

Department of Human Services  
Bureau of Human Service Licensing

September 8, 2020

DAWN MAKER, ADMINISTRATOR  
MANOR PERSONAL CARE INC  
6730 TABOR AVENUE  
PHILADELPHIA, PA 19111

RE: TABOR MANOR  
6730 TABOR AVENUE  
PHILADELPHIA, PA, 19111  
LICENSE/COC#: 11698

Dear Ms. Maker,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/21/2020, 07/22/2020, 07/24/2020, 07/28/2020, 08/30/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Claire Mendez

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY**

**Facility Information**

Name: *TABOR MANOR* License #: *11698* License Expiration Date: *11/30/2020*  
 Address: *6730 TABOR AVENUE, PHILADELPHIA, PA 19111*  
 County: *PHILADELPHIA* Region: *SOUTHEAST*

**Administrator**

Name: *Dawn M. Baker* Phone: *2157286111* Email: *aminahdb4@gmail.com*

**Legal Entity**

Name: *MANOR PERSONAL CARE INC*  
 Address: *6730 TABOR AVENUE, PHILADELPHIA, PA, 19111*  
 Phone: *2157286111* Email: *AMINAHDB4@GMAIL.COM*

**Certificate(s) of Occupancy**

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

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *37* Waking Staff: *28*

**Inspection**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint* Exit Conference Date: *07/30/2020*

**Inspection Dates and Department Representative**

*07/21/2020 - Off-Site: David Carrion*  
*07/22/2020 - Off-Site: David Carrion*  
*07/24/2020 - Off-Site: David Carrion*  
*07/28/2020 - Off-Site: David Carrion*  
*08/30/2020 - Off-Site: David Carrion*

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *51* Residents Served: *37*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *34* Are 60 Years of Age or Older: *18*  
 Diagnosed with Mental Illness: *37* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *0* Have Physical Disability: *0*

## Inspections / Reviews

## 07/21/2020 - Partial

Lead Inspector: *David Carrion*Follow-Up Type: *POC Submission*Follow-Up Date: *08/22/2020*

## 8/24/2020 - POC Submission

Lead Reviewer: *Claire Mendez*Follow-Up Type: *Document Submission*Follow-Up Date: *08/28/2020*

## 9/8/2020 - Document Submission

Lead Reviewer: *Claire Mendez*Follow-Up Type: *Not Required*

## 16c - Written Incident Report

### 1. Requirements

2600.

- 16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

### Description of Violation

*On 7/20/20, the home had an infestation of bed bugs. The home did not submit an incident report to the Department.*

*On 7/09/20 at 8 pm, Resident #1 was administered Eszopidome 3mg, take one tablet at bedtime for insomnia and a new order of Zolpiden 12.5mg, take one tablet at bedtime for insomnia. The home discontinued Eszopidome 3mg tabs, as of July 10, 2020 without a Doctor's order. These medication errors were not reported to the Doctor, resident or resident designated person. The home did not submit an incident report to the Department.*

16c - Written Incident Report (continued)

Plan of Correction

Accept

The administrator was unaware that infestation of bugs should be a written report to Department of Human Services after being brought to the administrators attention. The administrator will review the regulations at least every 4 months and when situations occur in the home to ensure the home is in compliance with 2600's.

On 7/20/20, nightshift staff informed the administrator and the owner about bugs being present in the home. Staff immediately and temporarily relocated the affected residents to another room. on 7/21/20, The owner contacted an exterminator and scheduled services to begin 7/21/20. The plans are to treat the entire home x2 or until evidence of bugs are clear, (see attached bug service reports. Once treatment has been completed staff will monitor rooms daily and report new findings via "exterminator log" , also by calling the owner and administrator. The owner will check the log weekly for any reports requiring attention. The home will report all infestations to the department of human services as noted.

