013 and the open date was placed on the box. On the day of the inspection, the administrator placed the opened and use by dates on the diskus. Direct care staff will check the diskus daily to ensure that an open date and use by date is present. The nurse will check all medications weekly to ensure that all medications are properly labeled. The administrator will check all medications monthly to ensure that the home is in compliance with 2600.

Repeat Violation: No

Date(s) of Previous Violation(s):

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

Donna Baker RN-Administrator

Date

9/18/13

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 (Date)

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- Not Implemented

Violation Report: 11698 - 08/19/2013 - Adams, Patricia
 PCH Name: TABOR MANOR

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #7 has an order to perform blood sugar testing two times daily at 8:00 am and 8:00 pm. The resident's glucometer readings were reviewed 8/19/13 revealing on 8/7/13 testing was performed at 12:46 pm ,3:46 pm and 7:28 pm. On 8/12/13 at 5:00 am and 11:18 am.

At the time of inspection, due to resident #6 receiving insulin 4 times a day, the administrator spoke with the PCP and received an order to change resident #6 blood sugar checks from 2 times a day to 4 times a day. Direct care staff will follow all orders as prescribed, daily. The nurse will check Medication records weekly to ensure that direct care staff is following physician orders. The administrator will check the medication records monthly to ensure that the home is in compliance with 2600.

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 Date
 (Required on EVERY Page) *Dawn Baker - RN Administrator* *9/18/13*

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The above plan of correction is approved as of <i>10/2/13</i> (Date)	Plan of correction implementation status as of <i>10/2/13</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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 - 08/19/2013 - Adams, Patricia

FCI Name: TABOR MANOR

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

The pre-admission screening form for resident #4, admitted 11/8/12, does not include a determination that the home can meet the service needs of the resident.

Preadmission screening for resident #4, admitted on 11/18/12 failed to include a determination of the home could meet the resident needs was an oversight of the administrator. Since the home has been services this resident for approximately 9 months we are able to meet the service needs of the resident. The administrator immediately, updated the preadmission screening and included my initials and the

Repeat Violation: No

Date(s) of Previous Violation(s):

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

Down Baker RN-Administrator Date *9/18/13*

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(Date)

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[Handwritten Signature]
(Date)

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(Initials)

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