Department of Human Services
Bureau of Human Service Licensing

LICENSING INSPECTION SUMMARY - PUBLIC

April 25, 2024

[REDACTED], VICE PRESIDENT, OPERATIONS
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 03/05/2024 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**: *11/30/2024*

Address: *6730 TABOR AVENUE, PHILADELPHIA, PA 19111*

County: *PHILADELPHIA* **Region**: *SOUTHEAST*

Administrator

Name: **Phone**: **Email**:

Legal Entity

Name: *MANOR PERSONAL CARE INC*

Address: *6730 TABOR AVENUE, PHILADELPHIA, PA, 19111*

Phone: **Email**:

Certificate(s) of Occupancy

Type: *Other* **Date**: *12/01/1971* **Issued By**: *City of Philadelphia, L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *46* **Waking Staff**: *35*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal* **Exit Conference Date**: *03/05/2024*

Inspection Dates and Department Representative

03/05/2024 - On-Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *51* **Residents Served**: *46*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *34 (Rep Payee for 26)*

Diagnosed with Intellectual Disability: *0*

Have Physical Disability: *0*

Are 60 Years of Age or Older: *32*

Diagnosed with Mental Illness: *46*

Have Mobility Need: *0*

Inspections / Reviews

03/05/2024 Full

Lead Inspector: **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *03/31/2024*

04/18/2024 - POC Submission

Submitted By: **Date Submitted**: *04/24/2024*

Reviewer: **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *04/25/2024*

Inspections / Reviews *(continued)*

04/25/2024 Document Submission

Submitted By: [redacted] **Date Submitted:** *04/24/2024*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

16b - Incident Policies

1. Requirements

2600.
16.b. The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.

Description of Violation

The home does not have a written policy on the prevention, reporting, notification, investigation and management of reportable incidents.

Plan of Correction ***Accept [redacted] - 04/18/2024)***

At the time of the survey, the incident reporting policy was misplaced.
3/6/2024, the owner created a new incident reporting policy and placed in the binder. (see attached)
3/12/2024, The supervisor reviewed the reporting policy with all staff.
Beginning 1st, wednesday in June, The supervisor will check the Policy binder to ensure all policies are present. If any are missing the supervisor will report to ADM and owner.

Licensee's Proposed Overall Completion Date: *04/07/2024*

Implemented (GE - 04/25/2024)

18 - Compliance With Laws

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

Per the Care Facility Carbon Monoxide Alarms Standards 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. A Carbon Monoxide detector was found within 6 feet of the home's boiler which burns natural gas.

Plan of Correction ***Accept [redacted] - 04/18/2024)***

On the day of inspection, the home had 2 carbon monoxide detectors, One located in the boiler room and the other within 15 feet in side the kitchen.
Immediately after the results, the owner removed the carbon monoxide detector from the boiler room and mounted it within 15 feet of the boiler, outside of the kitchen.
3/6/2024, The supervisor will continue to check the location and function of carbon monoxide detectors, Monday-friday, on 7-3 shift and document.
On 3/6/2024, The supervisor replaced batteries. Going forward the batteries will be replaced at least, every 3 months (march, june, september, december) and as needed and document on check list when batteries are replaced.
Units will be replaced every 2 years and as needed.

Licensee's Proposed Overall Completion Date: *04/05/2024*

Implemented ([redacted] - 04/25/2024)

85a - Sanitary Conditions

3. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

85a Sanitary Conditions *(continued)*

Description of Violation

On 03/05/24 at 4:35 PM, a black substance, possibly mold or mildew, was found in and around the shower in the shared bathroom of Room 14.

Plan of Correction ***Accept (█ - 04/18/2024)***

3/6/2024, Maintenance worker was present in the home and deep cleaned the shower in shared bathroom of room #14.
direct care staff will continue to clean the bathroom and showers once daily and as needed.
Beginning 4/7/2024, maintenance worker was in the home and deep cleaned all showers in the home.
Direct care staff workers will continue to maintain the cleaniness of the bathrooms daily and as needed.
Beginning May 2024, maintenance workers are scheduled to come to the home, monthly, to deep clean all showers.
Direct care staff will continue to maintain the cleanliness of the bathrooms, once daily and as needed.
The owner will schedule the cleaning monthly and report dates to the supervisor.
see attached pics of the shower.

