



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 14 2017

Ms. 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' Personal Care Homes annual licensing inspection on September 22, 2017 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License 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 19111		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 Other 05/10/1971 City of Phila./Dept. of LI		
Staffing Hours Resident Support: 64		Total Daily Staff: 113 Waking Staff: 85
Type of Inspection: Full		BHA Docket Number: Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site 09/22/2017: Freeman, Sabrina		
Off-Site Inspection Dates and Inspectors, if Applicable 09/22/2017: Freeman, Sabrina; Freeman, Sabrina		
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: 43 Are 60 Years of Age or Older: 29 Have Mental Illness: 49 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report:

PCH Name: TABOR MANOR

1. REGULATION 55 Pa.Code §2600

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION

On 9/22/17, the home's current violation report was not posted in a conspicuous and public place in the home.

The Home's inspection summary is in a Red Binder, labeled "INSPECTION SUMMARY". It is located on the shelf in the lobby of the personal care home, On the day of inspection, the binder was not located on the shelf due to removal by the administrator for cleaning. Upon request, the binder was immediately provided to the surveyor.

The home will ensure the "Inspection Summary binder" is located in its designated area, on the shelf in the lobby of the home. The home will label the shelf "Inspection Summary". If for any reason the binder is removed a note will be placed in the designated area with information as to where the binder can be located. Staff will check the shelf daily to ensure the binder is clean and in its proper location. The supervisor will check the shelf weekly to ensure the binder is in the proper location.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Dawn Balcer - RN ADM</i>	Date <i>11/9/17</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 11/15/17
(Date)

Plan of correction implementation status as of 11/15/17
(Date)

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

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

Violation Report:
PCH Name: TABOR MANOR

1. REGULATION 55 Pa.Code §2600
 2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION
 During the physical site inspection, staff person C did not knock on residents' bedroom doors before entering the room.
 Resident #1 was in his bedroom when staff person C entered the room without knocking, at which time resident #1 said, "can you knock."

Immediately following the inspection, the administrator in-serviced all staff members on duty and staff members upon reporting to duty re: maintaining respect/dignity and privacy of residents, at all times.. The supervisor will monitor the staff daily to ensure residents privacy and dignity are maintained. The administrator will continue to in-service staff on maintaining all residents' privacy and dignity, on quarterly basis. Examples will be included during Resident Rights training.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Dawn Baker RN-Admin* Date *11/9/17*

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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

Violation Report:

PCH Name: TABOR MANOR

1. REGULATION 55 Pa.Code §2600

2600.64(c) - An administrator shall have at least 24 hours of annual training relating to the job duties.

2a. DESCRIPTION OF VIOLATION

Staff person A, the home's administrator/owner, only completed 22 hours of annual training for the 2016 training year.

Staff person A, the administrator/owner 22 hours of annual training were an over site due to a misplaced certificate of training session for "Diabetes Overview".
The administrator/owner and the acting administrator will monitor staff and administrator training hours monthly, to ensure hours are met as per DHS regulations.

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

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 - DN Adm* Date *11/9/17*

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Violation Report:

PCH Name: TABOR MANOR

1. REGULATION 55 Pa.Code §2600

2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

The trash can in shared bathroom #11 did not have a lid.

The trash can in shared bathroom #13 did not have a lid.

1st floor hallway bathroom - The trash can did not have a lid.

#4

Trash can with lids were replaced in rooms #11, #13 and 1st floor hallway bathroom.

The staff checked all rooms and bathrooms in the home to ensure they had trash cans with lids. The supervisor will perform weekly walking rounds to ensure the homes trash cans have lids and will immediately report all discrepancies to the owner. The owner will perform monthly walking rounds, checking all rooms and bathrooms to ensure the home is maintained 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)

Dawn Baker RN-Adm

Date

11/9/17

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11/15/17
(Date)

Plan of correction implementation status as of

11/10/17
(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:

PCH Name: TABOR MANOR

1. REGULATION 55 Pa.Code §2600

2600.87 - The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

2a. DESCRIPTION OF VIOLATION

Bathroom #13 did not have light. The ceiling light in the bathroom was not working & the light above the sink was broken.

