



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **IRENE NELSON**

LEGAL ENTITY

To operate **NEW MANOR PERSONAL CARE BOARDING HOME**

NAME OF FACILITY OR AGENCY

Located at **2211 WEST VENANGO STREET, PHILADELPHIA, PA 19140**

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide **Personal Care Homes**

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **16**

(MAXIMUM CAPACITY)

or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: _____

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **October 28, 2025** until **October 28, 2026**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **115530**

Janette Biderup
ISSUING OFFICER

Juliet Marsala
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



Pennsylvania
Department of Human Services

Emailing date: October 28, 2025

[REDACTED]
[REDACTED]
Irene Nelson
[REDACTED]
[REDACTED]

RE: New Manor Personal Care Boarding Home
2211 West Venango Street
Philadelphia, Pennsylvania 19140
License #: 115530

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing (Department), licensing inspections on June 3, 2025, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala".

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

July 22, 2025

[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 06/03/2025 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: *NEW MANOR PERSONAL CARE BOARDING HOME* License #: *11553* License Expiration: *07/31/2025*
Address: *2211 WEST VENANGO STREET, PHILADELPHIA, PA 19140*
County: *PHILADELPHIA* Region: *SOUTHEAST*

Administrator

Name: [REDACTED]

Legal Entity

Name: *IRENE NELSON*
Address: [REDACTED]

Certificate(s) of Occupancy

Type: *Other* Date: *05/01/2002* Issued By: *L & I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *11* Waking Staff: *8*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *06/03/2025*

Inspection Dates and Department Representative

06/03/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information				
License Capacity:	16	Residents Served:	11	
Secured Dementia Care Unit				
In Home:	No	Area:	Capacity:	Residents Served:
Hospice				
Current Residents:	0			
Number of Residents Who:				
Receive Supplemental Security Income:	11	Are 60 Years of Age or Older:	10	
Diagnosed with Mental Illness:	11	Diagnosed with Intellectual Disability:	3	
Have Mobility Need:	0	Have Physical Disability:	0	

Inspections / Reviews

06/03/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/11/2025*

07/15/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: *07/20/2025*
Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/18/2025*

Inspections / Reviews (*continued*)

07/16/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/20/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 07/20/2025

07/22/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/20/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

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 6/3/25 the home's current license, current violation report, copy of 55 Pa.Code Chapter 2600, was not posted in a conspicuous and public place in the home.

Repeat Violation: 7/02/2024

Plan of Correction

Accepted [redacted] - 07/15/2025)

Correction

The current license inspection summary, and a copy of 55 Pa.Code Chapter 2600 are now properly posted in the designated conspicuous location accessible to residents, visitors, and staff, in full compliance with § 2600.3.c.

Prevention

The Administrator will ensure required documents are posted during monthly walkthrough audit reviews. Non compliant postings will be discussed with Staff and removed or replaced.

Attached: Photo of Posted Current License and 55 PA.Code Chapter 2600 Booklet.

Licensee's Proposed Overall Completion Date: 07/09/2025

Implemented [redacted] - 07/22/2025)

64c - Annual Training

2. Requirements

2600.

64.c. An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.

Description of Violation

Staff person A, the home's administrator, completed only 11.5 hours of Department-approved training in training year 10/2024.

Repeat Violation: 7/25/2024

Plan of Correction

Accepted [redacted] - 07/15/2025)

Correction

Staff Person A, did not complete the required 24 hours of annual training during the 2024 training year, completing only 11.5 hours. This was an oversight and is not in compliance with the regulatory requirement.

However, the administrator proactively completed the full 24 hours of Department-approved training early in the 2025 training year to ensure continued compliance moving forward.

Preventive

The administrator will continue to diligently complete required training throughout the year to ensure timely and

64c - Annual Training (continued)

complete fulfillment of the 24-hour annual requirement.

Licensee's Proposed Overall Completion Date: 07/09/2025

Implemented [redacted] - 07/22/2025)

93a - Handrails

3. Requirements

2600.

93.a. Each ramp, interior stairway and outside steps must have a well-secured handrail.

Description of Violation

The stairway on the second level that leads to the exit does not have a handrail.

