



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 13 2015

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


Dear Ms. Nelson:

As a result of the Department of Human Services' licensing inspection on February 9, 2015 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, 2015 to April 20, 2016 was issued on January 9, 2015. Your regular license remains in good standing.

Sincerely,


Matthew J. Jones
Director_{DH}

Enclosure
License Inspection Summary

Violation Report: 11553 - 02/09/2015 - Keely, Jennifer
 PCH Name: NEW MANOR PERSONAL CARE BOARDING HOME

1. REGULATION 55 Pa.Code §2600 -
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
 Resident # 1's current medical evaluation was completed on 6/24/2014; the previous evaluation was completed on 2/7/2013.

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.

Resident's #1 medical evaluation will be updated annually. Staff will be trained to cross check due dates for all paper work within 15 days. The administrator will check monthly for compliance. This regulation will be reviewed annually by quality management.

Repeat Violation: No	Date(s) of Previous Violation(s):	2012	2013	2014
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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 *3-2-15*

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The above plan of correction is approved as of *3/10/15*
 (Date)

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

Plan of correction implementation status as of *3/10/15*
 (Date)

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