

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

January 19, 2023

[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 10/03/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: TABOR MANOR **License #:** 11698 **License Expiration:** 11/30/2022
Address: 6730 TABOR AVENUE, PHILADELPHIA, PA 19111
County: PHILADELPHIA **Region:** SOUTHEAST

Administrator

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

Legal Entity

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

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 48 **Waking Staff:** 36

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 10/03/2022

Inspection Dates and Department Representative

10/03/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
License Capacity: 51 **Residents Served:** 48
Secured Dementia Care Unit
In Home: No **Area:** **Capacity:** **Residents Served:**
Hospice
Current Residents: 0
Number of Residents Who:
Receive Supplemental Security Income: 33 **Are 60 Years of Age or Older:** 31
Diagnosed with Mental Illness: 48 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 0 **Have Physical Disability:** 0

Inspections / Reviews

10/03/2022 Full
Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 10/22/2022

10/24/2022 - POC Submission
Submitted By: [REDACTED] **Date Submitted:** 01/13/2023
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 10/29/2022

Inspections / Reviews (*continued*)

11/15/2022 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/13/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/16/2022

01/19/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/13/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

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

Care Facility Carbon Monoxide Alarm Standards Act - ENACTMENT Act of Jun. 23, 2016 Carbon monoxide alarms must be installed in proximity of, but not less than 15 feet from any fossil-fuel burning device or appliance.

There was no carbon monoxide in the boiler room. There was a strong (unknown) smell coming out of the boiler room. During the kitchen inspection, there was no carbon monoxide located within 15 feet of the gas stove.

POC Submission

Accept (█ - 11/01/2022)

At the time of the exit interview, the administrator notified the Philadelphia Gas Company to inspect the unknown smell. The Gas company arrived within 1/2 hour they inspected the smell and shut off one boiler and reported the problem to the administrator. The administrator notified the owner with the issue and they scheduled the repair of the boiler. The boiler was repaired on 10/5/2022 and the boiler was back in operation. on 10/3/2022, The administrator immediately purchased 3 carbon monoxide detectors and placed one on each floor of the Home. 10/3/2022, A log was created, to check the placement and function of the detectors. A staff member will be assigned to check the detectors daily. The batteries of each detector will be changed every 3 month and documented on the log. The supervisor will check the logs weekly for completion. Logs will be kept in the home for 2 months, and will be available upon request. SEE ATTACHED

Licensee's Plan Completion Date: 10/29/2022

Implemented (█ - 01/19/2023)

2. 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

34 Pa.Code Chapter 3, known as the Boilers and Unfired Pressure Vessels regulations. (Governed by Department of Labor and Industry). If a home has a boiler, it must have a valid "Certificate of Boiler or Pressure Vessel Operation" issued by the PA Department of Labor and Industry. Upon expiration of the certificate, boilers must be inspected, and if they pass inspection, they will be issued a new certificate.

The boiler certificate expired on 03/10/2022.

POC Submission

Accept (█ - 11/01/2022)

The Administrator notified the Rep from the department Of Labor to inspect the boilers. Inspector was in on 10/11/2022. (SEE ATTACHED) The home is awaiting the new certification . The owner will ensure the Boiler certification is up-to-date every 2 years. The Administrator has created a tickler file for all important documents and due dates foe renewals. The administrator and owner will check the tickler file monthly for needed renewals. The administrator will contact the owner of any needed renewals as noted.

Licensee's Plan Completion Date: 10/29/2022

Implemented (█ - 01/19/2023)

18 - Compliance With Laws (continued)

20b2 - Access to Money

3. Requirements

2600.

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

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

Description of Violation

On [redacted], at approximately [redacted], resident #1 requested a disbursement of [redacted] funds from staff person A. The home did not provide resident #1 with the funds when requested during normal business hours.

POC Submission

Accept [redacted] - 11/01/2022)

[redacted] The ADM/DON disbursed requested funds of [redacted] to resident #1. The Administrator/DON created a request funds log for resident to sign when requesting funds. They must put the date of the request and the date needed if not within 24 hours. The clipboard for this request is hanging in the Administrators office for residents to access during business hours of 10a-3pm. The ADM/DON will provide requested funds within 24 hours if the request does not land on a weekend. The DON/ADM will check the log daily Monday-friday and initial and date when funds are distributed. This log will be kept in a file located in the Administrators office for a duration of 2 months then discarded. A meeting was held with the residents informing them to place all request on on the request log to ensure the funds are received in a timely manner.

Licensee's Plan Completion Date: 10/29/2022

Implemented [redacted] - 01/19/2023)

20b8 - Quarterly Account

4. Requirements

2600.

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

8. The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

Description of Violation

Resident #1 has not received a quarterly account of financial transactions since 2021.