Plan of Correction

Accept [redacted] - 07/15/2025)

Corrective

As of 07/09/2025, a well-secured handrail has been properly installed on the second-level stairway leading to the exit.

Preventive

Going forward, daily walk through audits by Staff will include verification of the presence and stability of all required handrails.

Attached: Photo of well secured handrail

Licensee's Proposed Overall Completion Date: 07/09/2025

Implemented [redacted] - 07/22/2025)

103f - Refrigerator/Freezer Temps

4. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

The refrigerator in the basement did not have a thermometer.

Plan of Correction

Accept [redacted] - 07/15/2025)

Correction

The thermometer is now present in the refrigerator located in the basement.

Prevention

Staff members and the Administrator will ensure that all thermometers located in refrigerators are present. Observations will be logged monthly.

Attached: Food and Storage Monthly Log

Licensee's Proposed Overall Completion Date: 07/08/2025

103f - Refrigerator/Freezer Temps (continued)

Implemented [redacted] - 07/22/2025)

103g - Storing Food

5. Requirements

2600.
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

There was a bag of vegetables opened and unsealed in one of the freezers in the basement.

Plan of Correction

Accept [redacted] 07/15/2025)

Correction

The unsealed bag of vegetables identified in the basement freezer was immediately removed and discarded. All staff have been reminded of the requirement that all food items must be stored in closed or sealed containers in accordance with regulation 2600.103.g.

Prevention

Staff will receive retraining on food storage protocols during monthly meetings.

Attached: Food and Storage Monthly Log

Licensee's Proposed Overall Completion Date: 07/08/2025

Implemented [redacted] 07/22/2025)

103i - Outdated Food

6. Requirements

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

Description of Violation

There was an unlabeled, undated bag of meatballs and 3 bags of chicken nuggets in the basement freezer.

Plan of Correction

Accept [redacted] - 07/15/2025)

Correction

The unlabeled and undated bag of meatballs and the three bags of chicken nuggets found in the basement freezer were immediately discarded.

Prevention

Staff have been re-educated on the requirement that all frozen food must be properly labeled and dated, and that outdated or unidentifiable food items may not be used, in accordance with regulation 2600.103.i.

Prevention

Weekly inspections of all food storage areas will be conducted by the Administrator and Staff to ensure compliance.

103i - Outdated Food (continued)

Findings will be documented and addressed during monthly staff meetings and ongoing training sessions.

Attached: Food and Storage Monthly Log

Licensee's Proposed Overall Completion Date: 07/08/2025

Implemented [redacted] - 07/22/2025)

121a - Unobstructed Egress

7. 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 June 3, 2025, at 9:00 am, the metal sheets from the stairways on the second level that leads to the rear of the building were removed. According to the contractor onsite, the second-floor stairway metal sheets will remain removed until June 6, 2025, due to an ongoing roof repair. The 2nd and 3rd floor exits on the rear back of the building will not be accessible in case of an emergency due to construction.

Plan of Correction

Accept [redacted] - 07/15/2025)

Correction

The roof repair work that required temporary removal of the metal sheets from the second-floor rear stairway was completed on June 5, 2025. The stairway has been fully restored, and all egress routes from the second and third floors are now unlocked, unobstructed, and accessible in accordance with code requirements.

Prevention

To prevent similar situations in the future, we will coordinate more closely with contractors to ensure that any obstruction of egress routes is avoided.

Attached: Photo of unobstructed Egress

Licensee's Proposed Overall Completion Date: 07/08/2025

Implemented [redacted] - 07/22/2025)

123b - Emergency Procedures Posted

8. Requirements

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

The home's emergency procedures are not posted in a conspicuous and public place in the home.

Plan of Correction

Accept [redacted] - 07/15/2025)

Correction

At the time of inspection, a copy of the emergency procedures was available at the home but had not been properly posted in a conspicuous and public place. As of June 5, 2025, the emergency procedures have been visibly posted in

123b - Emergency Procedures Posted (continued)

a clearly accessible and public area within the home, in compliance with § 2600.107.

Prevention

To ensure ongoing compliance, staff have been instructed to regularly verify that the emergency procedures remain posted and visible during routine safety checks.

Attached: Photo of Posted Emergency Procedures

Licensee's Proposed Overall Completion Date: 07/08/2025

Implemented [redacted] - 07/22/2025)

126b - Furnace Cleaning

9. Requirements

2600.

