



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: July 8, 2014**

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

RE: Tabor Manor  
#116982

Dear Ms. Baker:

As a result of the Department of Public Welfare's (Department) licensing inspection on December 20, 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.

Roslyn Brewer  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary

**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 56 Pa.Code Chapter 2600**

POH Name: TAVOR MANOR		License Number: 11698
Address: 6730 TAVOR AVENUE, PHILADELPHIA, PA 19111		County: Philadelphia
Administrator: Dawne Baker		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: 49	Working Staff: 37
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Monitoring, Settlement		
On-Site Inspections Dates and Department Representatives On-Site 12/11/2013: Adams, Patricia		
Off-Site Inspection Dates and Inspectors, if Applicable 12/13/2013: Adams, Patricia		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 51 Number of Residents Served: 49 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: 40 Are 80 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 - 12/11/2013 - Adams, Patricia  
 PCH Name: TABOR MANOR

1. REGULATION 65 Pa.Code §2600  
 2600.42(j) - A resident shall receive assistance in obtaining and keeping clean, seasonal clothing. A resident's clothing may not be shared with other residents.

2a. DESCRIPTION OF VIOLATION  
 On 12/11/13, the left outsole and heel of resident # 1's shoe was unattached and flopped noisily against the upper part of the shoe, the resident's foot and floor as the resident walked from place to place within 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.

At the time of inspection, resident #1 was provided with a new pair of shoes and the old were discarded.  
 Staff will monitor residents daily to ensure that all clothing and shoe items are in good repair, and will report immediately to supervisor if and when new items are needed.

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) *Donna Baker*      Date *1/17/14*

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

The above plan of correction is approved as of *1/28/14*  
 (Date)

Plan of correction implementation status as of *1/28/14*  
 (Date)

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

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

Violation Report: 11698 - 12/11/2013 - Adams, Patricia  
 PCH Name: TABOR MANOR

1. REGULATION 56 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 floor next to the window in room # 17 is wet from an apparent window leak. The resident #1's bed sits on the wet floor area.

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 water was immediately cleaned off the floor.*

On the day of inspection, all residents and their personal belongings, along with their beds were relocated within the home. The owner has hired a contractor to repair the damages to the room.

Direct care staff will check rooms daily to ensure that they are in good repair and free of hazard.

Direct care staff will report immediately to the supervisor if rooms are in need of repair. The Administrator will walk thru the home monthly to ensure that the home is in good repair.

Repeat Violation: Yes      Date(s) of Previous Violation(s): 08/19/2013

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Dawn Baker*      Date *1/21/14*

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

The above plan of correction is approved as of *1/21/14* (Date)

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

Plan of correction implementation status as of *2/13/14* (Date)

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

Violation Report: 11698 - 12/11/2013 - Adams, Patricia  
 PCH Name: TABOR MANOR

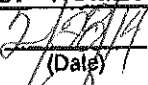

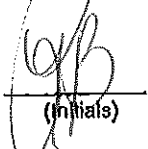
1. REGULATION 65 Pa.Code §2600  
 2600.101(j)(1) - Each resident shall have the following in the bedroom: A bed with a solid foundation and fire retardant mattress that is in good repair, clean and supports the resident.

2a. DESCRIPTION OF VIOLATION  
 The mattresses on the beds in room # 2, 6, and 17 are heavily soiled and not in good repair.

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 mattresses in rooms 2, 6 and 17 were removed from the home and replaced with new mattresses.

Direct care staff will check all mattresses daily and immediately report soiled mattresses to the supervisor. The supervisor and the administrator will conduct monthly rounds in the home to ensure that the home is in compliance to DPW regulations.

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
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(Initials) 			

Violation Report: 11698 - 12/11/2013 - Adams, Patricia  
 PCH Name: TABOR MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.101(o) - The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

2a. DESCRIPTION OF VIOLATION  
 The paint on the wall in room # 17 is bubbled up and damp with the appearance of a brown growth pocketed among the wet areas of the wall. The water is seeping in from the window, down the wall and onto the floor.

