



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: September 3, 2015

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

RE: Tabor Manor
License #: 116980

Dear Ms. Baker:

As a result of the Department of Human Services' licensing inspection on March 24, 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.

Sincerely,

A handwritten signature in black ink that reads "Roslyn Brewer".

Roslyn Brewer
Regional Licensing Administrator

Enclosure
Licensing 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 1911		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		
Staffing Hours		
Resident Support:	Total Daily Staff: 48	Working Staff: 36
Type of Inspection: Partial	BHA Docket Number: 034-11-0046	Notice: Unannounced
Reason(s) for Inspection(s) Complaint, Monitoring		
On-Site Inspections Dates and Department Representatives On-Site 03/24/2015: McHale, Christine		
Off-Site Inspection Dates and Inspectors, if Applicable 03/10/2015: McHale, Christine		
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: 42 Are 60 Years of Age or Older: 17 Have Mental Illness: 44 Have an Intellectual Disability: 1 Have a Mobility Need: 0 Have a Physical Disability: 1

Violation Report: 11698 - 03/10/2015 - McHale, Christine

PCH Name: Tabor Manor

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 2/19/15, an allegation of abuse against resident #1 was reported to staff person A. The home did not submit an incident report to the Department.

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.

Page 3

The home reported the allegation of abuse against resident #1, to the local area agency on aging and to the department of human services. Staff were in-serviced about immediately reporting an allegation of abuse to the local area agency on aging via verbally and to the administrator and owner will investigate and send written report to local area agency on aging and report to the department of human services within 24 hours, as per DHS regulations.

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 M. Baker

Date *6/1/15*

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

The above plan of correction is approved as of

7/1/15
(Date)

Plan of correction implementation status as of

7/7/15
(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 - 03/10/2015 - McHale, Christine
 PCH Name: Tabor Manor

1. REGULATION 55 Pa.Code §2600
 2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION
 On 2/19/15, an allegation of abuse against resident #1 was reported to staff person A. The home did not report the allegation to the local area agency on aging.

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.

Page 2

The home reported the allegation of abuse against resident #1, to the local area agency on aging and to the department of human services. Staff were in-serviced about immediately reporting an allegation of abuse to the local area agency on aging via verbally and to the administrator and owner will investigate and send written report to local area agency on aging and report to the department of human services within 24 hours, as per DHS regulations.

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) <i>Dawn Baker</i>	Date <i>6/11/15</i>
---	---------------------

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

The above plan of correction is approved as of <i>7/17/15</i> (Date)	Plan of correction implementation status as of <i>7/17/15</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