126.b. Furnaces shall be cleaned according to the manufacturer's instructions. Documentation of the cleaning shall be kept.

Description of Violation

The home does not have a document specifying when the last time the furnace was cleaned according to the manufacturer's instructions.

Plan of Correction

Accept [redacted] - 07/15/2025)

Correction

A copy of the documentation confirming that the furnace was cleaned in accordance with the manufacturer's instructions is now on file, dated 06/11/2025.

Prevention

To maintain compliance going forward, all furnace cleaning records will be properly documented and readily available for inspection.

Attached: Furnace Cleaning Documentation

Licensee's Proposed Overall Completion Date: 07/08/2025

Implemented [redacted] - 07/22/2025)

141a - Medical Evaluation

10. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

Resident 1's date of admission was [redacted]/2025; however, the medical evaluation was completed on 2/08/2025. The medical evaluation was not complete within 60 days prior to admission or within 30 days after admission of the resident.

141a - Medical Evaluation (continued)

Repeat Violation: 10/29/24

Plan of Correction

Accept [redacted] - 07/15/2025)

Correction

Resident #1 now has a current medical evaluation on file that meets the requirements of § 2600.141(a). The documentation has been reviewed and is in full compliance with the regulatory timeline.

Prevention

To prevent recurrence, staff have been retrained on admission procedures and medical evaluation timelines. Additionally, the Administrator will continue to review resident records annually, on each resident's admission anniversary date.

Attached: Resident 1 Completed Medical Evaluation

Licensee's Proposed Overall Completion Date: 07/09/2025

Implemented [redacted] - 07/22/2025)

224a - Preadmission Screen Form

11. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident 2's preadmission screening form, dated [redacted] 8/2024, does not include a determination that the needs of the resident can be met by the services provided by the home.

Repeat Violation: 10/29/24

Plan of Correction

Accept [redacted] - 07/15/2025)

Correction

Resident #2's preadmission screening form has since been reviewed and updated to clearly indicate that the needs of the resident can be met by the services provided by the home.

Prevention

To prevent this from occurring in the future, staff have been reminded of the importance of fully completing all required sections of the preadmission screening form.

The Administrator will continue to review resident records annually, on each resident's admission anniversary date.

Attached: Resident 2 - Pre Admission Screen Form, Pages 1&2

224a - Preadmission Screen Form (continued)

Licensee's Proposed Overall Completion Date: 07/09/2025

Implemented [redacted] - 07/22/2025)

227d - Support Plan Medical/Dental

12. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment for resident 1, dated [redacted] 2025, indicates the resident needs help making and keeping appointments. The resident's support plan, dated [redacted] 2025, does not document how this need will be met.

Plan of Correction

Accept [redacted] - 07/16/2025)

Correction

Immediate Corrective Action

A. Incident Review & Communication

Start Date: July 15, 2025 (or ASAP)

Responsible: Administrator ([redacted])

Actions:

Conduct a rapid review of the resident's chart within 5 business days of admission.

Document potential delays of required information and place a notation in the chart until delays are rectified.

B. Compliance & Staff Awareness

Start Date: June 5, 2025

Responsible: Administrator ([redacted])

Actions:

Compliance

The **New Manor Resident Records Compliance Checklist (Copy Attached)**. will be updated and completed within 30 days.

The checklist will focus on detailing that the following information is received: Resident Identification Information, Descriptive & Demographic Information, Communication (Language), Emergency Information, Medical Records, Assessment and Care Plans, Legal and Insurance Documents, and Resident History & Property.

The **New Manor Resident Records Compliance Checklist** will be updated, signed, and dated by the Administrator within 30 days.

Staff Awareness

227d - Support Plan Medical/Dental (continued)

The administrator will incorporate discussions on the importance of compliance into all staff meetings to reinforce awareness, promote accountability, and support an ethical workplace culture.

Long-Term Quality Improvement Actions

A. Quality & Compliance Establishment

Start Date: June 15, 2025

Responsible: Administrator (██████████)

Actions:

The Administrator will perform a quarterly **Quality & Compliance Check** by reviewing 10% or 3 charts every quarter (The Current Census is 12; however, there is a 16-resident capacity.).