Licensee's Proposed Overall Completion Date: *04/07/2024*

Implemented (█ - 04/25/2024)

89b - Hot Water Temperature

4. Requirements

2600.
89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 03/05/24 at 4:21 PM, the hot water temperature at the shared bathroom sink, attached to Room 19, measured 124.8 degrees Fahrenheit and at 4:35 PM, it was 127.0 degrees Fahrenheit.

Repeated Violation: 07/22/21.

Plan of Correction ***Accept (█ - 04/18/2024)***

On the evening of 3/5/2024, The owner adjusted the water temperture to meet 2600 regulation.
Due to constant use of hot water during the morning shifts for large loads of linen, personal laundry,showers and kitchen use, the home attempts to regulate the water temperature as best as possible to meet the 2600 regulations.
3/6/2024, an appointed direct care staff member will measure the temperature in 2 areas of the home, Monday and Thursday, document the time and areas measured and initial.
The appointed direct care staff person will report abnormal findings to supervisor.
If issues are present, the supervisor will call the owner for direction.
The supervisor will alert the administrator of abnormal findings.
The administrator will ensure a plan is in place with the owner to immediately correct the issue.

Licensee's Proposed Overall Completion Date: *04/05/2024*

Implemented (█ - 04/25/2024)

95 - Furniture and Equipment

5. Requirements

95 - Furniture and Equipment *(continued)*

2600.
95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

- On 03/05/24, at 3:35 PM, the shelf in the kitchen's reach-in refrigerator was severely rusted, to the point that rust flaked off when touched by hand.

- On 03/05/24, at 3:36 PM, the hood over the kitchen's cooking equipment was greasy, dirty and rusted. The sticker on the hood indicated the last cleaning was in November 2001.

- On 03/05/24, at 4:17 PM, a drawer was missing from Resident #1's bureau in Room 19.

Plan of Correction ***Accept (- 04/18/2024)***

On 3/5/2024, Kitchen staff checked food racks in all refridgerators, removed all racks that looked rusted, and temporarily double wrapped the racks in plastic and foil.
3/11/2024, the owner removed the racks, plastic and foil and refurbished the racks. Once completed the racks were placed back into the refridgerator.
3/12/2024, all staff who work in the kitchen were inserviced on checking the racks at least weekly every Monday, report the smallest apperance of rust to the supervisor.
The supervisor will notify the administrator and the owner for repair.
The owner will repair the racks, immediately.
The supervisor will recheck the rack in question and document completion.

on 4/6/2024 the hood was power washed inside and out and vents cleaned and replaced.
The owner has scheduled the cleaning of the hood to every 3 months beginning in July 2024.
The supervisor will ensure the owner has this scheduled and documented.
The cleaner will ensure a tag with the cleaning date is placed on the hood after each cleaning.
The supervisor will check the hood and ensure the tag is up-to-date
The cleaning will be placed in the tickler file

Immediately after the survey, the dresser in room 19 was removed and replaced with a new dresser.
on 3/6/2024, the supervisor performed a room audit, checking for for dressers in need of repair.
Beginning, 3/18/2024, the supervisor will conduct resident room audits every 2 weeks, all findings in need of attention will be reported to the owner and administrator.
The owner will schedule all repairs and give a date of possible completion to the supervisor and report to the administrator.
The supervisor will recheck for completion and report to the administrator .

Licensee's Proposed Overall Completion Date: *04/05/2024*

Implemented (- 04/25/2024)

96a - First Aid Kit

6. Requirements

2600.
96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The first aid kit in the home's medication room does not include a breathing shield or eye coverings.

