



Sent via e-mail aminahdb4@gmail.com
Sent via e-mail tabormanor1@gmail.com
November 6, 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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on October 1, 2019 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Mia Johnson". The signature is written in a cursive, flowing style.

Mia Johnson
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *TABOR MANOR* License Number: *11698*
Address: *6730 TABOR AVENUE,, PHILADELPHIA, PA 19111*
County: *PHILADELPHIA* Region: *SOUTHEAST*

Administrator

Name: *Dawn Baker* Phone: *2157286111* Email:
AMINAHDB4@GMAIL.COM,
tabormanor1@gmail.com

Legal Entity

Name: *MANOR PERSONAL CARE INC*
Address: *6730 TABOR AVENUE, PHILADELPHIA, PA, 19111*

Certificate(s) of Occupancy

Type: *R-4* Date: *12/01/1971* Issued By: *City of Philadelphia, L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *46* Waking Staff: *35*

Inspection

Type: *Full* BHA Docket #: Notice: *Unannounced*
Reason: *Renewal*

Inspection Dates and Department Representative

10/01/2019 - On-Site: Dean Gray, Tahesia Thomas

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *57* Residents Served: *46*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *0/0*

Number of Residents Who:

Receive Supplemental Security Income: *41* Are 60 Years of Age or Older: *25*
Diagnosed with Mental Illness: *46* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0* Have Physical Disability: *0*

TABOR MANOR

11698

17 - Record Confidentiality

Regulations

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 10/01/19, at 9:15 AM, resident information contained in the home's Emergency Evacuation Book was unlocked, unattended, and accessible in the residence's "old med room".

Upon discovery of unsecured records, the Administrator removed the records from the old medication room and placed in the New medication room with the Med Tech. The medication room is kept lock when Med Tech is not present.

steps to

On 10/1/2019, following the survey, the Administrator educated all staff on duty, "Resident confidential records must be locked and inaccessible to all unauthorized staff."

10/2/2019, All staff were trained about the requirements to safeguard the confidentiality of that information and the penalties for violating them.

The training will be extended to new hires on first 40 hours of orientation and to all employees, at quarterly meetings (January, April, July, and October) also, it will be added to the proposed training log.

Beginning 10/2/2019, Upon arrival to the home, @ 7am, the supervisor will check the door of the Old Medication room assuring the door is locked.

Every day upon arrival to the home, the Supervisor will remove the Emergency Evacuation and Diabetes books from the old Medication room and place them in the Medication room with the Med Tech, the new medication room will be locked when Med Tech is not present.

On 10/1/2019, @ 11pm, Med Tech on duty, placed the Emergency Evacuation and the Diabetes Books in the Old medication room and locked the door. 11p-7am shift will have access to the locked door in the case of an emergency. 11p-7 shift will check the door, to the old medication, every 2 hours and prior to the end of shift assuring the door remains locked and records are secured. See attached *MO*

Signature *Dawn Bee*

Printed Name and Title *Dawn Baker* 10/24/19


DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 11/5/19 (Date) Plan of correction implementation status as of 11/5/19 (Date)

Implemented

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

Not Implemented

Documentation of trainings and audits will be maintained for Department review. 11/5/19 

TABOR MANOR

11698

52 - Hiring Staff

Regulations

2600.

52. Staff Hiring, Retention and Utilization - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.

Description of Violation

Staff member A, hired date 01/10/19, did not have a criminal background check completed until 02/04/19.

Staff member B, hired date 06/13/19, did not have a criminal background check completed until 06/27/19.

Beginning 10/2/2019, both supervisors were advised, Prior to extending an offer of employment, the supervisor will perform a criminal background check. Once criminal background check is received the supervisor will inform the Administrator to schedule potential employee for orientation.

nd steps to

Prior to orientation, the Administrator will review potential employee file, with use of audit tool see attached. Checking for criminal background record. If no criminal background check is found the supervisor will immediately request the record.

