

Department of Human Services
Bureau of Human Service Licensing

April 4, 2022

[REDACTED], ADMINISTRATOR

RE: NEW MANOR PERSONAL CARE
BOARDING HOME
2211 WEST VENANGO STREET
PHILADELPHIA, PA, 19140
LICENSE/COC#: 11553

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 03/09/2022 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations 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: *NEW MANOR PERSONAL CARE BOARDING HOME* License #: *11553* License Expiration: *04/20/2023*
Address: *2211 WEST VENANGO STREET, PHILADELPHIA, PA 19140*
County: *PHILADELPHIA* Region: *SOUTHEAST*

Administrator

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

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *Other* Date: *05/01/2002* Issued By: *City of Philadelphia*

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: *03/09/2022*

Inspection Dates and Department Representative

03/09/2022 - 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: *3*
Diagnosed with Mental Illness: *16* Diagnosed with Intellectual Disability: *2*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

03/09/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/26/2022*

Inspections / Reviews (*continued*)

04/04/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *04/14/2022*

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 3/9/22 at 9:54 am the home's current license, dated April 20, 2021 to April 20, 2022, was not posted in a conspicuous and public place in the home.

Plan of Correction

The administrator is responsible to ensure compliance.

3/10/22 the facility current license dated April 20, 2021 to April 20, 2022 was located/ posted immediately and documentation will be submitted.

Accept

Completion Date: 03/10/2022

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 The Influenza Awareness Act House Bill 1785, personal care homes must post information relating to the influenza vaccine including how vaccination can help prevent influenza, the availability and efficacy of the influenza vaccine, a recommendation that individuals consult with their health care practitioners about the influenza vaccine, and individual and community benefits of vaccination.

On 3/9/22 at 9:54 am, there was no Influenza publication posted in a conspicuous place in the home.

Plan of Correction

The administrator is responsible to update/ maintain current information to remain compliant.

3/10/22 the out dated Influenza poster was removed, replaced with the most current information from DHS licensing website. Photo will be submitted upon request.

Accept

Completion Date: 04/10/2022

42s - Privacy

1. Requirements

2600.

- 42.s. 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.

Description of Violation

On 3/9/22, the window in the second floor hall bathroom had broken blinds which do not allow for privacy.

Plan of Correction

The administrator is responsible to ensure privacy of the residents' during activities of daily living (ADL's) as well as medical procedures.

Accept

42s - Privacy (continued)

3/09/22 the new blinds were available and shown to the inspector at that time.

4/08/22 the broken blinds will be replaced and photo will be submitted.

Completion Date: 04/08/2022

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.

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**

The administrator is responsible to maintain updated staff records.

3/27/22 DCS A submitted active registry status on the PA nurse registry and documentation will be provided.

Completion Date: 03/27/2022

57b - 1 Hour/Day**1. Requirements**

2600.

57.b. Direct care staff persons shall be available to provide at least 1 hour per day of personal care services to each mobile resident.

Description of Violation

On 2/20/22, there were 16 residents in the home, requiring a minimum of 16 hours of direct care service. On this day, only 12 hours of direct care staffing was provided.

On 3/3/22, there were 16 residents in the home, requiring a minimum of 16 hours of direct care service. On this day, only 12 hours of direct care staffing was provided.

Plan of Correction**Accept**

[DPW-LICENSED-PROVIDERS-PCH] Extension of DHS Temporary Regulatory Suspensions does include this particular regulation and we would like to request reconsideration for retraction at this time.

The administrator is responsible ensure adequate staffing is available to meet residents' needs.

1/13/22 the primary direct care staff unexpectedly became deceased. Recruiting new staff has been challenging. The facility has actively been seeking new staff.

3/10/22 the administrator has been able to secure a positive staff/ resident ratio.

New hire documentation will be submitted.

Completion Date: 03/10/2022

57d - Waking Hours

1. Requirements

2600.

57.d. At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

Description of Violation

On 2/20/22, a total of 16 hours of direct care was required. However, only 8 of the required hours, or 50 percent, were provided during waking hours.

On 3/3/22, a total of 16 hours of direct care was required. However, only 8 of the required hours, or 50 percent, were provided during waking hours.

Plan of Correction**Accept**

The administrator is responsible ensure adequate staffing is available to meet residents' needs.