Plan of Correction ***Accept (- 04/18/2024)***

At the time of inspection, breathing masks and eye coverings were located in the med room.
3/7/2024, staff were inserviced on the location of first aid kits.
3/11/2024, a first aid/CPR rolling cart was assembled to include all pertinent items. The cart is stored in the medication room with a large identifying sign attached to the front of the cart. An inventory list of the contents in the cart is attached on the side of the cart, with the quantity contained.
3/11/2024, all staff were inserviced on the new "First Aide/CPR rolling cart. (See attached)
Beginning 3/18/2024, Supervisor will check the cart weekly and replace any used items.
see attached photos

Licensee's Proposed Overall Completion Date: *04/06/2024*

Implemented (- 04/25/2024)

101j2 - Bedroom Chairs

7. Requirements

2600.
101.j. Each resident shall have the following in the bedroom:
2. A chair for each resident that meets the resident's needs.

Description of Violation

Bedroom #8 is occupied by 4 residents; however, there are only 3 chairs in this room.

Plan of Correction ***Accept (- 04/18/2024)***

Immediately, after the survey, a chair was replaced in room #8.
on 3/6/2024, the supervisor performed a room audit to ensure all residents had an available chair.
Beginning 4/8/2024, The supervisor will perform monthly room audits, checking to be sure the home is in complaince with 2600 regulation and report needs to the owner

Licensee's Proposed Overall Completion Date: *04/06/2024*

Implemented (- 04/25/2024)

101o - Walls, Floors, Ceilings

8. Requirements

2600.
101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

Description of Violation

A circular hole was found on the wall in Bedroom #14. The hole was filled with leaves from outside. Some leaves had fallen out onto the radiator and floor of the room.

101o - Walls, Floors, Ceilings *(continued)*

Plan of Correction ***Accept (█ - 04/18/2024)***

Immediately after the survey, staff was assigned to clean the hole and temporarily cover the wall with duct tape.
On 3/9/2024 maintenance worker came in and removed the tape and all leaves found inside the wall. The wall was repaired with new sheet rock and paint.
He removed the panel on the outside of the wall and removed all contents. He resealed the hole on the outside, ensuring no penetration. See pics attached.
Maintenance worker checked all rooms inside the home and the outside panels, ensuring they were secured and flushed without gaps.
Direct care staff members assigned to clean rooms Monday-friday, will check and document needed repairs in the maintenance log and report to supervisor.
Supervisor will contact the owner to schedule the repair.
The supervisor will check after 1-2 days of the scheduled repair to ensure completion.
Begininning June 8, 2024, Maintenance worker will check all rooms monthly and make repairs as needed.

Licensee's Proposed Overall Completion Date: *04/06/2024*

Implemented (█ - 04/25/2024)

103i - Outdated Food

9. Requirements

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

Description of Violation

On 03/05/24, at 3:32 PM, there were several unlabeled, undated types of cheese; a block of provolone cheese, one bag of shredded mozzarella cheese, and one bag of shredded cheddar cheese, in the kitchen's reach-in refrigerator.

On 03/05/24, at 3:48 PM, an open, unlabeled and undated bag of English muffins and two large bags of unlabeled and undated filets of Tilapia were found in the basement storage freezer. According to Staff Member A, the Tilapia filets were taken out of their original packaging and broken down for different servings.

Plan of Correction ***Accept (█ - 04/18/2024)***

3/6/2024, supervisor and owner checked all unopened labeled cheeses, located in the small fridge to ensure manufacturing dates were stamped and not outdated. None of the cheeses were expired, according to the expiration dates. A date was then placed on items.
On 3/5/2024 the undated English muffins were discarded.
The large bags of unlabeled, undated tilapia were recently received on Monday 3/4/2024 to be used for dinner on 3/8/2024.
3/6/2024, the tilapia was labeled and dated.
3/7/2024, all staff were inserviced about labeling and dating delivered food. Securely wrapping opened food, then date label and date.
Supervisor will check the fridge and freezers Monday, wednesday and Friday to ensure all foods are properly labeled and dated and speak with the kitchen staff if labels are needed.

Licensee's Proposed Overall Completion Date: *04/06/2024*

103i - Outdated Food *(continued)*

Implemented (█ - 04/25/2024)

107d - Procedure Emergency Management Agency Submission

10. 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 or submitted to the local emergency management agency since 01/16/23.

Repeated Violation: 07/22/21.

