

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

October 21, 2025

[REDACTED]
MANOR PERSONAL CARE INC
[REDACTED]
[REDACTED]

RE: TABOR MANOR
6730 TABOR AVENUE
PHILADELPHIA, PA, 19111
LICENSE/COC#: 11698

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/19/2025 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: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

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

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *08/19/2025*

Inspection Dates and Department Representative

08/19/2025 - 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: *34* 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

08/19/2025 Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/12/2025*

09/15/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: *10/06/2025*
Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/20/2025*

Inspections / Reviews *(continued)*

09/23/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/06/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/06/2025

10/21/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/06/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

185a - Implement Storage Procedures

1. 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

Resident [REDACTED] is prescribed [REDACTED] twice a day at 08:00 AM and 08:00 PM. Only staff A and B have access to residents' controlled medications. This medication was signed out on the decreasing controlled inventory log on [REDACTED] at 08:00 AM and 08:00 PM, [REDACTED] at 08:00 AM, and [REDACTED] at 08:00 PM by staff B when the resident was hospitalized and was not physically present at the home. According to the home's controlled substance disposal policy, at least two authorized staff members must be present during the disposal process. However, the home cannot explain what happened to the pills signed out and there was no indication of whether the pills were destroyed by two staff.

Plan of Correction

Accept ([REDACTED] - 09/23/2025)

Upon discovery of the issue post-survey, four [REDACTED] were found in the top drawer of the medication cabinet in labeled medication cups for resident [REDACTED].

The administrator photographed the discovered medication and, on 8/21/2025, disposed of it in the presence of a direct care medication technician, as per policy. Documentation of this disposal is attached (see disposition sheet).

On 8/28/25, the RN/ Med trainer conducted an inservice with all Medication Techs on the proper handling, administering, and documentation of controlled substances, emphasizing adherence to policy during a resident's hospitalization and absence from the home.

on 8/28/2025, the RN/ Med Trainer, held a mandatory training for all medication technicians,

Session covering:

- Proper administration and documentation of controlled substances.
- Review of the controlled substance policy, especially regarding management when a resident is hospitalized. Staff were instructed to continue to strictly adhere to the medication management policy when a resident is transferred to or admitted by a hospital.
- Reviewed policy for new medication system to begin 9/1/2025.

Effective 9/1/2025, the RN/ Med Trainer implemented a new medication administration system. (system will not upload

This system replaces previously used large medication binder with all MAR's in one place.

Key features include:

Individual medication charts for each resident, including name, photo, and medication records to include medication files for up to six months.

Procedure requiring the chart to be accessed and medication administered/documentated with the resident present, before proceeding to the next resident, this system will ensure a person to person interaction for administration.

The RN / Medication trainer and owner, reviewed and updated current Medication Administration policy. This policy was reviewed with all Med techs in the meeting held on 8/28/2025. (see Training document, Pics of new system and policy attached as 185a).

185a Implement Storage Procedures (continued)

Beginning 9/5/2025, the RN / Med Trainer will conduct weekly Medication Administration Record (MAR) audits of at least 10% of all residents for compliance and identify discrepancies. The audits will included monitoring the controlled substance logs daily (Monday Friday) for accuracy of documentation, and will audit the records when residents are admitted to or discharge from the hospital.

Weekly audits will continue thru 10/3/2025, then change to monthly beginning 10/22/2025.

Beginning 9/11/2025, the RN / Medication trainer will have weekly staff meetings with all medication technicians. These meetings will review the new medication system, address concerns and reinforce training. Also, the Med Trainer will review any discrepancies found during weekly audits. Weekly meetings will continue thru to October 3, 2025 then meet monthly to ensure compliance with medication policies.

The administrator is responsible for oversight of medication management, ongoing trainings, and compliance monitoring. All staff involved in medication administration are required to adhere to established policies and procedures.

Prevention of Future Violations

Weekly staff education and competency checks will be conducted regarding controlled substance handling and documentation.

Immediate corrective action will be taken for any future discrepancies, with thorough investigation and reporting according to regulation.

