



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [REDACTED]
June 6, 2022

[REDACTED]
Administrator

[REDACTED]
8253 Thouron Avenue
Philadelphia, Pennsylvania 19150

RE: New Manor Personal Care Boarding Home
2211 West Venango Street
Philadelphia, Pennsylvania 19140
License #: 11553

Dear March 19, 2021:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on March 19, 2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]

[REDACTED]
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

Facility Information

Name: *NEW MANOR PERSONAL CARE BOARDING HOME* License #: *11553* License Expiration: *04/20/2021*
Address: *2211 WEST VENANGO STREET, PHILADELPHIA, PA 19140*
County: *PHILADELPHIA* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: [REDACTED]
Address: *8253 THOURON AVENUE, PHILADELPHIA, PA, 19150*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *Other* Date: *05/01/2002* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *16* Waking Staff: *12*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *03/19/2021*

Inspection Dates and Department Representative

03/19/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *16* Residents Served: *16*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *15* Are 60 Years of Age or Older: *5*
Diagnosed with Mental Illness: *16* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

03/19/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/09/2021*

03/19/2021 - POC Submission

Inspections / Reviews *(continued)*

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *06/25/2021*

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The home's gas boiler is in the basement but there is no carbon monoxide detector installed not less than 15 feet away from the fossil fuel-burning device or appliance, as required by 35 P.S. 7241-Care Facility Carbon Monoxide Alarm Standards Act.

Plan of Correction

Directed

Directed Plan of Correction 5/3/21 ■■■

Immediately: The administrator or designee shall follow the Care Facility Carbon Monoxide Alarms Standards Act. as follows:

- * Carbon monoxide detectors and alarm systems installed at a care facility shall be tested and cleaned as indicated in the manufacturer's guidelines.*
- * If the unit operates by a battery, the battery may not be removed for any length of time beyond that necessary to change the battery.*
- * The battery shall be labeled with the date of installation and replaced at least once annually or at such time as the unit signals a drained or failing battery, whichever is sooner.*
- * In the event that an alarm installed in accordance with this section sounds, the care facility staff shall:*
 - 1. Take immediate action to introduce fresh outside air into the care facility by opening available windows and doors, unless opening a specific door presents additional risk to resident safety.*
 - 2. Contact emergency services in accordance with the care facility's written policies and procedures relating to carbon monoxide alarms and evacuations.*
 - 3. Move residents to the nearest source of fresh outside air, account for all residents and remain with the residents until first responders arrive and assess the need for evacuation.*
 - 4. Evacuate residents when first responders consider an evacuation necessary.*

Implemented 6/6/22 ■■■

65f - Training Topics

1. Requirements

2600.

- 65.f. Training topics for the annual training for direct care staff persons shall include the following:
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
 3. Care for residents with dementia and cognitive impairments.
 4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
 5. Personal care service needs of the resident.

Description of Violation

Direct care staff person A did not receive training in the topics listed above during training year 2019.

Plan of Correction

Directed

Directed Plan of Correction 5/3/21 ■■■

65f - Training Topics (continued)

The direct care staff shall complete the annual training within 90 days from the date the suspension of the regulation is lifted.

Implemented 6/6/22 [REDACTED]

103i - Outdated Food**1. Requirements**

2600.
103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

There was an unlabeled, undated open bag of cinnamon toast sticks and open bag of Salisbury steak in the refrigerator in the basement. There was an unlabeled, undated open bag of unidentified food in the stand-alone freezer in the basement.

Plan of Correction

Directed

Directed Plan of Correction 5/3/21 [REDACTED]:

Within 30 days of receipt of the accepted plan of correction: All staff persons handling, preparing or storing food items shall be educated regarding the safe storage of food items including labeling and dating. Documentation of education shall be kept.

Within 30 days of receipt of the accepted plan of correction: The administrator or designee shall check all food storage areas daily including refrigerators and freezers to ensure all food items are labeled and dated. Any outdated or spoiled food will be disposed of.

Implemented 6/6/22 [REDACTED]

141a - Medical Evaluation**1. Requirements**

2600.
141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

The medical evaluation for resident #1 who was [REDACTED] was not completed until [REDACTED].

Plan of Correction

Directed

Directed Plan of Correction 5/3/21 [REDACTED]:

Within 30 days of the receipt of the accepted plan of correction, the administrator will develop and implement a tracking system to ensure medical evaluations are completed in accordance with regulation 2600.141(a). All staff persons involved with resident admissions will be educated regarding the tracking system. Documentation of training will be kept.

Directed Plan of Correction 5/3/2021 [REDACTED]:

Within 30 days of the receipt of the accepted plan of correction, all staff persons involved with the medical

141a - Medical Evaluation (continued)

evaluation process will be educated on the required time frames of medical evaluations in accordance with regulation 2600.141(a). Documentation of education will be kept.