Plan of Correction ***Accept (█ 04/18/2024)***

On 3/5/2024, the owner submitted the emergency procedures to the local emergency management agency.
The supervisor will continue to keep a tickler file with due dates of pertinent information needed.
Beginning December 2024, the supervisor will contact the owner and administrator of upcoming submissions due for the new year.
In January 2025, the supervisor and administrator will notify the owner of submissions needed weekly, on Tuesdays, until confirmation of submission is received.
The supervisor will continue to follow-up with the owner and ensure the emergency procedures are submitted no later than 1/31/2025.
SEE ATTACHED

Licensee's Proposed Overall Completion Date: *04/07/2024*

Implemented (█ - 04/25/2024)

124 - Notice to Fire Department

11. 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.

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.

Repeated Violation: 07/22/21.

Plan of Correction ***Accept (█ - 04/18/2024)***

On 3/8/2024, the owner made several attempts to submit the homes emergency needs letter to the fire department.
By 3/11/2024, the owner successfully submitted the letter and obtained a signature of receipt.
The supervisor will continue to keep a tickler file with due dates of pertinent information needed.
Beginning in December 2024, the supervisor will contact the owner and administrator of upcoming submissions due for the new year.
In January 2025, the supervisor and administrator will notify the owner of submissions needed weekly, on

124 Notice to Fire Department (continued)

Tuesdays, until confirmation of completion is received.
The supervisor will continue to follow up with the owner and ensure the "letter to the local fire department is submitted no later than 1/31/2025.

Licensee's Proposed Overall Completion Date: *04/07/2024*

Implemented (- 04/25/2024)

132b - Safety Inspection/Fire Drill

12. 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 12/18/23. The previous fire safety inspection and drill observed by a fire safety expert was conducted on 11/11/22.

Plan of Correction ***Accept (- 04/18/2024)***

The scheduling of the fire safety expert for the home was previously set for 11/9/2023. The home was contacted by the company and informed, the expert due to service the home, had an emergency and would need to reschedule.
The home had to wait to be contacted by the expert for newly scheduled date.
After no contact from the expert, the owner contacted the company for a new date, the home was informed, the earliest date was 12/18/2023. We were well aware of the late date and gladly accepted.
Going forward, Fire safety expert will be scheduled by the owner in October for November 2024.
The supervisor will contact the owner to schedule the fire safety annually, by the first wednesday in October 2024.
The supervisor will continue to remind the owner until an assessment date is received. This has been added to the tickler file.

Licensee's Proposed Overall Completion Date: *04/07/2024*

Implemented (- 04/25/2024)

132c - Fire Drill Records

13. Requirements

2600.
132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the drill conducted on 12/18/23 does not include the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, whether the fire alarm or smoke detector was activated or operative and if any problems were encountered.

Plan of Correction ***Accept (04/18/2024)***

It was an oversite of partial logging for completion for fire drill performed on 12/18/2023.
The supervisor will continue to log all fire drills as performed, once documentation is received from Croker .

132c - Fire Drill Records (continued)

The supervisor will check the log on the 30th of every month to ensure documentation is received for the month and drills are properly logged. (see documentation from Croker)
If unable to locate the documentation of the drill, the supervisor will contact the representative of Croker and request a copy.
Beginning 4/30/2024, the administrator will check the fire drill log for proper completion at least quarterly. April, July, October, and December 30th.

Licensee's Proposed Overall Completion Date: *04/07/2024*

Implemented (- 04/25/2024)

162c - Menus Posted

14. Requirements

2600.
162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's menu for the week of 03/04/24 to 03/10/24 was posted. However, the menu for the following week; 03/11/24 to 03/17/24, was not posted.

Plan of Correction ***Accept (- 04/18/2024)***

The morning of inspection, The cook removed the previous menu dated 2/26/20- 3/3/2024 from the menu board. She was waiting for the owner to create and print the new menu. The new menu was created and hung prior to the end of the day on 3/5/2024.
Beginning 3/11/2024, Every monday morning, the supervisor will check the menu board and make sure 2 weeks of menus are posted for residents to view.
If no menu posted, the supervisor will notify the owner, request a copy and post the copy to the menu board.