The supervisor will audit each employee record with use of the audit tool provided, prior to orientation and annually thereafter.

The Administrator will audit all employee records with use audit tool quarterly ensuring all required information is obtained, timely and to ensure the home is in compliance.

Documentation of trainings and audits will be maintained for Department review. 11/5/19 *MCJ*

Legal Entity Representative

Dawn Baker
Signature

Dawn Baker
Printed Name and Title

10/24/19
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 11/5/19
(Date)

Plan of correction implementation status as of 11/5/19
(Date)

Implemented

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

Not Implemented

TABOR MANOR

11698

101j2 - Bedroom Chairs

Regulations

2600.

- 101j. Each resident shall have the following in the bedroom:
 - 2. A chair for each resident that meets the resident's needs.

Description of Violation

Bedroom #5 is occupied by 3 residents; however, there are only 2 chairs in this room.

During the survey, the home provided a chair in room #5, for the 3rd bed.

10/1/2019, Direct care staff members checked all rooms in the home, ensuring each bed in the room has a chair. If none found, the chair was immediately provided.

steps to

On 10/2/2019 all direct care staff were in-serviced on the violation and given the plan to correct this violation.

On 10/11/2019, direct care member assigned to 1st and 2nd floors will perform weekly room audits, every Friday, 7a-3:30pm to ensure each bed has a chair.

The audit form will be immediately turned in to the supervisor to review for needed corrections. If unable to immediately correct the issue the supervisor will contact the owner, informing him of needed supplies. The supervisor will document the date and time the owner was notified on the bottom of the audit form.

The form will be placed in a white binder and kept in the office of the Administrator.

The supervisor will review audit forms weekly, checking to make sure any and all issues have been addressed. The supervisor will inform the Administrator of issues that are not addressed within 7 days.

The administrator will review the audit binder monthly and check to ensure all issues are addressed.

All staff were in-serviced on the above plan to correct this violation. See attached.

See attached *MCJ*

Dawn Baker
Signature

Dawn Baker
Printed Name and Title

10/24/19
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 11/5/19
(Date)

Plan of correction implementation status as of 11/5/19
(Date)


Implemented

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

Not Implemented

2600.101.j

4a

Documentation of trainings and audits will be maintained for Department review. 11/5/19 

TABOR MANOR

11698

101j7 - Lighting/Operable Lamp

Regulations

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident #1 does not have access to a source of light that can be turned on/off at bedside.

During the survey, the home provided a source of light for the 3rd bed. (see attached)

On 10/1/2019 following inspection, Direct care staff members checked all rooms in the home, ensuring each bed in the room had a source of light at the bedside. If none found, a light was immediately provided. 1 steps to

On 10/2/2019 all direct care staff were in-serviced on the violation and given the plan to correct this violation.

On 10/11/2019, direct care members assigned to 1st and 2nd floors will perform weekly room audits, every Friday, 7a-3:30pm, to ensure each room has a light source at the bedside.

The audit form will be immediately turned in to the supervisor to review for needed corrections. If unable to immediately correct the issue the supervisor will contact the owner, informing him of needed supplies. The supervisor will document the date and time the owner was notified on the bottom of the audit form.

The form will be placed in a white binder and kept in the office of the Administrator.

The supervisor will review audit forms weekly, checking to make sure any and all issues have been addressed. The supervisor will inform the Administrator of issues that are not addressed within 7 days.

The administrator will review the audit binder monthly and check to ensure all issues are addressed.

Legal entity representative

See attached *MJ*

Dawn Baker

Dawn Baker

10/24/19

Signature

Printed Name and Title

Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!


The above plan of correction is approved as of 11/5/19
(Date)

Plan of correction implementation status as of 11/5/19
(Date)

Implemented

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

Not Implemented

Documentation of trainings and audits will be maintained for Department review. 11/5/19 

TABOR MANOR

11698

131f - Fire Extinguisher Inspection

Regulations

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

The fire extinguisher in the "old med room" has not been inspected by a fire safety expert since June, 2018.