POC Submission

Accept [redacted] - 11/01/2022)

The home does not manage funds for resident #1. Resident #1 ledger is solely for the purpose of receiving [redacted] rent. The resident views [redacted] ledger monthly but failed to document quarterly review. (See attached financial ledger). The ledger has been updated show the resident has reviewed their financial ledger.

10/6/2022, The administrator reviewed all resident financial records monthly to ensure the home remains in compliance. Beginning 1/2023, the DON/ADM will review all resident financial records to ensure the resident has reviewed and signed they have reviewed the ledger. The DON/ADM will review each record quarterly for compliance

Licensee's Plan Completion Date: 10/29/2022

Implemented [redacted] - 01/19/2023)

51 - Criminal Background Check

5. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies 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).

Description of Violation

A criminal background check for Staff member B, hired on [REDACTED], was not completed until [REDACTED]

POC Submission

Accept ([REDACTED] - 11/01/2022)

At the time of the home's survey, staff member B file was not completely assembled and incorrect information was collected from the inspector (not [REDACTED] fault) The member's application date was [REDACTED] and the background check was [REDACTED] [REDACTED] actual hire date was [REDACTED].

10/7/2022, The administrator checked and organized all employee files so information is clear for all viewers. beginning 1/2023, the Supervisor will review all employee records upon hire and then every 3 months to ensure the home remains in compliance and report all findings to the administrator.

The administrator will check all employee records immediately after hire and then every 6 months to ensure the home is in compliance.

Licensee's Plan Completion Date: 10/29/2022

Implemented ([REDACTED] - 01/19/2023)

89b - Hot Water Temperature

6. Requirements

2600.

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

Description of Violation

On 10/03/22 at 3:30pm, the hot water temperature at the bathroom in room #6 measured 141 degrees Fahrenheit. At 4:00pm the water temperature measured 138 degrees Fahrenheit.

On 10/03/22 at 3:35pm, the hot water temperature in the bathroom of room #13 measured 144 degrees Fahrenheit. At 4:00pm, the water temperature measured 140 degrees Fahrenheit.

POC Submission

Accept ([REDACTED] - 11/01/2022)

on 10/3/2022, the home's owner/adm adjusted the water temperature to meet the required regulations. The Administrator created a log for a staff member to test the water temperature in at least 3 rooms Monday thru Friday. The staff member will be assigned daily by the supervisor. The staff member will immediately report all discrepancies to the supervisor. The supervisor will check the log weekly for completion of the log. The administrator will check the logs monthly and sign off. Logs will be kept in the administrators office for a duration of 2 months and then discarded. Logs will be made available upon request. (SEE ATTACHED)

Licensee's Plan Completion Date: 10/29/2022

Implemented ([REDACTED] - 01/19/2023)

126a - Furnace Inspection

7. 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.

126a - Furnace Inspection (continued)

Description of Violation

The last inspection of the furnace was conducted on 08/17/2021.

POC Submission

Accept (█) - 11/01/2022)

ON 10/4/2022 both boilers were inspected and repaired.

It is the responsibility of the owner/adm to schedule for the furnaces to be inspected at least annually. The Owner/adm will ensure the boilers are inspected at least annually to ensure the home is in compliance.

The administrator will inform the owner 3 months in advance as to when the annual inspection is due and will ensure receipts are collected upon inspection

Licensee's Plan Completion Date: 10/29/2022

Implemented (█) - 01/19/2023)

127a - Portable Space Heaters

8. Requirements

2600.

127.a. Portable space heaters are prohibited.

Description of Violation

On 10/03/22 at 3:15 pm, an unplugged portable space heater was found in the kitchen area.

POC Submission

Accept (█) - 11/01/2022)

Upon the home's annual survey, The inspector noticed a space heater sitting on the floor in the hallway of the basement, not in use and not in any residential area. Immediately after the annual survey. 10/3/2022, The staff and administrator combed the home for any additional space heaters, none were found. 10/3/2022, The staff immediately removed the inoperable space heater found in the basement and placed in the dumpster. 10/11/2022, The administrator had a meeting with all staff members informing them of the "NO SPACE HEATER " Regulation. The supervisor and all staff members will monitor the home at least daily to ensure no space heaters are present. If found anywhere in the building they are to report immediately to the supervisor/administrator/Don.

Licensee's Plan Completion Date: 10/29/2022

Implemented (█) - 01/19/2023)

131e - Accessible Extinguishers

9. Requirements

2600.

131.e. Fire extinguishers shall be accessible to staff persons. Fire extinguishers shall be kept locked if access to the extinguisher by a resident could cause a safety risk to the resident. If fire extinguishers are kept locked, each staff person shall be able to immediately unlock the fire extinguisher in the event of a fire emergency.

