

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

November 8, 2023

[REDACTED]
IRENE NELSON
[REDACTED]

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 review on 05/09/2023 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: *NEW MANOR PERSONAL CARE BOARDING HOME* License #: *11553* License Expiration: *04/20/2024*
 Address: *2211 WEST VENANGO STREET, PHILADELPHIA, PA 19140*
 County: *PHILADELPHIA* Region: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *IRENE NELSON*
 Address: [REDACTED]
 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: *13* Waking Staff: *10*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *05/09/2023*

Inspection Dates and Department Representative

05/09/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *16* Residents Served: *13*

Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:

Hospice
 Current Residents: *0*

Number of Residents Who:
 Receive Supplemental Security Income: *12* Are 60 Years of Age or Older: *5*
 Diagnosed with Mental Illness: *13* Diagnosed with Intellectual Disability: *2*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

05/09/2023 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/02/2023*

11/08/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *06/12/2023*
 Reviewer: [REDACTED] Follow-Up Type: *Bypass Document Submission*

Inspections / Reviews *(continued)*

11/08/2023 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/08/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

51 - Criminal Background Check

1. 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

Staff member A was hired on [REDACTED]/22, however, the home did not complete a criminal background check until [REDACTED]/22.

Plan of Correction

Directed [REDACTED] - 07/12/2023)

The administrator is responsible to maintain compliance of all polices and procedures at all times. The administrator will obtain CPR and First Aid within 30 days of hire before obtaining the criminal background document

Effective 5/10/23 the administrator will ensure to have all direct hire staff CPR and First Aid trained before pulling their criminal background check to ensure date integrity.

Staff person A was hired to perform indirect care services until all relevant documents could be obtained. Staff person A had a criminal background check before being hired. Staff person A was given indirect care duties and failed to report for CPR and First Aid training initially scheduled which couldn't be rescheduled in a timely manner.

Staff person criminal background check was completed [REDACTED]/22 the first criminal background check was discarded and not available to present at the time of inspection. The second criminal background check was done once the CPR and First Aid were completed.

DIRECTED PLAN OF CORRECTION (7/12/23 [REDACTED]):

1. The administrator will obtain Staff A's criminal background by 7/15/23 or the staff will be taken off the schedule until the criminal background has been received.
2. The administrator is responsible to maintain compliance of all polices and procedures at all times. The administrator will obtain CPR and First Aid within 30 days of hire before obtaining the criminal background document, starting immediately.
3. The administrator will develop and implement a checklist, to include all required initial documentation and training, for all new employee records and review the checklist prior to starting in the home.
4. The administrator will audit all employee files to ensure the required criminal background check has been completed and if not will obtain a criminal background for the said employee and/or take the employee off the scheule until the criinal background is obtained, by 7/30/23.
5. Documentation will be maintained for the Departments review.

Directed Completion Date: 07/30/2023

Implemented [REDACTED] - 11/08/2023)

107d - Procedure Emergency Management Agency Submission

2. 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 reviewed/updated or submitted to the local emergency management agency since 01/05/2022.

Plan of Correction

Directed [REDACTED] - 07/12/2023)

The administrator is responsible to comply and submit required documentation annually. The administrator agrees to become compliant.

Effective 6/12/23

Documents for the facility emergency preparedness plan was submitted to [REDACTED] The receipt will be provided once it has been received,

DIRECTED PLAN OF CORRECTION (7/12/23 [REDACTED])

- 1. The administrator will review and submit the home Emergency Plan to the Philadelphia Emergency Management agency every June, starting immediately.*
- 2. The administrator will add the review to their calendar to ensure the Emergency Plans are reviewed timely and submittd to th Emergency Managment office as required.*
- 3. Documentation of the submission will be maintained for the Department review.*

Directed Completion Date: 06/12/2023

Implemented [REDACTED] - 11/08/2023)

126a - Furnace Inspection

3. 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 04/06/22.

Plan of Correction

Accept [REDACTED] - 07/12/2023)

The administrator is responsible and agrees to become compliant.

Effective 6/11/23 the administrator had a professional furnace cleaning company to inspect the furnaces and has retained ongoing services from the provider annually. Documentation of services will be submitted.

The administrator will add this annual requirement to their calendar to ensure the furnace inspection is conducted timely each June, starting immediately.

Licensee's Proposed Overall Completion Date: 06/12/2023

Implemented [REDACTED] - 11/08/2023)

132b - Safety Inspection/Fire Drill

4. 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 02/28/22.

Plan of Correction

Accept ([REDACTED] - 07/12/2023)

The administrator is responsible to become and maintain compliance with polices and procedures of fire safety.

Effective 6/8/23 the administrator retained a fire safety inspector to provide services which included inspection of the facility as well as the supervised fire drill. The administrator has retained on going services from the fire safety expert to remain in compliance and documentation will be provided.

The administrator will add the fire safety inspection to their calendar each June, starting immediately, to ensure it is conducted timely.

Licensee's Proposed Overall Completion Date: 06/12/2023

Implemented ([REDACTED] - 11/08/2023)

187a - Medication Record**5. Requirements**

2600.

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

Description of Violation

Resident #1 is prescribed Olanzapine 5mg take 1 tab at bed time. This medication was administered on May 8, 2023; however, it is not included on resident #1's medication administration record.

Plan of Correction

Directed ([REDACTED] - 07/12/2023)

The administrator is responsible to become compliant and maintain compliance.

Effective 05/09/23 the residents medication record was retained from the pharmacy and documentation will be submitted.

The administrator has retrained the staff to continue the facility policy of 24 hour medical record/ medication checks at the time of shift changes to ensure effective monitoring going forward.

DIRECTED PLAN OF CORRECTION (7/12/23 SLW):

1. *The medication administration was corrected and added to the residents MAR, which was updated by the pharmacy on 5/9/23.*
2. *The administrator will conduct a training with all staff administering medications, by 7/20/23, on the required documentation protocols.*
3. *The administrator or med tech will audit all resident MAR's at least daily, for the next 4 weeks, then monthly thereafter, to ensure all medications being administered are listed on the MAR, starting by 7/20/23.*
4. *The administrator will discuss medication administration documentation at monthly staff meetings for the next six months, starting immediately.*
5. *Documentation to support implementation of this directed plan of correction will be maintained for the Departments review.*

187a - Medication Record *(continued)*

Directed Completion Date: 06/12/2023

Implemented [REDACTED] - 11/08/2023)