



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: July 11, 2017

Dawn M. 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 December 30, 2016 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 Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 11698 - 12/30/2016 - Freeman, Sabrina
 PCH Name: TABOR MANOR

1. REGULATION 55 Pa.Code §2600
 2600.20(b)(1) - The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

2a. DESCRIPTION OF VIOLATION

The home manages the finances for resident #1 & 2.

The home's financial transaction record for resident #1 contained a lot of edits and was illegible.

The home's financial transaction record for resident #2 contained edits from 1/6/2016 through 12/2/2016. Based on the calculation from this time period resident #2 is owed \$35 of their \$85 personal care needs allowance.

Resident #1 financial records contained numerous edits after a complete audit was performed by the administrator. After completion of this audit the figures needed corrections. The mistake was found to have occurred in November 2016. Immediately after the audit, the administrator reviewed the financial record with the resident.

When distributing money, The administrator will immediately check the records for accuracy and correct errors as noted. The administrator will conduct weekly audits of all residents financial records and review discrepancies found with the resident.

Resident #2 financial records were audited, an error that started with the entry made on 10/6/2016 was found. The records were corrected. The corrections were reviewed with the resident and the resident is aware of the \$35.00 balance.

The administrator will immediately check the records for accuracy during each transaction correct and review the correction with the resident. The administrator will conduct weekly audits of all resident financial records, correct and review the discrepancy with the resident.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature] RN

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

Dawn Baker RN-Admin

Date *3/31/17*

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The above plan of correction is approved as of _____
 (Date)

Plan of correction implementation status as of _____
 (Date)

The above plan of correction was approved by _____
 (Initials)

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

Violation Report: 11698 - 12/30/2016 - Freeman, Sabrina
 PCH Name: TABOR MANOR

1. REGULATION 55 Pa.Code §2600
 2600.25(c)(1) - The contract shall specify that each resident shall retain, at a minimum, the current personal needs allowance as the resident's own funds for personal expenditure.

2a. DESCRIPTION OF VIOLATION
 The home manages the finances for resident #2 & 3.
 The home's financial transaction record for resident #2 contained edits from 1/6/2016 until 12/2/2016. Based on the calculation from this time period resident #2 is owed \$35 of their \$85 personal care needs allowance.
 Resident #3 is owed \$20 of their \$85 personal care needs allowance, based on the calculation from 1/6/2016 through 12/2/2016.

Resident #2 financial records were audited, an error that started with the entry made on 10/6/2016 was found. The records were corrected. The corrections were reviewed with the resident and the resident is aware of the \$35.00 balance.

The administrator will immediately check the records for accuracy during each transaction correct and review the correction with the resident. The administrator will conduct weekly audits of all resident financial records, correct and review the discrepancy with the resident.

Resident #3

Request for removal of violation.

After careful review, there was no discrepancy found on the financial records. The resident received personal care needs allowances, in the amount of \$85 monthly, as requested and had a \$20 balance from her rent rebate. Resident #3 was aware of this amount. Please see attached records.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Dawn Baker - RN-Adm</i>	Date <i>3/3/17</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of _____ (Date) The above plan of correction was approved by _____ (Initials)	Plan of correction implementation status as of _____ (Date) <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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