#5

The bathroom light and ceiling light in room #13 has been replaced and is in working order. The owner performed walking rounds, documenting all repairs needed. The owner has hired a licensed contractor to complete all needed repairs. Staff will continue to monitor the Home daily and document needed repairs in "The Maintenance log" and call the owner daily with their findings. The staff will initial and date next to the discrepancy when owner is notified. The owner/administrator will check the maintenance log weekly and schedule corrections with the hired contractor. The administrator will check the maintenance log monthly to ensure repairs are being completed and contact the owner.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Don Baker RN - Adm* Date *11/9/17*

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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

Violation Report:

PCH Name: TABOR MANOR

1. REGULATION 55 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

During the physical site inspection the home was observed in poor repair; specifically:

1st Floor Hallway Bathroom

The bathroom was in disrepair and not clean or sanitary. The overhead light above the toilet did not have a cover. The radiator heater next to the toilet did not have a cover and had jagged sharp exposed edges that posed a safety hazard.

Bathroom #6/1st floor

The floor tile was peeling and cracked and posed a tripping hazard.
The shower stall was not clean or sanitary.

Bathroom #11/2nd floor

The shower was not clean or sanitary. The shower floor was soiled and dirty. The shower wall was dirty and had old soap scum.

Bathroom #13 /2nd floor

The bathroom was in disrepair.
The cabinet at the bottom of the sink posed a safety hazard as it was partially open and could not be closed.
The sink caul king was peeling and black with what appeared to be mold.
The bathtub was rusted and the caul king was peeling and black with mold.
The toilet was running and had a leak so water sponged at the bottom of the toilet and there was an old dirty rust stain at the bottom of the toilet.

Immediately after survey, staff was instructed to clean all showers and bathrooms in the home. Staff were in-serviced on bathroom maintenance and cleaning in the home. The owner/administrator replaced the overhead light cover and the placed cover over the radiator heater, in the 1st floor bathroom. The floor tile in room #6 was temporarily covered with tape to prevent trip hazard until the contractor can repair the floor. The supervisor will perform weekly walking rounds, checking to make certain all rooms/bathrooms are sanitary and in good repair.

The sink and toilet in bathroom of #13 were replaced. The tub is in the plan on the contractor list for repair. The owner has hired a licensed contractor to complete all needed repairs. Staff will continue to monitor the Home daily and document needed repairs in "The Maintenance log". Staff has been instructed to call the owner daily as needed with their findings. The staff will initial and date next to the discrepancy when owner is notified. The owner/administrator will check the maintenance log weekly

and schedule corrections with the hired contractor. The administrator will check the maintenance log monthly to ensure repairs are being completed and contact the owner with discrepancies


Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/03/2016
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Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Dawn Baker, DW-Admin Date 11/9/17

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report:
 PCH Name: TABOR MANOR

1. REGULATION 55 Pa.Code §2600
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION
 On 9/22/17, at approximately 2:30PM, the water temperature exceeded 120 degrees Fahrenheit.
1st floor hallway bathroom -The water temperature measured 129.2 F.
Bathroom # 6-The water temperature measured 129.5 F.
Bathroom #11-The water temperature measured 125.5 F.

After inspection, the administrator checked the water temperature and adjusted the thermostat and rechecked the temperature to ensure the temperature was at or below 120 degrees.
 Staff will monitor and document the homes water temperature, in one room, on all floors, daily.
 Temperatures found to be above 120 degrees will be reported to the administrator/owner and the owner will adjust the thermostat and recheck the temperature to meet DHS regulations
 The administrator/owner will perform weekly walking rounds, checking water temperatures on all floors, in 1 room to ensure the home meets DHS requirements.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Dawn Kael RN-Adm* Date *11/9/17*

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Violation Report:
 PCH Name: TABOR MANOR

1. REGULATION 55 Pa.Code §2600
 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION
 On 9/22/17, at 2:00PM, the temperature in the big white deep freezer in the corner was 40 degrees fahrenheit.