Request for removal:

This resident in question is AAOx3. He is independent with his health care needs and can handle his health care concerns on his own. He reported to his psychiatrist that since being on Es he has been having trouble sleeping, according to the resident and scripts from the pharmacy, the psychiatrist discontinued Eszopiclone 3mg on 6/3/2020 and the home received and new order for zolpidem 10mg give 1 tab by mouth at bedtime for insomnia. The pharmacy and the home failed to remove the medication from the MAR and the staff continued to sign as though the medication was given. However, the narcotic record shows the medication was discontinued 6/3/20 and destroyed and could not be given because the medication was not in the building. Due to the the packaging process, where all medications are packaged into 1 pack as per time to be administered (see attached). The home will complete a report for the error of staff incorrect documentation and fax to Department of Human service. All Med Techs were in-serviced on proper procedures for medication administration and documentation. The administrator will Randomly monitor each Med Tech weekly, during times of administering medications to ensure medication administration and documentation remain in compliance. The Administrator will document on log sheet for each med tech to include the date and time monitoring take place. The administrator will report all reportable errors to the Department Of Human Services.

Completion Date: 08/21/2020

Document Submission

Implemented

SEE ATTACHED

20b2 - Access to Money

1. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

20b2 - Access to Money *(continued)*

2. Resident funds shall be disbursed during normal business hours within 24 hours of the resident's request.

**Description of Violation**

*On 7/4/20, at approximately 2 pm, Resident #1 requested a disbursement of funds from Staff Member A. The home does not have established business hours. The disbursement was not made .*

**Plan of Correction**

**Accept**

*On 7/4/2020 (Saturday), resident requested a disbursement that could not be honored due to the request being made on a the weekend and the established business hours as written on the "home Rules' that are presented to each resident at the time of admission. Also, the home rules are posted thru out the home for residents' to view at anytime.*

*The home has created a sign-up sheet for residents to be able to speak with the administrator, by appointment, during scheduled business hours 10a-2p if one should have a concern (see attached log and Home rules).*

**Completion Date:** 08/21/2020

**Document Submission**

**Implemented**

*SEE ATTACHED HOUSE RULES AND RESIDENT ADM CHECK IN*

42c - Treatment of Residents

**1. Requirements**

2600.

- 42.c. A resident shall be treated with dignity and respect.

**Description of Violation**

*Resident #1 witnessed Staff Member A being verbally abusive towards Resident #2 and Resident #3. On many occasions, Staff Member A has used a loud voice to intimidate residents, and has looked directly at residents for an extended period of time, which is perceived by the residents as being "stared down". Resident #4 observed Staff Member A redirect Resident #2 to his room using a nasty tone of voice. Resident #2 stated that Staff Member A is a pain, nasty and very verbally abusive. Per Staff Member A's statement, she could get very loud with the residents and the residents may interpret loudness as screaming at them. Per Resident #1's statement, this type of approach is intimidating, and residents are afraid of Staff Member A.*

42c - Treatment of Residents (continued)

**Plan of Correction**

**Accept**

*character statement*

*staff member A is easily excitable. Her voice is naturally loud and carries through out the home. She cares deeply for the residents and has their best interest at heart. Staff member A, has been observed engaging the residents in activities, attempting to lift their residents spirits by playing music, games or movies or favorite television show.*

*Resident #2 has very high anxiety is not easily redirected, when he has an objective, he's persistent until his task is satisfied. (ie) personal blanket has to be wash and dried, immediately after removing the blanket from his bed, he'll inquiry the staff, asking "when will his blanket be returned to his room. this goes or at least every 5 mins until he see this item being returned.*

*Resident #3 speaks and understands limited english and ay have to have instructions repeatedly explained.*

*Staff member A has been educated on how to handle difficult residents, and counseled to be mindful of her tone used when conversing with all residents.*

*Supervisors and Administrator will monitor Staff member A interaction with residents and handle according*

*all staff members have been in-serviced on the following:*

- 1) Resident Rights, focusing on dignity and respect*
- 2) Customer Service*
- 3) Best practicing on Managing difficult residents*

*See attached in-service*

*These topics will be reviewed monthly and included in new hire orientation*

*All staff members have been informed to immediately report witnessed or reported incidents to their supervisor or administrator*

**Completion Date:** 08/22/2020

**Document Submission**

**Implemented**

SEE DOCUMENT #65

85b - Infestation

**1. Requirements**

2600.

