



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

JAN 23 2019

Ms. Irene Nelson  
Administrator  
Irene Nelson  
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's Bureau of Human Services Licensing annual inspection on October 16, 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](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.

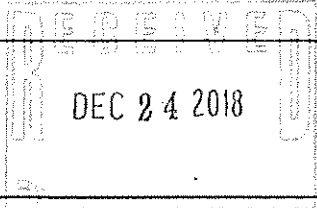
Sincerely,

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: NEW MANOR PERSONAL CARE BOARDING HOME		License Number: 11553
Address: 2211 WEST VENANGO STREET, PHILADELPHIA, PA 19140		County: Philadelphia
Administrator: Ms. Irene Nelson		Region: SOUTHEAST
Legal Entity Name: IRENE NELSON		
Legal Entity Address: 8253 THOURON AVENUE, PHILADELPHIA, PA 19150		
Certificate(s) of Occupancy Other 05/01/2002 Phila L&I		
Staffing Hours Resident Support: 13                      Total Daily Staff: 26                      Waking Staff: 20		
Type of Inspection: Full                      BHA Docket Number:                      Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 10/16/2018: Freeman, Sabrina		
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: 16 Number of Residents Served: 13 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: 11 Are 60 Years of Age or Older: 3 Have Mental Illness: 11 Have an Intellectual Disability: 2 Have a Mobility Need: 0 Have a Physical Disability: 0

Dec. 18. 2018 10:56AM

No. 9654 P. 5

Violation Report: 11553 - 10/18/2018 - Freeman, Sabrina  
PCH Name: NEW MANOR PERSONAL CARE BOARDING HOME

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

For the month of October 2018, a cash disbursement of \$85 was made to resident #1. The home did not obtain the resident's signature for the receipt of the disbursement.

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.

Effective 12/18/18 The Administrator agrees to become compliant with Regulation 55 Pa. Code 2600.20(b)(3). The administrator will be responsible to ensure delegated staff members obtain a residents signature on all cash disbursements.

The Administrator will delegate staff member(s) to obtain residents signature for all cash disbursements. The Administrator will verify all residents signature with two staff members during their reports given at the time of shift changes.

Designated staff members will receive training on cash disbursement procedures within 40 days receipt of the approved plan of correction. All training documents will be maintained for Department review.

W 1/2/19

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 *12-24-18*

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

The above plan of correction is approved as of *1/2/19*  
(Date)

Plan of correction implementation status as of *1/2/19*  
(Date)

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

The above plan of correction was approved by *W*  
(Initials)

Dec. 18. 2018 10:57AM

No. 9654 P. 6

Violation Report: 11553 - 10/18/2018 - Freeman, Sabrina  
PCH Name: NEW MANOR PERSONAL CARE BOARDING HOME

REGULATION 55 Pa.Code §2600  
2600.20(b)(9) - A copy of the itemized account shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION  
There is no copy of the quarterly financial accounting in the records of resident #1 or 2 for the 2017-2018 period.

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.

Effective 12/18/18 The Administrator agrees to become compliant with Regulation 55 Pa. Code 2600.20(b)(9). The Administrator is responsible to furnish/maintain resident's quarterly financial statements. The administrator has implemented quarterly financial statements for each resident to demonstrate the resident's monthly rental payments have been made in a timely manner and the resident's account is current without financial arrears.

Designated staff member will receive training on quarterly accounting records by an accounting/bookkeeping professional within 40 days receipt of the approved plan of correction. All training documents will be maintained for Department review. *NO 1/2/19*

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

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 *12-24-18*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of *1/2/19*  
(Date)

The above plan of correction was approved by *NO*  
(Initials)

Plan of correction implementation status as of *1/2/19*  
(Date)

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

Violation Report: 11553 - 10/16/2018 - Freeman, Sabrina  
PCI Name: NEW MANOR PERSONAL CARE BOARDING HOME

1. REGULATION 65 Pa.Code §2600  
2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION

On 10/16/18, at 3PM, 4 large bags of fried chicken were observed in the freezer without a label or date.

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.

Effective 12/18/18 The Administrator became compliant with Regulation 55 Pa. Code 2600.103(i). The Administrator is responsible to ensure all food items have been properly labeled and dated.

The taped labels previously used by the facility kept falling off and the plastic bags that were in the facility freezer didn't retain marker labeling very well because of moisture; however, the Administrator has purchased waterproof tape that does receive ink used to label/date all food items in the facility freezer.

*documentation received* (signature)

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

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 *12-24-18*

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

The above plan of correction is approved as of *1/2/19* (Date)

Plan of correction implementation status as of *1/2/19* (Date)

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

The above plan of correction was approved by *(signature)* (Initials)