Description of Violation

The fire extinguisher on the second floor was on the floor and not stored in a secured manner or mounted on the wall.

POC Submission

Accept (█) - 11/01/2022)

10/3/2022, 3-11 staff member removed the unmounted Fire extinguisher from the floor and placed in the nursing office. Upon the next visit of the maintenance person, they will secure the fire extinguisher to the wall on the 2nd floor.

All staff members will monitor the home for items out of place and report all findings to the supervisor. The administrator will perform daily walk rounds in the home to ensure the home is in compliance.

131e - Accessible Extinguishers (continued)

Licensee's Plan Completion Date: 10/29/2022

Implemented [REDACTED] - 01/19/2023)

132b - Safety Inspection/Fire Drill

10. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The last fire safety inspection and drill observed by a fire safety expert was conducted on 05/01/2019.

POC Submission

Accept [REDACTED] - 11/01/2022)

The last fire safety inspection was as reported and was not updated due to covid. The home has a tentative date of 11/29/22 for the annual fire inspection. This date could be sooner if the company receives a cancellation. The owner/adm will be in the home to meet the inspector and escort the inspector around the home. when completed the fire inspection will be placed in the tickler file. The supervisor will check the tickler file monthly and will remind the owner 3 months in advance of the upcoming inspection due to ensure the inspection is in compliance.

Licensee's Plan Completion Date: 10/29/2022

Implemented [REDACTED] - 01/19/2023)

185a - Implement Storage Procedures

11. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

On [REDACTED], Resident #2's glucometer was cleared of all readings and contained no recorded information. Per staff member B, the home has a Doctor's order to clear the glucometer every Monday. No Doctor's order was provided.

POC Submission

Directed [REDACTED] - 11/01/2022)

It is an order of the Medical director and the policy of the home to check and clear all diabetic machines every Monday. The resident in question is a new resident of our medical director and the order was received and written by the in house nurse. (Please See Attached). The supervisor and the nurse will check all new admissions records at least 24 hours after admission to ensure the order is in place and will keep the order available for the inspector to view upon request.

The Home has received the office recommendations and must review with the medical director as this is a physicians order to see how the order can be adjusted or discontinued. This is not a new order it has been in effect since 2019.

Directed Plan of Correction 11/15/22 [REDACTED]

Starting 11/15/22, glucometers shall not be cleared of readings unless the device's manufacturer's instructions

185a - Implement Storage Procedures (continued)

state otherwise.

Beginning 11/15/22 and continuing monthly for 4 months, the administrator shall review each glucometer to ensure that readings for the past 30 days are present in the device.

Directed Completion Date: 12/15/2022

Implemented [REDACTED] - 01/19/2023)

187d - Follow Prescriber's Orders

12. Requirements

2600.

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

Description of Violation

Resident #3 is prescribed [REDACTED], and [REDACTED]. These medications are schedule to be administered at [REDACTED]. Resident #3 was administered these medications on [REDACTED] at [REDACTED].

POC Submission

Directed ([REDACTED] - 11/15/2022)

The Home Has been having issues with our current pharmacy. The home has an order from the Medical Director as follows:

May give person centered/liberalized medication pass time

AM = [REDACTED]

pm = [REDACTED]

The Nurse has been monitoring the MAR's weekly and monthly since 2015

The nurse will continue to work with the pharmacy to ensure all resident medication records reflect this order. The nurse will monitor the records monthly when new mars received and contact the pharmacy for all corrections needed. The nurse will correct the record temporarily until the pharmacy has made all needed corrections.

Directed Plan of Correction 11/15/22 [REDACTED]:

The administrator shall ensure that, if a range of timeframe is utilized for medication administration, that the actual time of administration must be documented on the Medication Administration Record (MAR). The administrator or certified medication trainer shall train all qualified medication administrators by 11/30/22 to follow the regulations in 2600.187a regarding documentation of medication administration if a range of time is utilized.

Directed Completion Date: 11/30/2022

Implemented [REDACTED] - 01/19/2023)

227g -Support Plan Signatures

13. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #2 participated in the development of his/her support plan on [REDACTED] However, the resident did not sign the support plan.

227g Support Plan Signatures (continued)

POC Submission

Accept [REDACTED] - 11/02/2022)

Resident #2 support plan's missing signature was an over site of the home. on [REDACTED] the administrator reviewed the support plan with the resident and obtained [REDACTED] signature and current date.

10/10/2022 the administrator checked all resident RASP for completion and proper signatures. Beginning 1/2023, the supervisor will review all resident RASP's monthly for completion and report findings to the administrator.

12/2022 the administrator will perform resident record audits and will be done with every new resident and then every 3 months for completion to ensure the home remains in compliance. (Please see Attached)

Licensee's Plan Completion Date: 10/29/2022

Implemented [REDACTED] - 01/19/2023)