85.b. There may be no evidence of infestation of insects or rodents in the home.

**Description of Violation**

*On 7/20/20 was reported to the administration, there was an infestation of bed bugs, The home call the exterminator and bed bugs were found.*

85b - Infestation (continued)

**Plan of Correction**

**Accept**

*On 7/20/20, nightshift staff informed the administrator and the owner about bugs being present in the home. Staff immediately and temporarily relocated the affected residents to another room. on 7/21/20, The owner contacted an exterminator and scheduled services to begin 7/21/20. The plans are to treat the entire home x2 or until evidence of bugs are clear, (see attached bug service reports. Once treatment has been completed staff will monitor rooms daily and report new findings via "exterminator log" , also by calling the owner and administrator. The owner will check the log weekly for any reports requiring attention. The home will report all infestations to the department of human services as noted.*

**Completion Date:** 08/21/2020

**Document Submission**

**Implemented**

*SEE ATTACHED EXTERMINATOR LOG AND FILE*

141b1 - Annual Medical Evaluation

**1. Requirements**

2600.

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

**Description of Repeat Violation**

*Resident 4's most recent medical evaluation was completed on 12/26/19. The resident's previous medical evaluation was completed on 12/3/18.*

*Repeat Violation 10/1/19.*

**Plan of Correction**

**Accept**

*Medical evaluation being out of compliance was an over site of the home and the PCP. Supervisor has checked all residents medical records to ensure the home is in compliance with the 2600's. A log has been created to monitor the dates of needed medical evaluations. The supervisor will monitor the log weekly and will create a list and inform the physician 1 month prior to the due date of medical evaluations. The administrator will check the log monthly to ensure all due medical evaluations are completed to ensure the home is in compliance with 2600's.*

**Completion Date:** 08/21/2020

**Document Submission**

**Implemented**

*SEE DOCUMENT #67 AND 69*

**Update - 09/08/2020**

*Documentation was not submitted. Please attach audit logs/tools for the audit and ongoing monitoring of the timeliness of medical evaluations.*

185b - Medication Procedures

**1. Requirements**

2600.

185.b. At a minimum, the procedures must include:

1. Documentation of the receipt of controlled substances and prescription medications.

185b - Medication Procedures *(continued)*

**Description of Violation**

*The home's procedures for the safe use of medications and medical equipment do not include documentation of the receipt of controlled substances and prescription medications.*

**Plan of Correction**

**Accept**

*Upon request the home provided the incorrect Policy and procedures for medication administration and storage. Attached you will find a copy of the Home's policy "Accountability Of Medication And Controlled Substances"*

*This policy has been reviewed with all staff "see attached"*

**Completion Date:** 08/21/2020

**Document Submission**

**Implemented**

*SEE ATTACHED DOCUMENT 66*

187a - Medication Record

**1. Requirements**

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

12. Diagnosis or purpose for the medication, including pro re nata (PRN).

**Description of Violation**

*Resident #5 is prescribed Tobramycin-Dexamethasone Ophthalmic Solution, instill one drop in both eyes four times a day. However, Resident #5's July 2020 Medication Administration Record does not indicate diagnosis or purpose for the medication.*

**Plan of Correction**

**Accept**

*The medication record for resident #5 has been updated with a diagnosis for its usage.*