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 the day of inspection, all residents and their personal belongings, along with their beds were relocated within the home. The owner has hired a contractor to repair the damages to the room.

Direct care staff will check rooms daily to ensure that they are in good repair and free of hazard.

Direct care staff will report immediately to the supervisor if rooms are in need of repair. The Administrator will walk thru the home monthly to ensure that the home is in good repair.

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) *Dawn Baker*      Date *1/22/14*

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

The above plan of correction is approved as of *2/20/14* (Date)

Plan of correction implementation status as of *2/20/14* (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 - 12/11/2013 - Adams, Patricia  
 PCH Name: TABOR MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2a. DESCRIPTION OF VIOLATION  
 The window next to the bed of resident # 1 was leaking steady drops of water along the window frame, down the wall and onto the floor, on 12/11/13.

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 water was immediately cleaned off the floor.*

On the day of inspection, all residents and there personal belongings, along with their beds were relocated within the home. The owner has hired a contractor to repair the damages to the room.

Direct care staff will check rooms daily to ensure that they are in good repair and free of hazard.

Direct care staff will report immediately to the supervisor if rooms are in need of repair. The Administrator will walk thru the home monthly to ensure that the home is in good repair.

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) *Don Baker*      Date *1/12/14*

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The above plan of correction is approved as of *1/28/14*  
 (Date)

Plan of correction implementation status as of *1/28/14*  
 (Date)

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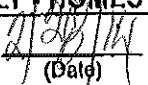
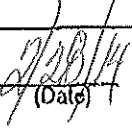
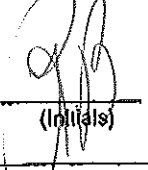
Violation Report: 11698 - 12/11/2013 - Adams, Patricia  
 PCH Name: TABOR MANOR

1. REGULATION 65 Pa.Code §2600  
 2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION  
 On 12/11/13, the drain pipe, located in the back patio, had numerous holes and leaks; causing the water to runoff in a covered area where residents gather and smoke. The runoff presents a hazard to the residents.

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.

All residents were removed from the area where the drain pipe was leaking. The drain pipe has been repaired. The supervisor will conduct walk thru the home weekly to ensure that the home is in good repair. The supervisor will immediately report all hazardous findings to the administrator. The administrator will conduct monthly walk thrus to ensure that the home is in compliance with DPW regulations.

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

Violation Report: 11698 - 12/11/2013 - Adams, Patricia  
 PCH Name: TABOR MANOR

1. REGULATION 85 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 12/11/13, the kitchen stove was not clean. It had a heavy layer of built up grease and food residue on the surfaces.  
 - On 12/11/13, the kitchen floor was not clean and had a layer of grease and dried spills along the floor edges.

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 the day of inspection, the stove, the floor and the walls were cleaned. The kitchen staff will clean the kitchen daily, after each use. The supervisor will check the kitchen weekly to ensure that the kitchen is clean and sanitized. The administrator will conduct monthly rounds to ensure that home is clean and in good repair.

Repeat Violation: Yes      Date(s) of Previous Violation(s): 08/19/2013

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*      Date *1/7/14*

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 (Date)

Plan of correction implementation status as of *2/28/14*  
 (Date)

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 (Initials)

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- Not Implemented

Violation Report: 11698 - 12/11/2013 - Adams, Patricia  
 PCH Name: TABOR MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.105(c) - The supply of bed linens and towels shall be sufficient to ensure a complete change of bed linen and towels at least once per week.

2a. DESCRIPTION OF VIOLATION  
 On 12/11/13, the home had 49 residents sleeping in twin size beds. The home has only 13 blankets.

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 home purchased additional blankets to ensure that one is available for every resident. The supervisor will check all linens weekly to ensure there is adequate supply for each resident.

The administrator will check linens monthly to ensure that the home has adequate supply.

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)

*Dawn Baker*

Date

*1/10/14*

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

The above plan of correction is approved as of

*1/28/14*  
 (Date)

Plan of correction implementation status as of

*1/29/14*  
 (Date)

The above plan of correction was approved by

*[Handwritten Initials]*  
 (Initials)

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