Policy and procedure reviews will be held quarterly to ensure alignment with regulatory requirements and best practices.

This plan of correction will be implemented and monitored to ensure ongoing regulatory compliance, resident safety, and accountability in controlled substance management.

Licensee's Proposed Overall Completion Date: 10/03/2025

Implemented () - 10/21/2025)

187d - Follow Prescriber's Orders

2. Requirements

2600.

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

Description of Violation

Resident [redacted] is prescribed [redacted] mg twice a day at 08:00 AM and 08:00 PM. However, this medication was not administered to resident [redacted] on [redacted] at 08:00 PM and [redacted] at 08:00 AM and 08:00 PM because the medication was not available in the home.

Repeat Violation: [redacted]

Plan of Correction

Accept () - 09/23/2025)

The missed doses were a result of a delay in receiving the medication from the pharmacy, after numerous refill request and calls to pharmacy and PCP office. The administrator notified the Primary Care Provider (PCP) on 8/20/2025 regarding these missed doses. Pharmacy representative was notified for the non compliance in service.

187d - Follow Prescriber's Orders (continued)

On 8/26/2025 RN/Med Trainer updated the medication administration policy to include the new medication reorder policy, effective immediately.

On 8/28/2025 RN/Medication Trainer conducted an in-serviced with all Med Techs on the importance of monitoring medication supplies. Instructions were given when any medication reaches five remaining doses, staff on duty at the time of the discovery must initiate a reorder immediately and attach the reorder form to the weekly audit sheet. If medication is not received 3 days before the last dose is administered, staff must notify the administrator without delay.

In this meeting, All med techs were instructed to notify the administrator as soon as a missed dose occurs or if there are any issues with the pharmacy that may cause delays in medication delivery.

Beginning 9/3/2025, the medication technician on duty for the 3-11 shift for Wednesday is responsible for checking all controlled substances for refills, the med tech must document the remaining doses on the audit sheet and reorder as needed. (see attached)

Beginning 9/4/2025, the medication technician will provide a comprehensive list of controlled substances inventory and reorder status to the administrator every Thursday morning.

Upon receiving the weekly list, the administrator will follow up with the pharmacist for assistance with any supply issues and notify the prescribing doctor if medical guidance is required.

On 8/28/2025, RN/Med Trainer educated Med Techs on the new medication reorder and notification procedures. Staff competency will be monitored through regular audits and retraining sessions as needed.

All actions, including missed doses, reorder requests, notifications to the administrator, pharmacy communications, and PCP notifications, will be thoroughly documented in the resident's medical record and facility logs.

Beginning, 9/5/2025 the RN/Med Trainer will conduct weekly MAR audits of at least 10% of resident MAR's to ensure compliance with the new protocol and to identify any recurring issues. The Audits will include monitoring the controlled substance logs daily (Monday-Friday) for accuracy and documentation. Weekly audits will continue thru 10/3/2025, then will be on-going monthly beginning 10/22/2025. Additional corrective action will be taken if violations persist.

Strict adherence to the five-dose reorder rule and prompt notification protocol has been established to prevent future missed doses due to supply delays.

On going communication between staff, administrator, pharmacy, and PCP will be maintained, especially in cases of medication availability concerns.

Regular staff education and competency checks will reinforce protocol compliance and accountability. All corrective actions, notifications, and supply checks will be documented and reviewed to ensure no recurrence of this violation. Audits will be held in the home for months for Agency to review upon request. Documentation of Weekly Med Tech meetings will be made available upon request

187d - Follow Prescriber's Orders (continued)

Licensee's Proposed Overall Completion Date: 10/03/2025

Implemented [REDACTED] - 10/21/2025)

225c - Additional Assessment

3. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident [REDACTED] most recent assessment was completed on [REDACTED] The resident was sent out to a hospital after a fall on [REDACTED] and came back with a rolling walker on [REDACTED] However, the home did not complete a new assessment for the resident's ability to ambulate and/or mobility.