Implemented 6/6/22 [REDACTED]

141a 1-10 Medical Evaluation Information**1. Requirements**

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #2's medical evaluation dated [REDACTED] did not include the resident's ability [REDACTED]

Plan of Correction

Directed

Directed Plan of Correction 5/3/21 [REDACTED]:

Immediately: The administrator or designated staff person shall review all current medical evaluations to ensure that all required information is completed, including special health or dietary needs, medication list, level of care and allergies. Incomplete medical evaluations will be returned to the physician for completion or new medical evaluations will be scheduled.

Resident #2's medical evaluation will be sent back to the physician for completion or the home will have a new medical evaluation completed for the resident.

Implemented 6/6/22 [REDACTED]

141b1 - Annual Medical Evaluation**1. Requirements**

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 [REDACTED]. The resident's previous medical evaluation was completed on [REDACTED]. Resident #3's most recent medical evaluation was completed on [REDACTED]. The resident's previous medical evaluation was completed on [REDACTED].

Neither of the residents' physicians indicated that the medical evaluations could be postponed.

141b1 - Annual Medical Evaluation (continued)

Plan of Correction

Directed

Directed Plan of Correction 5/3/2021 [redacted]:

Immediately, the administrator or designated staff person will check all resident records to ensure a current medical evaluation is completed and present in each resident's record.

Within 30 days of the receipt of the accepted plan of correction, a resident document tracking system will be developed and implemented to ensure all residents have a medical evaluation completed within the required timeframe. Documentation shall be kept.

****If the resident's primary care physician determines that the medical evaluation can be conducted at a later date, then the facility can postpone the medical evaluation to the date determined by the physician; provided that, the medical evaluation must be performed no later than 90 days after the Emergency Declaration is lifted. The facility shall document the primary care physician's determination in the resident's record for subsequent review.

Implemented 6/6/22 [redacted]

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:

- 3. Name of medication.
- 4. Strength.
- 5. Dosage form.
- 6. Dose.
- 7. Route of administration.
- 8. Frequency of administration.
- 9. Administration times.
- 10. Duration of therapy, if applicable.
- 11. Special precautions, if applicable.
- 12. Diagnosis or purpose for the medication, including pro re nata (PRN).
- 13. Date and time of medication administration.
- 14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #4 is prescribed [redacted], starting [redacted]; however, they are not included on resident #4's [redacted] medication administration record (MAR).

Plan of Correction

Directed

Directed Plan of Correction 5/3/2021 [redacted]:

Immediately: A staff person qualified to administer medications will conduct an initial and monthly review of all current resident MARs and prescriber's orders to insure all prescribed medications are documented on the resident's MAR's in accordance with regulation 2600.187(a).

Within 30 days of receipt of the accepted plan of correction: All staff persons qualified to administer medications will be re-educated, by a Department-approved medication administration Train-the-Trainer, on the required documentation of MARs in accordance with regulation 2600.187(a) including the proper documentation of

187a - Medication Record (continued)

medication administration, medication refusals, medications not available for administration and a purpose or diagnosis for each medication. Documentation of education shall be kept in the staff records.

Implemented 6/6/22

187b - Date/Time of Medication Admin.

1. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

On [redacted] resident #5 was administered [redacted]. Staff person B did not initial the MAR until the MAR review at [redacted]. The same resident has an order for [redacted] an [redacted]. This med was delivered on [redacted] 1 along with [redacted] meds. Only one pill was taken out from the card but there was a staff initial on [redacted]

Plan of Correction

Directed

Directed Plan of Correction 5/3/2021

Immediately, the administrator or designee qualified to administer medications will complete an initial audit of all resident MARs to ensure all prescribed medications are available, administered as prescribed, and the administration of the medication is documented on the MARs in accordance with regulation 2600.187(b).

Immediately: A designated staff person qualified to administer medications will review all resident MARs at least weekly to ensure the proper documentation of medication administration at the time of administration. Documentation of reviews will be kept.

Within 30 days of receipt of the accepted plan of correction: All staff persons qualified to administer medications will be re-educated on the proper procedures for medication administration including documentation of medication administration at the time of administration in accordance with regulation 2600.187(b). Documentation of education shall be kept.

Implemented 6/6/22

224a - Preadmission Screen Form

1. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #2's preadmission screening form, dated [redacted] does not include a determination that the needs of the resident can be met by the services provided by the home.

Plan of Correction

Directed

Directed Plan of Correction 5/3/2021

Immediately: The administrator or designated staff person will review all resident records to ensure all residents have a preadmission screening completed, including documentation that the home can meet the needs of the resident, and the Department's preadmission screening form is present in each resident record.

224a - Preadmission Screen Form (continued)

Within 30 days of receipt of the accepted plan of correction: The administrator or designated staff person will create and implement a system to ensure all residents being admitted to the home have a preadmission screening completed in its entirety, to include an indication the home can meet the resident's needs. All staff persons involved with resident admissions will be educated regarding the documentation system.

Implemented 6/6/22 