

Department of Human Services
Bureau of Human Service Licensing

September 14, 2021

[REDACTED], ADMINISTRATOR
MANOR PERSONAL CARE INC
6730 TABOR AVENUE
PHILADELPHIA, PA 19111

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/22/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

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: *11/30/2021*
Address: *6730 TABOR AVENUE, PHILADELPHIA, PA 19111*
County: *PHILADELPHIA* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: *2157286111* Email: [REDACTED]

Legal Entity

Name: *MANOR PERSONAL CARE INC*
Address: *6730 TABOR AVENUE, PHILADELPHIA, PA, 19111*
Phone: *2157286111* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *Other* Date: *12/01/1971* Issued By: *City of Phila*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *40* Waking Staff: *30*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *07/22/2021*

Inspection Dates and Department Representative

07/22/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *51* Residents Served: *40*

Secured Dementia Care Unit

In Home: *Yes* Area: Capacity: Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *36* Are 60 Years of Age or Older: *25*
Diagnosed with Mental Illness: *40* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

07/22/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/20/2021*

Inspections / Reviews *(continued)*

9/8/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *09/13/2021*

9/14/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

3c - Post Current License

1. Requirements

2600.

- 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 7/22/21 the home's current license, dated November 30, 2021 to November 30, 2022, was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept

ON 7/22/21 The homes license dated 11/30/21 was posted in the medication room. The administrator removed the license from the current location and posted the Home's license on the bulletin Board in the lobby (resident's) area. The home's supervisor will check the board daily, when scheduled, to ensure the license is up to date and posted in the resident's area.

When the supervisor is on vacation the administrator will appoint another staff member to monitor the location of the Homes License. (see Attached Photo)

Completion Date: 08/27/2021

Document Submission

Implemented

see attachment for document #2

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

According to Influenza Awareness Act (House Bill No. 1785), personal care homes are required to post influenza information in a public place year-round. On 7/22/21, the home did not have an influenza poster posted in a public place in the home.

Plan of Correction

Accept

The Home failed to have the Influenza poster posted in a public area. The Home has posted 6 (six) "INFLUENZA" posters in public areas for residents' and staff to view. The Home's supervisor will check the board daily, on scheduled, to ensure the poster is present in public areas.

When the supervisor is on vacation, the administrator will appoint another staff member to monitor the location of the influenza posters. See attached Photo

Completion Date: 08/27/2021

Document Submission

Implemented

see document #3

25a - Written Contract and Review

1. Requirements

2600.

25a - Written Contract and Review (continued)

25.a. Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

Description of Violation

Resident #1, admitted [REDACTED] did not have a resident-home contract completed until [REDACTED]

Plan of Correction

Accept

Resident #1's Home contract was signed after 24 hours of admission, which was an oversight of the home. The administrator or designated person will ensure all contracts are signed and dated prior to or within 24 hours of admission. The supervisor will monitor each resident record monthly to ensure all contracts are signed and dated within 24 hours of admission.

Completion Date: 08/27/2021

Document Submission

Implemented

no attachment

54a - Direct Care Staff

1. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

1. Be 18 years of age or older, except as permitted in subsection (b).
2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

Description of Violation

Direct care staff person A, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Accept

Direct care staff person A. did not have a diploma on file at the time of inspection due to [REDACTED] recent graduation from On-Line High School in June but failed to attend [REDACTED] graduation. As per the staff member, [REDACTED] is awaiting to receive [REDACTED] diploma in the mail. As of 8/27/21, employee A, has been removed from the schedule, pending receipt of [REDACTED] diploma. Upon receipt, employee A diploma will be placed in [REDACTED] file and [REDACTED] will be able to return to work.

The supervisor has checked all employees' records to ensure compliance of 2600's.

The supervisor will monitor all employees' records upon hire and quarterly to ensure the home is in compliance.

Completion Date: 08/27/2021

Document Submission

Implemented

no attachment

63a - First Aid/CPR Training

1. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

63a - First Aid/CPR Training (continued)**Description of Violation**

On 7/5/21, from 7:30 am to 3:30 pm and 11:30 pm to 11:59 pm, 38 residents were present in the home. During this time there were no staff persons present in the home who were certified in obstructed airway techniques and CPR.

On 7/8/21, for the entire day, 38 residents were present in the home. During this time there were no staff persons present in the home who were certified in obstructed airway techniques and CPR.

On 7/9/21, from 3:30 pm to 11:59 pm, 38 residents were present in the home. During this time there were no staff persons present in the home who were certified in obstructed airway techniques and CPR.

On 7/10/21, for the entire day, 38 residents were present in the home. During this time there were no staff persons present in the home who were certified in obstructed airway techniques and CPR.

On 7/11/21, for the entire day, 38 residents were present in the home. During this time there were no staff persons present in the home who were certified in obstructed airway techniques and CPR.

On 7/12/21, for the entire day, 38 residents were present in the home. During this time there were no staff persons present in the home who were certified in obstructed airway techniques and CPR.

