



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail tabormanor1@gmail.com
April 22, 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 inspection on December 4, 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.

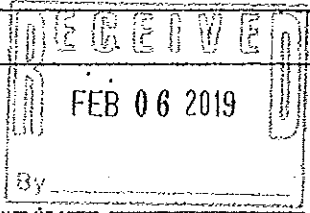
Sincerely,

A handwritten signature in cursive script that reads "Shawn Parker" with a small flourish at the end.

Shawn Parker
Human Services Licensing Supervisor

Enclosure
Violation Report

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2800**

PCH Name: TABOR MANOR		License Number: 11690
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 06/10/1971 City of Phila/Dept of L&I		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 48	Working Staff: 36
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspection Dates and Department Representatives On-Site 12/04/2018: Swisher, Michele; Carron, David		
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: 61 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:	Number of Residents who: Receive Supplemental Security Income: 43 Are 60 Years of Age or Older: 30 Have Mental Illness: 46 Have an Intellectual Disability: 0 Have a Mobility Need: 0	

Violation Report: 11008 - 12/04/2018 - Swisher, Michele
PCH Name: TABOR MANOR

1. REGULATION 55 Pa.Code §2600
2600.42(a) - 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
There is a camera that transmits a live feed video to a monitor that is positioned to view several residents bedroom doors.

On 12/4/2018, the camera positioned to view several residents' doors was removed. The Administrator rounded the home and checked to ensure all cameras are properly positioned away from resident bedrooms /bathrooms. The supervisor will round the home weekly to ensure no cameras are improperly installed and report findings to the administrator. The administrator will round the home, monthly to ensure the home is following BSHL regulations.

Administrator or designee will ensure privacy for all residents is upheld. SP 04-20-19

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

Signature of Legal Entity Representative
(Required on EVERY Page) Dawn Baker / D Baker

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Dawn Baker RN - Adm Date 2/5/19

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

The above plan of correction is approved as of <u>04-20-19</u> (Date)	Plan of correction implementation status as of <u>04-20-19</u> (Date)
The above plan of correction was approved by <u>SP</u> (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: 11898 - 12/04/2018 - Swisher, Michele
PCH Name: TABOR MANOR

1. REGULATION 66 Pa.Code §2800
2600.86(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

On 12/4/18 there is mold present on the tiles and grout in the stand up shower stall in the bathroom shared between rooms 14 and 17.
On 12/4/18 Two towels with a substance on them that appeared to be fecal matter were present in the shower of the bathroom shared between rooms 1 and 8.
On 12/4/18 there is mold present on the tiles and grout and walls in the bathroom shared between rooms 2,3, and 5.

A. Mold was removed from tiles and grout in the standup shower of the bathrooms shared between rooms 14-15, and bathroom shared between rooms 16-17. SEE ATTACHED IMAGES
Direct care staff will monitor bathrooms daily for mold during cleaning and are instructed to continue to document physical site problems in the physical site log, and report problemed bathrooms to the supervisor/Physical site Administrator immediately.

The supervisor will round the home weekly to ensure the home is complying with BHSL regulations and report issues to the Physical site Administrator/ Administrator. The Physical Site Administrator will check the physical site log weekly for needed repairs and review with the Senior Administrator. Also, He will round the home monthly, checking for needed repairs and report all findings to the Senior Administrator, with a plan of repair and expected date of completion.

B. The towels noted with what appeared to be fecal matter in the shower were removed immediately. All bathrooms were checked and cleared this am during cleaning. A resident must have recently showered and left the towels behind because the towels were found to be very wet.
Direct care staff will continue to check all bathrooms in the home, each shift to ensure no towels are left after Showering.

The supervisor will round the home weekly to ensure the home is complying BHSL.
The Administrator will round the home monthly to ensure the home is following BHSL regulations.

C. Mold was removed from tiles, grout and walls in bathrooms shared between 2-3 and bathroom of room #5. SEE ATTACHED IMAGES
Direct care staff will monitor bathrooms daily for mold during cleaning and are instructed to continue to document physical site problems in the physical site log, and report the issues to the supervisor/Physical site Administrator immediately.