Plan of Correction

Accept [REDACTED] - 09/23/2025)

A new assessment of the resident's [REDACTED] ability to ambulate and/or mobility was not completed upon their return, although documentation of walker use was made in a nurse's note and later added to the Resident Assessment and Support Plan (RASP) via addendum on August 19, 2025 by the administrator.

When and if Resident [REDACTED] is scheduled to return from the rehabilitation facility, the administrator/supervisor will visit the resident at the rehab to ensure the home can continue to meet [REDACTED] needs.

If approved to return a new DME will be requested from the current facility and upon return a new RASP will be completed to reflect status changes.

Beginning 9/1/2025, the administrator will conduct a thorough review of all resident files to ensure compliance with Regulation 2600. The RASP review is expected to be completed by 9/30/2025. The administrator will immediately update the RASP with changes in status as noted. (see attached audit tool)

On 9/11/2025 the administrator conducted a staff meeting with targeted training to all care staff, the training emphasized the need for timely reassessment following any significant mobility changes, falls, injury, or hospitalization. An incident report must follow all incidents and immediately be reported to administrator.

Beginning 9/25/2025, The administrator will conduct Bi-weekly staff trainings to review concerns and ensure staff are familiar with proper documentation procedures for mobility aids, falls, and changes to resident status.

Effective immediately, the Administrator incorporate a checklist for when residents are discharged and returns to the Home with completion or update a fall assessment and update RASP as indicated.

Beginning 9/16/2025 the supervisor will audit at least (2) RASP for documentation and mobility weekly for the next six months.

The supervisor will report findings to the administrator.

The administrator will provide further direction as needed.

Beginning 9/1/2025, at the annual review and completion of each RASP, a fall risk assessment will be completed by the supervisor. The fall risk assessment will be attached to the residents RASP and updated by the supervisor or administrator if falls occur or annually.

225c - Additional Assessment (continued)

Licensee's Proposed Overall Completion Date: 09/30/2025

Implemented [REDACTED] - 10/21/2025)

251b - Record Entries Legible

4. Requirements

2600.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

Resident [REDACTED]'s August Medication Administration Record shows the staff initials written over on the resident's 08:00 AM medication administration notations for [REDACTED] and [REDACTED].

Plan of Correction

Accept [REDACTED] - 09/23/2025)

Beginning 8/20/25, the Administrator individually counseled each involved Med Tech based on their next scheduled day to work. Counseling including but was not limited to the importance of accurate, permanent, and legible documentation in the Medication Administration Records (MAR). (see attached)

On 8/28/2025, RN/ Med Trainer conducted a meeting, with all staff administering medication on proper MAR documentation practices. The training reviewed and placed emphasizing that corrections must be made according regulatory requirements for permanent, legible, dated and signed entries.

Beginning 9/5/2025, the RN / Med Trainer will conduct weekly Medication Administration Record (MAR) audits of at least 10% of residents in the home for compliance and identify discrepancies. The audits will include the proper documentation and proper correction of errors as reviewed in the training. Weekly Audits will continue thru 10/3/2025, then change to monthly beginning 10/22/2025. At this time, the RN /Med Trainer will review documentation each month to ensure compliance with regulatory standards.

Any identified deficiencies during monthly audits will be addressed promptly with additional staff education and corrective action as needed.

Beginning 9/11/2025, the RN / Med Training will conduct weekly Med Tech meetings. These meeting will review any discrepancies found during the audits. Weekly meetings will continue thru to October 3, 2025, then resume monthly to ensure compliance with medication documentation practices.

The administrator is responsible for ensuring ongoing compliance with documentation requirements, conducting monthly audits, and maintaining training records.

This plan will remain in effect, with ongoing monitoring and education, to prevent recurrence and ensure that all resident records are permanent, legible, dated, and signed as required by regulation 2600.251.b.

251b - Record Entries Legible *(continued)*

Licensee's Proposed Overall Completion Date: 10/03/2025

Implemented [REDACTED] - 10/21/2025)