On 7/13/21, from 3:30 pm to 11:59 pm, 38 residents were present in the home. During this time there were no staff persons present in the home who were certified in obstructed airway techniques and CPR.

On 7/14/21, from 11:30 pm to 11:59 pm, 38 residents were present in the home. During this time there were no staff persons present in the home who were certified in obstructed airway techniques and CPR.

On 7/15/21, for the entire day, 38 residents were present in the home. During this time there were no staff persons present in the home who were certified in obstructed airway techniques and CPR.

On 7/16/21, from 3:30 pm to 11:59 pm, 38 residents were present in the home. During this time there were no staff persons present in the home who were certified in obstructed airway techniques and CPR.

On 7/17/21, from 3:30 pm to 11:59 pm, 38 residents were present in the home. During this time there were no staff persons present in the home who were certified in obstructed airway techniques and CPR.

63a - First Aid/CPR Training (continued)

Plan of Correction

Accept

Some Staff members CPR/Firast Aid certs, Recently expired prior to the Homes Survey. The administrator initially scheduled recertification for all associates in February 2021, prior to expiration in May 2021. Unfortunately, due to COVID PANDEMIC, the trainers cancelled. CPR training was rescheduled for APRIL 2021, due to a scheduling issue, training was not confirmed. The Home Rescheduled training for 7/22/2021, which was the day of the Homes survey and rescheduled for 7/28/2021.

Prior to training, both administrators and 1 other staff member had up-to-date CPR cards and were present in the home daily.

As of 7/28/21, all staff are CPR/FIRST AIDE CERTIFIED. (SEE ATTACHED)

The supervisor will monitor employees' files quarterly to ensure the home is in compliance and report findings to the administrator.

Completion Date: 08/27/2021

Document Submission

Implemented

see attached document #4,5,6,8,10,11

65d - Initial Direct Care Training

1. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

1. Training that includes a demonstration of job duties, followed by supervised practice.
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.
3. Initial direct care staff person training to include the following:

Description of Violation

Direct care staff person A, hired on [REDACTED], began providing unsupervised ADL services on or around [REDACTED]. However, the staff person did not complete training that included a demonstration of job duties, followed by supervised practice.

Plan of Correction

Accept

Staff member A received orientation from [REDACTED], as stated on [REDACTED] training record. She was given a deportation of [REDACTED] allowed job duties on [REDACTED] by supervisor and was instructed not to perform unsupervised ADL care till after [REDACTED]. (see attached Training Record)

Completion Date: 08/27/2021

Document Submission

Implemented

training record attached

89b - Hot Water Temperature

1. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 7/22/21, the hot water temperature at the sink in the bathroom in bedroom 4, measured 127.0 degrees Fahrenheit.

89b - Hot Water Temperature *(continued)*

Plan of Correction

Accept

on 7/22/21, after the Homes Survey, staff checked water temperatures in all resident rooms. Staff member has been assigned to monitor water temperatures in all resident rooms and common areas, weekly and report findings via a log. The supervisor will monitor temperature logs weekly and report abnormal temps to the owner as needed.

Completion Date: 08/27/2021

Document Submission

Implemented

no attachment

101j7 - Lighting/Operable Lamp

1. Requirements

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

Plan of Correction

Accept

The overbid light bulb for resident #2 was replaced and is currently operable. Staff checked all residents' rooms and common areas for operable lights. Staff will check each resident rooms daily to ensure lights are operable and in compliance. Staff will report all findings to the owner for repair. Owner will ensure item reported are repaired in a timely manner.

Completion Date: 08/27/2021

Document Submission

Implemented

no attachment

102i - Soap Dispenser

1. Requirements

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

There was an unlabeled used bar of soap in the bathtub in the bathroom attached to bedroom 13. There was no soap dispenser in he bathroom attached to bedroom 13.

Plan of Correction

Accept

The Bar of soar found in the bathroom of room #13 was immediately removed and discarded. The supervisor spoke with both residents' who reside in the room. They were both aware that soap bars are prohibited in the home. A liquid bottle has been placed in the bathroom #13. After the survey, the supervisor assigned a staff member to check all bathrooms to ensure liquid soap dispensers are available and filled for each residents use, throughout the home. Staff will continue to check each room daily. Staff will report to the supervisor who will keep a log if replacement units are needed. The supervisor will report all findings to the owner, as needed.

Completion Date: 08/27/2021

Document Submission

Implemented

no attachment

107c - Food/Water 3 Day Supply

1. Requirements

2600.

107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

On 7/22/21, the home served 38 residents, requiring 114 gallons of emergency drinking water. However, the home had only 84 gallons.

Plan of Correction

Accept

The Home has purchased 29 (5 Gallon) water containers for 3 day emergency supply, the water gallons are stored in our second supply room for use in case of an emergency. The supervisor will count and check the expiration dates on each bottle weekly, to ensure the home has adequate supply, readily available. The supervisor will report to the owner when new supply is needed. (SEE ATTACHED)

Completion Date: 08/27/2021

Document Submission

Implemented

see attached document #12

107d - Procedure Emergency Management Agency Submission

1. Requirements

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home's written emergency procedures have not been submitted to the local emergency management agency for 2020 and 2021.