1/13/22 the primary direct care staff unexpectedly became deceased. Recruiting new staff has been challenging. The facility has actively been seeking new staff.

3/31/22 the administrator has been able to secure a positive staff/ resident ratio.

New hire documentation will be submitted.

Completion Date: 03/31/2022

65b - Rights/Abuse 40 Hours

1. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Description of Violation

Staff person A completed his/her 40th scheduled work hour on or about 10/22/20. However, this staff person did not complete training in the following topics: Reporting of reportable incidents and conditions.

Plan of Correction**Accept**

The administrator is responsible to ensure that all staff are given proper training which includes demonstration / return demonstration of job duties before allowed to provide residents' services unsupervised.

3/10/22 the administrator agrees to come into compliance and has implemented formalized documentation for transparency/ accountability. Document will be provided.

Completion Date: 04/10/2022

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.

65d - Initial Direct Care Training (continued)

- 2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

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

Plan of Correction

Accept

The administrator is responsible to ensure that all staff are given proper training which includes demonstration / return demonstration of job duties before allowed to provide residents' services unsupervised.
3/10/22 the administrator agrees to come into compliance and has implemented formalized documentation for transparency/ accountability. Document will be provided.

Completion Date: 03/10/2022

88a - Surfaces

1. Requirements

- 2600.
- 88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On 3/9/21, in the second floor hall bathroom, the ceiling and wall above to the left of the sink had water damage.

Plan of Correction

Accept

The administrator is responsible to ensure the facility is clean and in good repair and free of hazards.
3/30/22 the administrator has retained a service provider to correct the surface of the wall and ceiling in the hall bathroom. Documentation will be submitted.

Completion Date: 04/30/2022

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 3/9/22, the home served 16 residents, requiring 48 gallons of emergency drinking water. However, the home had only 15 gallons.

Plan of Correction

Accept

The administrator is responsible to ensure the facility has the proper supplies on hand and available for emergency purposes.
3/09/22 the home discarded damaged bottles of water with intent to replace.
3/30/22 the administrator has taken steps to replenish the emergency water supply to remain compliant and documentation will be submitted.

Completion Date: 04/15/2022

121a - Unobstructed Egress

1. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 3/9/22 at 2:30 pm, the first floor rear door was locked with a deadbolt blocking egress from the home's rear exit.

On 3/9/22 at 2:32 pm, the first floor front door was locked with a deadbolt blocking egress from the home's front exit.

Plan of Correction

Accept

The administrator is responsible to ensure the building is properly secured without locking or obstructing the means of egress.

3/30/22 the administrator will has retained a service provider to correct the front/rear exit doors. Documentation will be submitted.

Completion Date: 04/30/2022

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 home did not have documentation of last inspection of the furnace.

Plan of Correction

Accept

The administrator is responsible for the maintenance of the building and agrees to become compliant.

3/09/22 the pandemic and its many complications thereof has made entry into the facility over the past years very challenging.

3/30/22 the administrator retained a service provider to inspect the furnace and documentation will be submitted.

Completion Date: 04/30/2022

131f - Fire Extinguisher Inspection

1. Requirements

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

All of the fire extinguishers in the home, including the fire extinguisher in the kitchen, have not been inspected by a fire safety expert since September 2020.

Plan of Correction

Accept

The administrator is responsible for the maintenance of the building and agrees to become compliant.

3/09/22 the pandemic and its many complications thereof has made entry into the facility over the past years very challenging.

3/30/22 the administrator retained a service provider to inspect the fire extinguishers. Documentation will be submitted.

131f - Fire Extinguisher Inspection (continued)**Completion Date:** 04/30/2022**162e - Menu Changes****1. Requirements**

2600.

162.e. A change to a menu shall be posted in a conspicuous and public place in the home and shall be accessible to a resident in advance of the meal. Meal substitutions shall be made in accordance with § 2600.161 (relating to nutritional adequacy).

Description of Violation

On 3/9/22, the menu posted in the home's dining room had a message stating menu "subject to change without notice".

Plan of Correction

The administrator is responsible to update and agrees to become compliant.

3/10/22 the administrator removed the message and replaced the menu as requested to become and remain in compliance. Document will be submitted.

Accept**Completion Date:** 03/10/2022