Immediately following the survey, the owner checked all the fire extinguishers to ensure they had been checked in 2019. The owner called to schedule service for the missed fire extinguisher with J & S Fire protection, Inc. The appointment was scheduled for 10/10/19. All were checked, and found to be up to date except 2, which were updated during the appointment.

On 10/2/2019 all direct care staff were in-serviced on the violation and given the plan to correct this violation.

Beginning, 11/8/2019, Direct care staff will check all fire extinguishers every 1st Friday of every month, He will date and initial the card on each extinguisher as proof the device was checked.

Beginning 11/12/19, 2nd Tuesday of every month, the supervisor will check every extinguisher for the date and initials of the assigned direct care staff member.

One (1) month prior to the due date of the extinguisher's annual inspection, the direct care staff member will notify the owner and the Administrator to schedule the annual inspection with J & S Protection.

The owner will schedule the annual inspection for All Fire extinguishers as needed.

Documentation of trainings and audits will be maintained for Department review. 11/5/19 *mg*

Legal Entity Representative

Dawn Baker
Signature

Dawn Baker
Printed Name and Title

10/24/19
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 11/5/19
(Date)

Plan of correction implementation status as of 11/5/19
(Date)

Implemented

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

Not Implemented

TABOR MANOR

11698

141b1 - Annual Medical Evaluation

Regulations

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #2's most recent medical evaluation was completed on 08/22/18.

On 10/1/2019, PCP was notified and informed of the missing annual DME. He faxed the completed form to the home, (see attached)

On 10/2/2019 both supervisors were in-serviced on the violation and given the plan to correct this violation.

On 10/2-10-4 The supervisor and administrator checked all resident records to ensure all records had an updated annual medical evaluation.

On 10/4/19, An annual tracking form was created to track monthly DME's. Beginning 10/28/2019 The supervisor will check this form the Last Thursday of each month and create a list for the PCP records prior to his next visit to the home.

On 10/28/2019 a list of upcoming annual DME's will be created and placed in the folder for the PCP to review on his visit to the home 10/28/2019.

On 10/29/2019, The supervisor will check each resident record, after the PCP visits the home for completion of the needed DME. If none found in the resident record, the supervisor will notify the PCP and request the form to be faxed to the home immediately.

The Administrator will review the tracking tool monthly and check resident records for compliance.

Documentation of trainings and audits will be maintained for Department review. 11/5/19 *MJ*

Legal Entity Representative

Dawn M Baker

Dawn Baker

10/24/19

Signature

Printed Name and Title

Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 11/5/19 (Date)

Plan of correction implementation status as of 11/5/19 (Date)

Implemented

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

Not Implemented

10/01/2019

7 of 8

TABOR MANOR

11698

162c - Menus Posted

Regulations

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

On 10/01/19, at 9:00 AM, the home did not have a current menu posted. The menus posted were for the dates of 09/16/19 to 09/22/19 and 09/23/19 to 09/29/19.

On 10/1/2019, During the survey, current menu and the menu for the following week were immediately printed and posted in a public area

On 10/2/2019 all direct care staff were in-serviced on the violation and given the plan to correct this violation.

10/7/2019, The supervisor will check resident board weekly (on Monday) to ensure current and next week menus are posted, so residents can be aware of upcoming meals and are ^{able} to plan their meals in advance.

The owner and Administrator will be notified immediately with any issues regarding the menu.

Documentation of trainings and audits will be maintained for Department review. 11/5/19 *MSJ*

Legal Entity Representative

Down Baker
Signature

Down Baker
Printed Name and Title

10/20/19
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 11/5/19
(Date)

Plan of correction implementation status as of 11/5/19
(Date)

Implemented

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

Not Implemented