

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

January 2, 2026

[REDACTED]
MANOR PERSONAL CARE INC
[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 12/08/2025 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: *11/30/2026*
 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

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

Staffing Hours

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

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *12/08/2025*

Inspection Dates and Department Representative

12/08/2025 - On-Site [Redacted]

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: *32* Are 60 Years of Age or Older: *30*
 Diagnosed with Mental Illness: *46* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

12/08/2025 Partial
 Lead Inspector: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *01/01/2026*

01/02/2026 - POC Submission
 Submitted By: [Redacted] Date Submitted: *01/02/2026*
 Reviewer: [Redacted] Follow-Up Type: *Bypass Document Submission*

Inspections / Reviews *(continued)*

01/02/2026 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/02/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

100a - Exterior - Free of Hazards

1. Requirements

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

On [REDACTED] at 9:14 am, one of the horizontal rods that connects the metal fence around the back of the property, located in a corner lined with shrubbery and in the shade of a tree, was broken in the middle, causing its section of the fence to sag.

Plan of Correction

Accept [REDACTED] - 01/02/2026)

On 12/17/2025, The property owner met with multiple contractors to secure the best price for the repair project. The chosen contractor is currently on vacation but will commence repairs upon their return beginning the week of 1/5/2026.

If weather allows, the contractor will repair the horizontal rod and trim back bushes.

It is noted that residents do not typically occupy or hang out in the affected area, reducing immediate risk.

The project is tentatively scheduled for completion by 02/06/2026, pending weather conditions.

After repair and bush trimming, the owner will ensure unobstructed visibility of the fence perimeter. Any future overage will be addressed promptly.

The owner or designee will remain responsible for regularly monitoring the grounds on a weekly basis to identify and address any additional needed repairs in a timely manner.

The property owner is designated as the responsible party for oversight of repairs, contractor coordination, and ongoing monitoring of the grounds.

Documentation of the completed work will be retained for compliance records.

Licensee's Proposed Overall Completion Date: 02/06/2026

Implemented [REDACTED] - 01/02/2026)

101j6 - Mirror

2. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

6. A mirror.

Description of Violation

On [REDACTED] at approximately 9:30 am, there was no mirror for the resident in room [REDACTED]

Plan of Correction

Accept ([REDACTED] - 01/02/2026)

Room [REDACTED] underwent a recent renovation of replacing the floor and painting. However, after the completion of these renovations, the original mirror that had been present in the room was not returned.

Immediately after the deficiency was identified, the Administrator appointed a direct care staff member to conduct a comprehensive audit of all resident rooms to verify the presence of mirrors. Based on the results of this audit, a replacement mirror for Room [REDACTED] was the only mirror needed. A mirror was promptly purchased and installed. (see attached picture)

• Beginning 1/5/2026, a Direct care staff member will be assigned to conduct weekly audits of all resident rooms to ensure that mirrors and other required furnishings are present and in compliance with 2600.101j6 regulations. weekly audits will continue for 1 month, then beginning the week of 2/16/26, audits will be conducted monthly by an appointed direct care staff person.

101j6 Mirror (continued)

- A checklist has been developed and maintained to document the completion of these weekly and monthly audits, with any deficiencies corrected within 24 hours.

- 12/10/2025, Staff were re trained on the importance of replacing all room furnishings, including mirrors, immediately after any room renovations including maintenance. The new audit checklist was introduced and explained. see attached

- Extra mirrors will be kept in inventory to facilitate prompt replacement as needed.

Beginning 1/6/2026, The Administrator or designee will review the weekly room audit checklists each month to verify compliance. Any discrepancies will be addressed immediately, and the results of these audits will be discussed in monthly staff meetings to reinforce compliance standards. Audits will remain in the home for a period of 1 month then discarded.

Licensee's Proposed Overall Completion Date: 01/01/2026

Implemented [REDACTED] - 01/02/2026)