Plan of Correction

Accept

Due to pandemic and daily changes with the pandemic procedures, it was an oversight of the owner/administrator to submit the Emergency procedures to the Emergency Management Agency.

After reviewing and updating the Emergency Management procedures, the owner/administrator submitted The home's emergency procedures to the Agency. The owner/administrator will review and submit the Emergency Procedures to the agency, at least by January of each year. The supervisor will follow-up with the owner to ensure submission is completed by January 31st of each year.

Completion Date: 08/27/2021

Document Submission

Implemented

see attached document #13

124 - Notice to Fire Department

1. Requirements

2600.

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

124 - Notice to Fire Department *(continued)*

Description of Violation

The home does not have documentation of written notification to the local fire department of the address of the home, location of the bedrooms, and the assistance needed to evacuate in an emergency.

Plan of Correction

Accept

due to the pandemic and daily changes with the pandemic procedures, it was an oversight of the owner/administrator to submit Emergency assistance needs to the local fire department.

8/10/21, the owner/administrator, submitted the homes Emergency needs letter and the Homes layout, to the local fire department (See Attached).

The supervisor will follow-up with the owner/administrator to ensure submission is completed by January 31st of each year.

Completion Date: 08/27/2021

Document Submission

Implemented

see attached document #14

126a - Furnace Inspection

1. Requirements

2600.

126.a. A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

Description of Violation

The last inspection of the furnace was conducted on 4/29/20.

Plan of Correction

Accept

on 7/22/21, at the time of inspection, the home did not provide the documentation to show the furnace was checked and serviced in 2021. The home's broiler system was checked and serviced on 3/4/2020. on 8/17/2021, the Home's heater and hot water systems were maintenance. The supervisor will maintain a file of all receipts for services [performed in the home. The supervisor will remind the owner when annual service is due, 1 month prior.

Completion Date: 08/27/2021

Document Submission

Implemented

see attachments

documents 4,5,6,8,10

143a - Emergency Medical Plan

1. Requirements

2600.

143.a. The home shall have a written emergency medical plan that includes the following:

1. The hospital or source of health care that will be used in an emergency. This shall be the resident's choice, if possible.
2. Emergency transportation to be used.
3. An emergency-staffing plan.

Description of Violation

The home's written emergency medical plan does not include an emergency staffing plan.

143a - Emergency Medical Plan (continued)

Plan of Correction

Accept

The home is currently reviewing a contract with [REDACTED] and will make a final decision by September 30, 2021, if the company can assist with emergency staffing, if needed. Once the owner makes the decision, the new company will be added to the Emergency Medical Plan. Additionally, Staff will be updated with the information of the new company to contact if Emergency staffing is required. The supervisor will ensure the information is readily available to all staff as needed.

Completion Date: 08/27/2021

Document Submission

Implemented

no attachments

144d - Smoking Outside

1. Requirements

2600.

144.d. Smoking outside of the smoking room is prohibited.

Description of Violation

On 7/22/21, the second floor rear exit stairwell which leads out to the designated smoking area, had cigarette butts littered on the stairs and a match was discarded on the stairs. The home's designated smoking area is located in the back of the home.

Plan of Correction

Accept

The cigarette Butts found in the stairwell leading to the designated smoking area were old and appeared as if they were dragged into the home from the bottom of residents shoes. on 7/23/21, All residents were in-serviced on the designated smoking area for the home and were reminded that smoking is prohibited in the home. A designated staff member was assigned to check the exit stairwell every shift and report any abnormal findings to the supervisor or the administrator. A assigned 2nd floor staff member will sweep and mop the stairwell on 7-3 and 3-11 shifts daily.

Completion Date: 08/27/2021

Document Submission

Implemented

no attachment

225a - Assessment 15 Days

1. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

An assessment was not completed for resident #3, who was admitted to the home on [REDACTED]

Plan of Correction

Accept

At the time of the Homes' survey, the home was unable to locate Resident #3 assessment. The 15 day assessment and the 30 day assessment was missed filed and has been located and placed in the designated area of the home for the staff to access. The supervisor and administrator checked all residents files to ensure all assessments were correctly filed. The supervisor will monitor all residents files quarterly to ensure all documents are filed correctly.

Completion Date: 08/27/2021

225a - Assessment 15 Days *(continued)*

Document Submission

Implemented

no attachment

227a - Support Plan 30 Days

1. Requirements

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident #3 was admitted on [REDACTED]; however, the resident's initial support plan was not completed.

Plan of Correction

Accept

At the time of the Homes' survey, the home was unable to locate Resident #3 assessment. The 15 day assessment and the 30 day assessment was missed filed and has been located and placed in the designated area of the home for the staff to access. The supervisor and administrator checked all residents files to ensure all assessments were correctly filed. The supervisor will monitor all residents files quarterly to ensure all documents are filed correctly.

Completion Date: 08/27/2021

Document Submission

Implemented

no attachment