The supervisor will round the home weekly to ensure the home is complying with BHSL regulations and report issues to the Physical site Administrator/ Administrator and log in the Physical Site log.
The Physical Site Administrator will check the physical site log weekly for needed repairs and either repair the issue or schedule for the issue to be repaired, Also, He will review with the Senior administrator. Additionally, He will round the home monthly, checking for needed repairs and report all findings to the Senior Administrator, with a plan of repair and expected date of completion.

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* Date *2/5/19*

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(Date)

Plan of correction implementation status as of 04-20-19
(Date)

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

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

Violation Report: 11808 - 12/04/2018 - Swisher, Michele
PCH Name: TABOR MANOR

1. REGULATION 56 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

Rooms 1, 11, 12, 13, 17, and 19 have flooring tiles that are missing or need to be replaced.

In room 17 there is a wire above a residents bed that is exposed causing a hazardous condition to the resident. The wire is attached to a lamp that could fall on resident if the wire is pulled.

The bathroom shared between rooms 1 and 8 has an area of broken tiles inside the shower measuring approximately 8 inches wide by 12 inches long. There are also missing tiles around the toilet.

The bathroom door for bathroom shared between rooms 1 and 8 has broken along the bottom of the door and the door paneling or paint is chipping off.

2. Rooms #11, 12, 13, 17, 19. Floor tiles will be replaced with temporary tiles until the room is scheduled for a complete replacement of the floor.

3. Room #11-bedroom floor is schedule to be replaced with ceramic flooring, the home intends to have the floor completed by 2/28/2019.

4. Room #12-bedroom floor is scheduled to be replaced with ceramic tile flooring. The home intends to have the floor completed by 3/30/2019.

5. Room #13-bedroom floor is scheduled to be replaced with ceramic tile flooring. The home intends to have the floor completed by 4/30/2019.

6. Room #17-bedroom floor is scheduled to be replaced with ceramic tile flooring. The home intends to have the floor completed by 5/30/2019.

7. Room #19-bedroom floor is scheduled to be replaced with ceramic tile flooring. The home intends to have the floor replaced by 6/30/2019.

After completion of new floors as listed above, the home intends to continue scheduling and replacing the remaining bedroom floors with ceramic tiled floors doing at least 1 bedroom per month until all bedroom floors are replaced.

The exposed wire in room #17 is not a live wire. The wire cover was missing and has been replaced. SEE ATTACHED IMAGES

The bathroom doors for rooms 1 and 8 are scheduled to be replaced. The homes intends to have the replacement completed by 2/28/2019.

The bathroom floor and shower tiles shared between room 1 and 8 were replaced as 12/28/2018. The bathroom was totally gutted, and replaced with New support walls and new subflooring, both were finished with ceramic Tiles. SEE ATTACHED IMAGES

Direct care staff will monitor each room daily and report any room in need of repair by documented in the Physical site log and verbally reporting to the supervisor.

The supervisor will perform weekly rounds in the home and check all rooms to ensure the home is following BHSI regulation. She will document all findings in the Physical site log and report to the Physical site Administrator and/ Senior Administrator

Physical site Administrator will check the physical site log weekly and repair or schedule repairs as needed. Also, He or his appointed person will perform monthly rounds checking to ensure the home is following BHSI regulations.

The Senior Administrator will check the performs walking rounds monthly and check the Physical site log to ensure the repair issues are addressed.

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* Date *2/15/19*

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Violation Report: 11888 - 12/04/2018 - Swisher, Michele
PCH Name: TABOR MANOR

1. REGULATION 65 Pa.Code §2800
2800.101(o) - The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

2a. DESCRIPTION OF VIOLATION

The walls in rooms 1, 11, 12, 13, 17 and 19 are in poor repair and need to be painted. In room 16 there is a hole present in the wall located beneath the air conditioning unit approximately 8 inches wide. The wall area surrounding the hole is also bulging and cracked and needs to be repaired.

The walls in rooms #1, 11, 12, 13, 17, 19 are scheduled to be painted. The home intends to have this completed by 2/28/2019.

Room #16, the wall had a gap beneath the air conditioner. The air conditioner was removed, place holder for the air conditioner was insulated and the entire wall was replaced.

SEE ATTACHED IMAGES.

Direct care staff will monitor each room daily and report any room in need of repair by documented in the Physical site log and verbally reporting to the supervisor.