Licensee's Proposed Overall Completion Date: *04/07/2024*

Implemented (- 04/25/2024)

191 - Resident Right to Refuse

15. Requirements

2600.
191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident #2, admitted 07/03/23, has not been educated of the resident's right to refuse medication if the resident believes that there may be a medication error.

Plan of Correction ***Accept (- 04/18/2024)***

Right to refuse is generally written on the "resident rights" portion of the contract.
on 3/6/2024, the administrator created an addendum to the contract for new residents to sign during the admission intake process.
3/6/2024, administrator reviewed the "right to refuse medications " with resident #2

191 Resident Right to Refuse (continued)

and she signed and dated the form. (see attached)
3/11/2024, the administrator reviewed all resident files for "right to refuse" documentation. If none found, the addendum of the contract was reviewed with the resident and placed in the file.
Beginning June 26, 2024, The administrator will perform quarterly audits, on all resident files to ensure pertinent documentation is present.
see attached addendum form.

Licensee's Proposed Overall Completion Date: *04/07/2024*

Implemented (- 04/25/2024)

227g -Support Plan Signatures

16. 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 #3's support plan, dated is not signed by Staff Member B, the Administrator, who is listed as the Assessor on the Resident Assessment Support Plan (RASP).

Plan of Correction ***Accept (- 04/18/2024)***

Support plan not being signed by the adm was an oversight. It was immediately signed at the time noticed, in front of the surveyor.
Beginning 3/11/2024, the supervisor performed chart audits on all resident records, checking for completion of support plans.
The supervisor will perform chart audits on all new admission charts and quarterly, for record completion.
Audit months as follows: March, June, September, December.
The supervisor will report all findings in need of completion to the administrator.
The administrator will complete each record as needed.

Licensee's Proposed Overall Completion Date: *04/07/2024*

Implemented (- 04/25/2024)

252 - Record Content

17. Requirements

2600.
252. Content of Resident Records - Each resident's record must include the following information:
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
4. Language or means of communication spoken or used by the resident.
13. The preadmission screening, initial intake assessment and the most current version of the annual assessment.

Description of Violation

Resident #2's record does not include race, color of hair, color of eyes, religious affiliation, if any, and identifying marks, language or means of communication spoken or used by the resident.

Resident #4's record does not include race, color of hair, color of eyes, religious affiliation, if any, and identifying marks, language or means of communication spoken or used by the resident.

252 Record Content (continued)

Resident #5's record does not include the preadmission screening.

Plan of Correction ***Accept (█ - 04/18/2024)***

Beginning 4/2/2024, the administrator created a demographic record to include the following: race, eye color; hair color; identifying marks and language spoken by the resident. the residents religion of preference can be found on the support plan.
The administrator has begun updating all face sheets to include this information.
Update of resident demographic sheet is expected to be completed 4/24/2024.
This updated record will be used for all new admissions.
See attached form

Resident #5, was admitted to the home 6/28/2002, prior to the current administrators date of hire.
The administrator can not explain the wearabouts of the preadmission screening. A note has been placed in the resident record regarding the violation and date received for the missing record.
On 3/18/2024, the administrator checked all resident files to ensure preadmission screenings are present in the chart. if the resident was admitted prior to the current administrator, Violation notification will be placed in the record.

Licensee's Proposed Overall Completion Date: *04/07/2024*

Implemented (█ - 04/25/2024)

254b - Policy and Procedures

18. Requirements

2600.
254.b. Each home shall develop and implement policy and procedures addressing record accessibility, security, storage, authorized use and release and who is responsible for the records.

Description of Violation

The home does not have policies and procedures for managing records.

Plan of Correction ***Accept (█ - 04/18/2024)***

During the homes survey, the homes record management policy was missed filed.
The policy has been recovered and placed in policy binder.
Beginning June 2024, the supervisor will audit the policy binder at least quarterly, March,June, September, December, for all pertinent policies. The supervisor will report missing policies to the adm and owner.
See attached policy

Licensee's Proposed Overall Completion Date: *04/07/2024*

Implemented █ - 04/25/2024)