The big white deep freezer in the corner is used only to store items not in need of refrigeration, i.e. bread only. Food items in need of refrigeration/freezing are stored in freezers and refrigerators at the proper temperatures. Refrigerators and freezer temperatures are monitored and documented daily to ensure the appliances are in good working order. All discrepancies are immediately reported to the supervisor. The supervisor will either correct the discrepancy or immediately notify the owner/administrator.

Immediately after inspection, the deep freezer in question was checked to ensure no food items in need of freezing were stored. This freezer was labeled with a sign "Bread Only". Staff will monitor this freezer daily to ensure this freezer contain, no items, other than bread. The supervisor will monitor this freezer weekly to ensure no items other than bread are stored in this freezer.

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) *Donna Baer PA-Adm* Date *11/9/17*

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 (Date)

Plan of correction implementation status as of *11/15/17*
 (Date)

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 (Initials)

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- Not Implemented

Violation Report:

PCH Name: TABOR MANOR

1. REGULATION 55 Pa.Code §2600

2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION

On 9/22/17, the home had 49 residents, but only 138 gallons of emergency drinking water.

On 9/14/2017, the Home received 26 cases (with 6 gallons per case) of water for 3-day supply. See invoice attached. Upon inspection 23 cases were in the pantry, the other 3 cases were located in the storage room, staff member escorting the surveyor was unaware. Immediately after inspection, the 3 cases that were stored in the storage room were moved into the pantry. All 26 cases are now located in one area (in the pantry) and all staff were in- serviced on the location of the 3-day water supply.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Dawn Balcer</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Dawn Balcer RN-Adm</i>	<i>11/9/17</i>

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Violation Report:
PCH Name: TABOR MANOR

1. REGULATION 55 Pa.Code §2600
 2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

2a. DESCRIPTION OF VIOLATION
 The home failed to provide documentation that the emergency procedures have been reviewed and updated annually by the local emergency management agency.

#10
 The owner/administrator will review and update the homes emergency procedures and send to The Local emergency management agency, at least annually. The owner/administrator will keep a copy of documented were received by The local emergency management agency and provide a copy upon annual survey.

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

[Handwritten Signature]

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Dawn Baker RN-Adm</i>	<i>11/9/17</i>

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Violation Report:
 PCH Name: TABOR MANOR

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION
 Resident #2 was admitted on [REDACTED]. The DME documents the resident's evaluation date as 11/18/16, nearly seven months before their admission to the facility.

Dates on Resident #2 DME were an over site of the Home. A new DME was completed by current PCP. Prior to admission to the Home, the supervisor will monitor all potential resident documents to ensure dates are within DHS guidelines, 60 days prior to admission or 30 days after admission. The supervisor checked DME's of all residents to ensure the homes documentation is within the guidelines. The administrator will monitor new admission paperwork prior to and upon admission to ensure DHS guidelines are maintained.

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

[Handwritten Signature]

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Dawn Kelly RN-Adm</i>	<i>11/9/17</i>

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Violation Report:
PCH Name: TABOR MANOR

1. REGULATION 55 Pa.Code §2600
 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a: DESCRIPTION OF VIOLATION
 The home did not have resident #1's PRN medication, specifically the 12% Ammonium-Lactate.

The Home spoke with the PCP of Resident #1 and received an order to discontinue the cream due to non-usage in 3 months. Immediately after the inspection, the med tech checked prn supplies for all residents to ensure they were available when needed. Weekly, every Tuesday evening, the med tech will check prn supplies for availability and reorder as needed. The supervisor will check prn medication monthly and reorder supplies as needed.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
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[Handwritten Signature]

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

Donna Baker RN-ADM Date *11/9/17*

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