

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

March 24, 2025

[REDACTED] PRESIDENT, SECRETARY, AND TREASURER  
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 02/10/2025 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: *11/30/2025*  
 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] Email: [REDACTED]

**Certificate(s) of Occupancy**

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

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *49* Waking Staff: *37*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *02/10/2025*

**Inspection Dates and Department Representative**

*02/10/2025 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *51* Residents Served: *49*

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

**Hospice**  
 Current Residents: *0*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *36* Are 60 Years of Age or Older: *32*  
 Diagnosed with Mental Illness: *49* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

**02/10/2025 - Full**  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/07/2025*

**03/07/2025 - POC Submission**  
 Submitted By: [REDACTED] Date Submitted: *03/20/2025*  
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *03/20/2025*

Inspections / Reviews *(continued)*

03/24/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/20/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

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

On 2/10/2025 at 12:07pm, resident #1 did not have an operable source of light that could be turned on at bedside.

Plan of Correction

Accept ( ) - 03/07/2025

Correction: This violation is referring to Resident #2

On 2/10/2025, owner purchased a bedside lamp for resident #2.

On 2/11/25, Direct care staff members were inserviced on "Daily Room Audits" and assigned room checks.

On 2/11/2025, Direct Care Staff members checked all rooms for operable lighting, to include, bathrooms, overbed and ceiling lighting.

Direct care staff were instructed to immediately inform supervisor of findings and log in the maintenance book.

Beginning, week of 2/17/2025, the supervisor will check the maintenance book every Monday and text the report to owner, maintenance person and Administrator.

The supervisor will initial and date the log when text sent and include the administrator in the group text.

Once item is repaired or replaced, the maintenance person will initial and date when repair or replacement has been completed.

(see "Maintenance Log).

Proposed Overall Completion Date: 03/07/2025

Licensee's Proposed Overall Completion Date: 03/07/2025

Implemented ( ) - 03/24/2025

101o - Walls, Floors, Ceilings

2. Requirements

2600.

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

Description of Violation

On 2/10/2024, above resident bed in room 4, the gray wall had two large white streaks, each approximately two feet long and a foot wide, on each side of resident overhead lightbulb, spanning the width of the bed.

Plan of Correction

Accept ( ) - 03/07/2025

Correction: This violation pertains resident wall in room #4 and Resident overhead light area in room #18.

On 2/11/2025, maintenance person was notified by owner and informed of needed repairs.

2/15/25, maintenance person visited the home, sanded the spackle ( white streaks) and painted the walls, in rooms #4 and #18.

All staff were in-serviced on how to perform daily room audits and where to report findings. (see attached)

101o - Walls, Floors, Ceilings (continued)

On 2/11/2025, Direct Care Staff members checked all rooms for needed repairs to include, bathrooms, ceilings, walls and floors.  
 Direct care staff were instructed to immediately inform supervisor of findings and log in the maintenance book. Beginning, week of 2/17/2025, the supervisor will check the maintenance book every Monday and text the report to owner, maintenance person and Administrator.  
 The supervisor will initial and date the log when text sent and include the administrator in the group text. Once item is repaired or replaced, the maintenance person will initial and date when repair or replacement has been completed.  
 (see "Maintenance Log and photos).

Proposed Overall Completion Date: 03/07/2025

Licensee's Proposed Overall Completion Date: 03/07/2025

Implemented ( ) - 03/24/2025)

187b - Date/Time of Medication Admin.

4. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #4 is prescribed one 50-mg tablet of Trazadone at bedtime. Resident #4's medication administration record does not include any record of this medication being administered from 2/1 to 2/9/2025.

Plan of Correction

Accept ( ) - 03/07/2025)

On 2/10/25, Administrator performed an investigation  
 Medication cart checked and medication was noted to be in the medication packs for the cycle.  
 Spoke with the resident and resident informed Administrator ( ) "receives all ( ) medications everyday" as ordered.  
 Administrator re-educated staff on proper procedure for medication administration and had all Med Techs perform verbal demonstration  
 Beginning 3/17/25 and 3/18/2025 Administrator will have monthly Medication Administration review with all Med Techs until May 19, 2025, and then resume quarterly review.  
 see attached Medication documentation review in-service  
 Beginning 3/1/25 every evening 3-11 shift will perform MAR audit and provide written report of issues noted. The report will be made available for Supervisor and Administrator to review daily, This is an on-going process.

Proposed Overall Completion Date: 03/07/2025

Licensee's Proposed Overall Completion Date: 03/07/2025

Implemented ( ) - 03/24/2025)

187b - Date/Time of Medication Admin. (continued)

187d - Follow Prescriber's Orders

5. Requirements

2600.

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

Description of Violation

Resident #3 is prescribed a twice-daily application of ketoconazole 2% cream to both feet. The dose was not administered as scheduled on 2/9/2025 at 8:00 pm or 2/10/25 at 8:00 am, because the medication was not in the home.

Plan of Correction

Accept (█ - 03/07/2025)

Correction:

The resident received █ last available dose of the cream 2/9/25 @ 8pm.

The pharmacy is open 7 days, weekly.

On 1/31/25 and 2/6/2025, Med Tech on duty faxed a refill request to the pharmacy at 10 am and called the pharmacy to follow-up. Pharmacy informed the Med Tech they were waiting for the cream to arrive and will send ASAP.

At this time the resident still had cream available in the building.

On 2/10/25 at 9:30am the RN/ADM notified the PCP and later received an order to place the cream on hold until received from the pharmacy.

RN/ADM informed the resident of the hold.

RN/ADM notified the Pharmacy Rep and informed of the of late delivery and medication being unavailble to the resident.

Beginning March 1, 2025 and on-going, Med Tech Assisgned bi-weekly cream and prn cart check, reorder as needed (see attached)

Med Tech will continue to request refills in a timely manner (at least 5 days prior) and inform ADM when problems arise.

see attached( order to hold, pharmacy refill request and documentation of PCP awareness)

Licensee's Proposed Overall Completion Date: 03/07/2025

Implemented (█ - 03/24/2025)