The supervisor will perform weekly rounds in the home and check all rooms to ensure the home is following BHSI regulation. She will document all findings in the Physical site log and report to the Physical site Administrator and/ Senior Administrator

Physical site Administrator will check the physical site log weekly and repair or schedule repairs as needed. Also, He or his appointed person will perform monthly rounds checking to ensure the home is following BHSI regulations.

The Senior Administrator will check the performs walking rounds monthly and check the Physical site log to ensure the repair issues are addressed.

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 RN-ADM* Date *2/15/19*

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Violation Report: 11608 - 12/04/2018 - Swisher, Michele
PCH Name: TABOR MANOR

1. REGULATION 68 Pa. Code §2600
2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION
On 12/4/18, ibuprofen 400mg tablets prescribed for resident 1, who is not a current resident of the home, was located in the home's medication cart.

On 12/4/2018, after the surveyor's findings, the ibuprofen of resident #1 was returned to the pharmacy for proper disposal.
The medication administrators will check the medication carts at the end of each shift of 7-3 and 3-11 to ensure all medications in the cart are of those residents' the home serves.
If medications are found for any resident no longer in the home, the medication administrator will return the medication to the pharmacy for proper disposal.
If the medication is a controlled substance, this medication will be counted and documented with 2-person signatures and returned to pharmacy for proper disposal.
The supervisor will check the medication carts weekly for medication of residents who are not actively residing in the home. If medications are found for any resident no longer in the home, the supervisor will return the medication to the pharmacy for proper disposal. If the medication is a controlled substance, this medication will be counted and documented with 2-person signatures and returned to pharmacy for proper disposal.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Down Bank D. B. [Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Down Bank RN-Adm.* Date: *2/5/19*

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Violation Report: 11098 - 12/04/2018 - Swisher, Michele
PCH Name: TABOR MANOR

1. REGULATION 55 Pa. Code §2800
2800.185(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 glucometer belonging to resident 2 was not calibrated with the correct date and time on 12/4/18.

Immediately following BHSI visit to the home, the glucometer for resident #2 was calibrated with the correct date and time and documented on the accu check sheet.
Direct care staff will check each glucometer for correct date and time before/after each use and correct if needed.
If correction is needed, the Direct care staff member will document on the accu check sheet of the person glucometer machine, when and what time the correction was made.

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) *Dawn Baker RN-ADM* Date *2/6/19*

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Violation Report: 11898 - 12/04/2018 - Swisher, Michele PCN Name: TABOR MANOR	
1. REGULATION 65 Pa. Code §2600 2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.	
2a. DESCRIPTION OF VIOLATION On 12/4/18, at 8:00am, seven medications were administered to resident 3. Staff person A did not initial the medication record as administered. On 12/4/18, at 8:00am, five medications were administered to resident 4. Staff person A did not initial the medication record as administered. On 12/3/18 at 8:00am, Polyethylene Glycol powder prescribed as 1 capful in 8 ounces of water three times a week for constipation was administered to resident 6. Staff person A did not initial the medication record as administered. On 12/4/18, at 8:00am, five medications were administered to resident 6. Staff person A did not initial the medication record as administered. On 12/4/18, resident 8 refused 9 medications scheduled for 8:00am. Staff person A did not initial or record the refusal on the medication administration record.	
The administrator interviewed residents 3,4,5, and 6, asking if each resident received their 8am medication from Staff member A. Resident's 3,4,5 all confirmed that 8am medications were received on time for 12/4/2018. Resident 6 stated he refused his 8am medications. After the interview with each resident, Staff member A was instructed to document on the MAR and complete refusal sheet to notify the PCP about resident refusal. See. Attached Staff member A was counselled and educated, documentation of administering medication must occur directly after the resident has taken the medications. The administrator has monitored Staff Member A Medication Administration Techniques x3 medication passes on the following dates; 12/5/2018 8am and 1pm, for 5 residents' 12/10/2018 8am for 3 residents' 1/2/2019 8am and 1pm for 10 residents' All medication administration times were noted with use of proper technique during medication administration and documentation. All Medication Technicians will receive quarterly/annual monitoring/training as per the homes scheduled. Home will keep documentation of staff persons trainings for Department review. SP 04-20-19	
Repeat Violation: No	Date(s) of Previous Violation(s):
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	
Date	
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