*The pharmacy has been notified to update their records.*

*8/20/20, all medication records were checked by the 7-3 med tech to ensure all medications contained a diagnosis Beginning 8/22/20 and every Saturday, 3-11 med tech has been assigned to review all medication records and make a list of any medications found with out a diagnosis. The med tech will forward the list to the administrator to review with the PCP and update. the staff member will sign of on the log to show review completion.*

*The administrator will fax a list of corrections to the pharmacy to update the records.*

*Staff person has been assigned to review and compare all MARS monthly for accuracy. She will make a list and contact the pharmacy to correct the records and send new MARS. Staff member will notify the administrator and provide a copy of the any discrepancies. All found errors will be kept in a binder for period of 3 months for review.*

*The administrator will review the MARS monthly to ensure the home is in compliance.*

**Completion Date:** 08/22/2020

**Document Submission**

**Implemented**

*SEE ATTACHED DOCUMENT #59*

187d - Follow Prescriber's Orders

**1. Requirements**

2600.

187.d. The home shall follow the directions of the prescriber.

187d - Follow Prescriber's Orders (continued)

**Description of Violation**

Resident #1 is prescribed Eszopiclone 3mg tabs, take 1 tablet at bedtime for insomnia . This medication was not administered on 7/10/20 at 8 pm.

**Plan of Correction**

**Accept**

This resident in question is AAOx3, independent with his health care needs and handles most of his health care concerns with is physician on his own. He reported to his psychiatrist that since being on Eszopiclone he has been having trouble sleeping, according to the resident and scripts from the pharmacy (see attached), the psychiatrist discontinued Eszopiclone 3mg on 6/3/2020 and the home received a new order for zolpidem 10mg give 1 tab by mouth at bedtime for insomnia. The pharmacy and the home failed to remove the medication from the MAR as staff continued to sign as though the medication was given. However, the narcotic record shows the medication was discontinued 6/3/20 and destroyed and could not be given because the medication was not in the building. Due to the the packaging process, where all medications are packaged into 1 pack as per time to be administered (see attached). The home will complete a report for the error of staff incorrect documentation and fax to Department of Human service.

All Med Techs were in-serviced on proper procedures for medication administration and documentation. The administrator will Randomly monitor each Med Tech weekly, during times of administering medications to ensure medication administration and documentation remain in compliance.

The Administrator will document on log sheet for each med tech to include the date and time of medication administration monitoring.

The administrator will report all reportable errors to the Department Of Human Services.

The administrator spoke with the resident via telephone, he informed the administrator that he has not received both sleep aide medications together (see attached statement)

Completion Date: 08/22/2020

**Document Submission**

**Implemented**

SEE ATTACHED WEEKLY MEDICATION LOG

188b - Medication Error Reporting

**1. Requirements**

2600.

188.b. A medication error shall be immediately reported to the resident, the resident’s designated person and the prescriber.

188b - Medication Error Reporting (continued)

**Description of Violation**

*Resident #1 is prescribed Eszopiclone 3mg tabs, take 1 tablet at bedtime for insomnia and a new order of Zoldipem 12.5mg tabs for insomnia. Resident #1 was administered both eszopiclone 3 mg tabs and Zoldipem 12.5mg on 07/09/20 at 8 pm . On 7/10/20, the home discontinued eszopiclone 3mg tabs for insomnia without Doctor's order. The medication error was not reported.*

