

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

February 5, 2026

[REDACTED]
PHILADELPHIA PROTESTANT HOME

[REDACTED]
BUILDING 5
[REDACTED]

RE: PHILADELPHIA PROTESTANT HOME
6500 TABOR ROAD, MIDWAY
MANOR
BUILDING 5, FLOORS 2,3,4
PHILADELPHIA, PA, 19111
LICENSE/COC#: 14450

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/06/2026 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: PHILADELPHIA PROTESTANT HOME License #: 14450 License Expiration: 01/25/2027
 Address: 6500 TABOR ROAD, MIDWAY MANOR, BUILDING 5, FLOORS 2,3,4, PHILADELPHIA, PA 19111
 County: PHILADELPHIA Region: SOUTHEAST

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: PHILADELPHIA PROTESTANT HOME
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

| | | |
|-------------|------------------|------------------------------|
| Type: Other | Date: 11/20/2019 | Issued By: City of Phila L&I |
| Type: I-2 | Date: 03/30/2017 | Issued By: City of Phila L&I |
| Type: I-1 | Date: 10/28/1999 | Issued By: City of Phila L&I |

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 130 Waking Staff: 98

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint Exit Conference Date: 01/06/2026

Inspection Dates and Department Representative

01/06/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 188 Residents Served: 89

Secured Dementia Care Unit
 In Home: Yes Area: Chapters Capacity: 23 Residents Served: 19

Hospice
 Current Residents: 0

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 89
 Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 41 Have Physical Disability: 2

Inspections / Reviews

01/06/2026 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/07/2026

Inspections / Reviews *(continued)*

02/05/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/05/2026

Reviewer: [REDACTED]

Follow Up Type: *Bypass Document Submission*

02/05/2026 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/05/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On [REDACTED], at approximately 12:15 pm, a laptop was unlocked, unattended, and accessible displaying residents' information on the second-floor west wing of the home.

Repeat Violation: [REDACTED]

Plan of Correction

Accept [REDACTED] 02/05/2026)

On 01/12/25, at approximately 12:15 pm, a laptop was unlocked, unattended, and accessible displaying residents' records. This occurred when a staff member left the medication cart abruptly to assist residents in the hallway. This was corrected immediately. The staff member hide the screen. This staff member was instructed to close laptop when attending to a resident. All staff were reeducated on keeping the resident's EMAR protected at all times by hiding the screen or closing the laptop. Random privacy observations of laptops will be conducted weekly by the PCHA to ensure compliance for 12 weeks and will be discontinued if 100% compliance is achieved for the last two months. The audit will be extended monthly until 100% compliance is achieved. Audit results will be reported to the quarterly QAPI Committee. The audits sheets will be kept for 12 weeks in a binder and readily available for surveyors to review upon request. The in-service/staff education for PC staff was initiated on 1/12/2026 completed on 1/26/2026. Weekly privacy observations were initiated on 1/28/2026 and will continue for 12 weeks as noted above.

Licensee's Proposed Overall Completion Date: 02/03/2026

Implemented [REDACTED] 02/05/2026)

162c - Menu Posted

2. 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 [REDACTED], was posted. However, the upcoming week's menu was not posted in the personal care dining hall.

Repeat Violation: [REDACTED]

Plan of Correction

Accept [REDACTED] - 02/05/2026)

This was corrected immediately by dining staff. Weekly audits will be conducted by dining designee to ensure that the menus are items are correct. Once weekly audits are completed, staff will sign the audit sheet. Audits sheets will be reviewed by Dining Management monthly to ensure compliance. After 12 weeks these audits will be discontinued if 100% compliance is achieved, otherwise, they will be extended monthly until this goal is met. Audit results will be reported to the quarterly QAPI Committee. The audits sheets will be kept for 12 weeks in a binder and readily

162c *Menus Posted (continued)*

available for surveyors to review upon request. The in service/staff education for dining staff was completed on 1/17/2026. The weekly dining audit sheets will be initiated on 2/2/2026, and will be reviewed on 2/27/2026, and will continue for 12 weeks as noted above.

Licensee's Proposed Overall Completion Date: 02/03/2026

Implemented [redacted] - 02/05/2026)

225c - Additional Assessment

3. Requirements

2600.

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

- 1. Annually.
- 2. If the condition of the resident significantly changes prior to the annual assessment.
- 3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident [redacted] assessment, dated [redacted] does not include an assessment for eating. Per DME dated [redacted] resident [redacted] requires a mechanical soft chopped texture diet. On [redacted], resident was referred to Functional Pathways Speech for diet and swallowing assessment.

Plan of Correction

Accept [redacted] - 02/05/2026)

This was corrected and an addendum was completed to reflect the current diet. A new protocol was developed creating two email group distributions. Therapy referrals and diet slips email group distribution. This will allow the Personal Care management who complete the RASP updates information as soon as the dining staff and therapy team receive referrals and diet slips. Weekly RASP diet audits will be conducted weekly by the PCHA to ensure compliance for 12 weeks and will be discontinued if 100% compliance is achieved for the last two months. The audit will be extended monthly until 100% compliance is achieved. Audit results will be reported to the quarterly QAPI Committee. The audits sheets will be kept for 12 weeks in a binder and readily available for surveyors to review upon request. The in service/staff education for PC nursing and management was completed on 1/12/2026. Weekly RASP diet audits were initiated on 1/12/2026 and will continue for 12 weeks as noted above.

Licensee's Proposed Overall Completion Date: 02/03/2026

Implemented [redacted] - 02/05/2026)

227d - Support Plan Medical/Dental

4. 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 [redacted], dated [redacted]

227d Support Plan Medical/Dental (continued)

does not indicate the resident has a need for a special diet. According to the medical evaluation dated [REDACTED] resident [REDACTED] is on a mechanical soft and chopped texture diet. The resident's support plan dated [REDACTED] does not document how this need will be met.

Plan of Correction

Accept ([REDACTED] - 02/05/2026)

This was corrected and an addendum was completed to reflect the current diet as per the orders and DME. A new protocol was developed creating two email group distributions. Therapy referrals and diet slips email group distribution. This will allow the Personal Care management who complete the RASP updates information as soon as the dining staff and therapy team receive referrals and diet slips. Weekly RASP diet audits will be conducted weekly by the PCHA to ensure compliance for 12 weeks and will be discontinued if 100% compliance is achieved for the last two months. The audit will be extended monthly until 100% compliance is achieved. Audit results will be reported to the quarterly QAPI Committee. The audits sheets will be kept for 12 weeks in a binder and readily available for surveyors to review upon request. The in service/staff education for PC nursing and management was completed on 1/12/2026. Weekly RASP diet audits were initiated on 1/12/2026 and will continue for 12 weeks as noted above.

Licensee's Proposed Overall Completion Date: 02/03/2026

Implemented ([REDACTED] - 02/05/2026)