



pennsylvania
DEPARTMENT OF HUMAN SERVICES

FEB 04 2019

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's Bureau of Human Services Licensing annual inspection on September 27, 2018 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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
Violation Report

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

PCH Name: TAVOR MANOR		License Number: 11698
Address: 6730 TAVOR AVENUE, PHILADELPHIA, PA 19111		County: Philadelphia
Administrator: DAWN BAKER		Region: SOUTHEAST
Legal Entity Name: MANOR PERSONAL CARE INC		
Legal Entity Address: 6730 TAVOR AVENUE, PHILADELPHIA, PA 19111		
Certificate(s) of Occupancy Other 12/01/1971 City of Phila Dept of L&I		DEC 18 2010
Staffing Hours Resident Support: 0 Total Daily Staff: 49		Working Staff: 37
Type of Inspection: Full BHA Docket Number:		Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspection Dates and Department Representatives On-Site 09/27/2010; Thomas, Tahesia; Vasquez, Jennie		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 51	Number of Residents who:	
Number of Residents Served: 48	Receive Supplemental Security Income: 43	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 28	
Area:	Have Mental Illness: 89	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 0	
Number of Current Hospice Residents: 0	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 0		

Violation Report: 11898 - 09/27/2018 - Thomas, Tahesia
PGH Name: TABOR MANOR

1. REGULATION 55 Pa.Code §2600
2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

The PA Department of Agriculture Food Employee Certification Act, 3 Pa C.S.A. 6501 - 6510, effective January 22, 2011, requires one employee per licensed food facility to obtain a nationally recognized food manager certification. National exam programs are those that have been approved by ANSI using the Conference of Food Protection certified food protection manager standards. The certified employee must be available during all hours of operation. The certified employee is the Person-in-Charge (PIC) when in the facility. The Certification Certificate must be posted in the facility in public view.

ServSafe certifications for staff members A and B expired 6/7/18.

Staff person A and B are both scheduled to attend recertification class for Servsafe on 12/21/18
Certificates will immediately be faxed to BHSL once received.

The home supervisor will perform monthly audits, utilizing audit tool to monitor employee files for certifications and expiration dates. The supervisor will inform administrator 3 months prior to date of certificate expiring.

The administrator will perform quarterly audits of employee trainings to ensure all trainings meet regulatory compliance.

It will be the responsibility of the supervisor/Administrator to audit the employee files and schedule trainings as needed.

There are currently, two staffs with valid ServSafe Certification working in the home. Staff B is scheduled to obtain/renew ServSafe Certification on 1/30/19.

AAA

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)

Down Baker Administrator

Date

12/13/18

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The above plan of correction is approved as of

1/30/19

(Date)

Plan of correction/implementation status as of

1/30/19

(Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

AAA

(Initials)

Violation Report: 11898 - 09/27/2018 - Thomas, Tahesia
FCH Name: TABOR MANOR

1. REGULATION 55 Pa. Code §2600-2600.20(b)(3) - The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.

2a. DESCRIPTION OF VIOLATION

- On 08/05/18, and 08/05/18, resident # 1 did not sign their transactional records for receipt of their funds.
- On 10/05/17, 11/07/17, 12/05/17, 01/04/18, 02/08/18, 03/20/18, 05/10/18, 06/04/18, 07/06/18, 08/28/18, and 09/05/18, staff member A did not initial the transactional records for resident # 2.
- On 12/05/17, 01/04/18, 02/06/18, 03/06/18; 05/10/18, 08/04/18, and 07/08/18, staff member A did not initial the transactional records for resident # 3.
- On 12/12/17, 01/04/18, 02/08/18, 03/08/18, 04/15/18, 05/03/18, 08/04/18, 07/08/18, and 08/08/18, staff member A did not initial the transactional records for resident # 4.

I have attached a signed statement from residents' 1, 2 and 3 confirming all ledgers have been reviewed and each resident has verified their accounts are accurate. (See attached)
 Resident #4 was discharged from the home
 The home has begun utilizing new ledger forms to document financial transactions (see attached)
 The home has Designated the supervisor to perform weekly checks of all residents' financial ledgers for resident signatures and accuracy of each account.
 The Administrator will perform monthly audits of all residents ledgers to ensure all needed signatures are documented and accounts are complete and accurate.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Dawn Boaler Administrator

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

Dawn Boaler - Administrator Date *12/13/18*

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The above plan of correction is approved as of 1/30/19
(Date)

Plan of correction implementation status as of 1/30/19
(Date).

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

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