The selected charts for the quarterly **Quality & Compliance Check** will be signed and dated in their section located at the bottom of the **New Manor Resident Records Compliance Checklist**.

The Administrator will add/correct any missing information to ensure compliance.

The Administrator will ensure that the **New Manor Resident Records Compliance Checklist** is updated to reflect emerging risks.

The Administrator will inform staff of outcomes and emerging risks during the first monthly meeting in Q3?2025.

Ongoing Monitoring & Auditing

A. Monthly Compliance Audits

Start Date: June 5, 2025

Responsible: Administrator (██████████)

Frequency: Monthly

Actions:

The Administrator will perform a spot check review of 10% of the charts or 2 charts on a monthly basis and ensure any exceptions are corrected.

The charts selected for the monthly spot check review will be signed and dated on the **New Manor Resident Records Compliance Checklist. Copy attached**

Licensee's Proposed Overall Completion Date: 07/16/2025

Implemented (██████████) - 07/22/2025)

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 1 participated in the development of (██████████) r support plan on 5/10/2025. However, the resident did not sign

227g -Support Plan Signatures (continued)

the support plan.

Plan of Correction

Accept [REDACTED] - 07/15/2025)

Correction

The support plan for Resident #1, dated [REDACTED]/2025, was developed with the resident's participation; however, the resident's signature was not obtained at the time due to an oversight.

As of June 4, 2025, the resident's signature has been obtained and added to the support plan. The home is now in compliance with the requirement that all individuals who participate in the development of the support plan sign and date the document.

Prevention

Staff have been reminded to ensure all required signatures are collected at the time of support plan development. The Administrator will continue to review resident records annually, on each resident's admission anniversary date.

Attached: Resident 1 Support Plan Signature

Licensee's Proposed Overall Completion Date: 07/08/2025

Implemented [REDACTED] - 07/22/2025)

252 - Record Content**14. Requirements**

2600.

252. Content of Resident Records - Each resident's record must include the following information:

1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. A photograph of the resident that is no more than 2 years old.
4. Language or means of communication spoken or used by the resident.
5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.
6. The name, address and telephone number of the resident's physician or source of health care.
7. The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms.
8. A list of prescribed medications, OTC medications and CAM.
9. Dietary restrictions.
10. A record of incident reports for the individual resident.
11. A list of allergies.
12. The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies.
13. The preadmission screening, initial intake assessment and the most current version of the annual assessment.
14. A support plan.
15. Applicable court order, if any.
16. The resident's medical insurance information.
17. The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity.
18. An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.
19. An inventory of the resident's property entrusted to the administrator for safekeeping.
20. The financial records of residents receiving assistance with financial management.

252 - Record Content (continued)

21. The reason for termination of services or transfer of the resident, the date of transfer and the destination.
22. Copies of transfer and discharge summaries from hospitals, if available.
23. If the resident dies in the home, a copy of the official death certificate.
24. Signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 2600.41 (relating to notification of rights and complaint procedures).
25. A copy of the resident-home contract.
26. A termination notice, if any.

Description of Violation

Resident 1's record does not include:

1. Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. Language or means of communication spoken or used by the resident.
4. The name, address, telephone number, and relationship of a designated person to be contacted in case of an emergency.
5. The name, address, and telephone number of the resident's physician or source of health care.
6. The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms.
7. Dietary restrictions.
8. The resident's medical insurance information.
9. An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.
10. An inventory of the resident property entrusted to the administrator for safekeeping.
11. Signed notification of rights, grievance procedures, and applicable consent to treatment protections specified in § 2600.41 (relating to notification of rights and complaint procedures).

Plan of Correction

Accept [REDACTED] - 07/15/2025)

Correction

Upon identification of the missing documents, the resident's record was immediately reviewed, and all missing documentation has since been collected and filed. As of July 9, 2025, the resident's record is complete and in full compliance with all required elements under § 2600.252.

Prevention

Staff responsible for intake and recordkeeping have been retrained on these requirements.

A tracking process has been implemented to ensure recording of Residents records. A quarterly review will be implemented to ensure compliance.

Tracking Log is attached

Licensee's Proposed Overall Completion Date: 07/09/2025

Implemented [REDACTED] - 07/22/2025)