



MAY 07 2014

Ms. Irene Nelson, Administrator  
8253 Thouron Avenue  
Philadelphia, Pennsylvania 19150

RE: New Manor Personal Care Boarding Home  
2211 West Venango Street  
Philadelphia, Pennsylvania 19140  
License #: 115530

Ms. Nelson:

As a result of the Department of Public Welfare's licensing inspection on February 11, 2014, 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.

Your regular license for the period April 20, 2014 to April 20, 2015 was issued on January 8, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long, sweeping horizontal line extending to the right.

Matthew J. Jones  
Director

Enclosure  
License Inspection Summary

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

Page 1 of 2

PCH Name: NEW MANOR PERSONAL CARE BOARDING HOME		License Number: 11553
Address: 2211 WEST VENANGO STREET, PHILADELPHIA, PA 19140		County: Philadelphia
Administrator: Irene Nelson		Region: SOUTHEAST
Legal Entity Name: IRENE NELSON		
Legal Entity Address: 8253 THOURON AVENUE, PHILADELPHIA, PA 19150		
Certificate(s) of Occupancy Not required 05/01/2002 Philadelphia L&I		
<b>Staffing Hours</b>		
Resident Support:	Total Daily Staff: 15	Waking Staff: 11
Type of Inspection: Ind - 49 Indicators	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Indicator		
On-Site Inspections Dates and Department Representatives On-Site 02/11/2014: Adams, Patricia; Keelty, Jennifer		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators: 253a, 54b, 23b, 105a and 101j3
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 16 Number of Residents Served: 15 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		<b>Number of Residents who:</b> Receive Supplemental Security Income: 14 Are 60 Years of Age or Older: 3 Have Mental Illness: 13 Have an Intellectual Disability: 3 Have a Mobility Need: 0 Have a Physical Disability: 0

Violation Report: 11553 - 02/11/2014 - Adams, Patricia  
PCH Name: NEW MANOR PERSONAL CARE BOARDING HOME

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and Initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

The medication administration record for resident # 1 does not include a diagnosis for the administration of Benzotropine 0.5 mg.

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.

MARS will be check for medication purpose when they arrive to the facility monthly, by the medication personnel. This regulation will be on going and reviewed Annually by quality management.

STAFF will receive training on the medication procedures and proper documentation of the M.A.R. by the administrator within 15 days of receipt of this Plan of Correction (POC)

Repeat Violation: No	Date(s) of Previous Violation(s):	9-8-11	1-17-12
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Signature of Legal Entity Representative (Required on EVERY Page) *Irene Nelson*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Irene Nelson Administrator* Date *2-6-14*

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

The above plan of correction is approved as of 4/14/14 (Date)

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

Plan of correction implementation status as of 4/14/14 (Date)

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