**Plan of Correction**

**Accept**

*This resident in question is AAOx3. He is independent with his health care needs and can handle his health care concerns on his own. He reported to his psychiatrist that since being on Eszopiclone he has been having trouble sleeping, according to the resident and scripts from the pharmacy, the psychiatrist discontinued Eszopiclone 3mg on 6/3/2020 and the home received a new order for zolpidem 10mg give 1 tab by mouth at bedtime for insomnia. The pharmacy and the home failed to remove the medication from the MAR as staff continued to sign as though the medication was given. However, the narcotic record shows the medication was discontinued 6/3/20 and destroyed and could not be given because the medication was not in the building. Due to the the packaging process, where all medications are packaged into 1 pack as per time to be administered (see attached). The home will complete a report for the error of staff incorrect documentation and fax to Department of Human service. All Med Techs were in-serviced on proper procedures for medication administration and documentation. The administrator will Randomly monitor each Med Tech weekly, during times of administering medications to ensure medication administration and documentation remain in compliance. The Administrator will document on log sheet for each med tech to include the date and time monitoring take place. The administrator will report all reportable errors to the Department Of Human Services. The administrator spoke with the resident via telephone and he informed the administrator that he did not receive both medications as the same time (see attached statement)*

**Completion Date:** 08/22/2020

**Document Submission**

**Implemented**

SEE ATTACHMENTS # 58, 63 AND 64

188c - Medication Error Documentation

**1. Requirements**

2600.

188.c. Documentation of medication errors and the prescriber's response shall be kept in the resident's record.

**Description of Violation**

*On 7/09/20 at 8 pm, an error in Resident #1's medication administration occurred involving a new order of Zoldipem 12.5mg tabs for insomnia and Eszopiclone 3mg tabs for insomnia. On 7/09/20 at 8 pm, resident #1 was administered both medications for the same purpose. On 7/10/20, Eszopiclone was discontinued without a Doctor's order. There is no documentation of the error in the resident's record.*

188c - Medication Error Documentation (continued)

**Plan of Correction**

**Accept**

*This resident in question is AAOx3, independent with his health care needs and handles most of his health care concerns with his physician on his own. He reported to his psychiatrist that since being on Eszopiclone he has been having trouble sleeping, according to the resident and scripts from the pharmacy (see attached), the psychiatrist discontinued Eszopiclone 3mg on 6/3/2020 and the home received a new order for zolpidem 10mg give 1 tab by mouth at bedtime for insomnia. The pharmacy and the home failed to remove the medication from the MAR as staff continued to sign as though the medication was given. However, the narcotic record shows the medication was discontinued 6/3/20 and destroyed and could not be given because the medication was not in the building. Due to the the packaging process, where all medications are packaged into 1 pack as per time to be administered (see attached). The home will complete a report for the error of staff incorrect documentation and fax to Department of Human service.*

*All Med Techs were in-serviced on proper procedures for medication administration and documentation. The administrator will Randomly monitor each Med Tech weekly, during times of administering medications to ensure medication administration and documentation remain in compliance.*

*The Administrator will document on log sheet for each med tech to include the date and time of medication administration monitoring.*

*The administrator will report all reportable errors to the Department Of Human Services.*

*The administrator spoke with the resident via telephone, he informed the administrator that he has not received both sleep aide medications together (see attached statement)*

*This was an error in documentation, not medication administration.*

**Completion Date:** 08/22/2020

**Document Submission**

**Implemented**

SEE ATTACHED INSERVICES DOCUMENT #65

225c - Additional Assessment

**1. Requirements**

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.

**Description of Violation**

*Resident 4's current assessment was completed on 12/26/19. However, the resident's previous assessment was completed on 12/3/18.*

225c - Additional Assessment (*continued*)**Plan of Correction****Accept**

*Medical evaluation being out of compliance was an over site of the home and the PCP.*

*Supervisor has checked all residents medical records to ensure the home is in compliance with the 2600's.*

*A log has been created to monitor the dates of needed medical evaluations.*

*The supervisor will monitor the log weekly and will create a list and inform the physician 1 month prior to the due date of medical evaluations.*

*The administrator will check the log monthly to ensure all due medical evaluations are completed to ensure the home is in compliance with 2600's.*

**Completion Date: 08/22/2020**

**Document Submission****Implemented**

*LOG LOCATED IN THE HOME*

**Update - 09/08/2020**

*Documentation was not submitted. Please attach audit logs/tools for the audit and ongoing monitoring of the timeliness of medical evaluations.*