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

October 21, 2026

[redacted], OWNER
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 05/07/2026 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: *NEW MANOR PERSONAL CARE BOARDING HOME* **License #**: *11553* **License Expiration**: *10/28/2026*

Address: *2211 WEST VENANGO STREET, PHILADELPHIA, PA 19140*

County: *PHILADELPHIA* **Region**: *SOUTHEAST*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *IRENE NELSON*

Address: [redacted]

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *13* **Waking Staff**: *10*

Inspection Information

Type: *Full* **Notice**: *Announced* **BHA Docket #**:

Reason: *Renewal* **Exit Conference Date**: *05/07/2026*

Inspection Dates and Department Representative

05/07/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *16* **Residents Served**: *13*

Secured Dementia Care Unit

In Home: *No* **Area**: **Capacity**: **Residents Served**:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *13* **Are 60 Years of Age or Older**: *10*

Diagnosed with Mental Illness: *13* **Diagnosed with Intellectual Disability**: *3*

Have Mobility Need: *0* **Have Physical Disability**: *0*

Inspections / Reviews

05/07/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *07/20/2026*

10/21/2026 - Document Submission

Submitted By: [redacted] **Date Submitted**: *07/14/2026*

Reviewer: [redacted] **Follow-Up Type**: *Not Required*

20b1 - Financial Records

1. Requirements

2600.
20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:
1. The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

Description of Violation

The home manages the finances for resident #1. However, the home's financial transaction log does not include account deposits.

Plan of Correction ***Directed ([redacted] - 07/01/2026)***

The home will use the Department's model form to keep a record of all financial transactions with residents for whom the home manages finances.

A copy of all financial transactions [records] will be provided to all residents who receive financial services and their designated person if applicable and a copy in the resident's record.

All staff persons managing or handling resident funds will be educated on the home's financial management policy and procedures and 2600 regulations relating to financial records for residents. Documentation of education will be kept.

Directed Completion Date: *07/11/2026*

Implemented ([redacted] - 10/21/2026)

62 - Contact List

2. Requirements

2600.
62. List of Staff Persons - The administrator shall maintain a current list of the names, addresses and telephone numbers of staff persons including substitute personnel and volunteers.

Description of Violation

Staff person A, who is on the staff schedule for 4/26-5/9/2026, is not on the staff list.

Plan of Correction ***Directed ([redacted] - 07/01/2026)***

The Administrator or designee shall create and maintain a list of all current employees with their hire date, job title and contact information. This list shall be updated upon the hiring or termination of an employee and the list shall be reviewed at least quarterly to ensure all information remains current.

Directed Completion Date: *07/11/2026*

Implemented ([redacted] - 10/21/2026)

65e - 12 Hours Annual Training

3. Requirements

2600.
65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

65e 12 Hours Annual Training *(continued)*

Description of Violation

Direct care staff persons B and C received only 5 hours of annual training in training year 2025.

Plan of Correction ***Directed (- 07/01/2026)***

Within 15 days of receipt of the plan of correction: The administrator will review all staff current training and records to ensure all direct care staff have received or on track to receive the required 12 hours of annual training in accordance with regulation 2600.65(e) during the 2026 training year and ensure that documentation of all training is maintained in each staff record.

Directed Completion Date: *07/11/2026*

Implemented (- 10/21/2026)

65f - Training Topics

4. Requirements

2600.
65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff persons B and C did not receive training in the following topics during training year 2025:

2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.

3. Care for residents with dementia and cognitive impairments.

4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.

5. Personal care service needs of the resident.

6. Safe management techniques.

7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Plan of Correction ***Directed (- 07/01/2026)***

Within 15 days of receipt of the plan of correction: The administrator will review all staff current training and records to ensure all direct care staff has received the required training on all topics in accordance with regulation 2600.65(f) during the 2025 training year. If any staff has not completed the required training topics in 2025 or for the current 2026 training year, the training will be completed within 15 days of the staff file review. The administrator will ensure that documentation of all training is maintained in each staff record.

Directed Completion Date: *07/15/2026*

Implemented (- 10/21/2026)

65g - Annual Training Content

5. Requirements

2600.
65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff persons B and C did not receive training in the following areas during training year 2025:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.

2. Emergency preparedness procedures and recognition and response to crises and emergency situations.

3. Resident rights.

4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).

5. Falls and accident prevention.

Plan of Correction ***Directed ([redacted] - 07/01/2026)***

Within 15 days of receipt of the plan of correction: The administrator will review all staff current training and records to ensure all direct care staff has received the required training on all topics in accordance with regulation 2600.65(f) during the 2025 training year. If any staff has not completed the required training topics in 2025 or for the current 2026 training year, the training will be completed within 15 days of the staff file review. The administrator will ensure that documentation of all training is maintained in each staff record.

Directed Completion Date: *07/15/2026*

Implemented ([redacted] - 10/21/2026)

66a - Staff Training Plan

6. Requirements

2600.
66.a. A staff training plan shall be developed annually.

Description of Violation

The home does not have a staff training plan for 2026.

Plan of Correction ***Directed ([redacted] - 07/01/2026)***

Within 15 days of the receipt of the plan of correction: The administrator will develop and implement a staff training plan for the remaining 2026 training year and develop a training plan for 2027. The plan shall includes all components of 2600.66b including: the name, position and duties of each staff person; the required training courses for each staff person and the dates, times, and locations of the scheduled training. Documentation of the training plan will be kept.

Directed Completion Date: *07/15/2026*

Implemented ([redacted] - 10/21/2026)

95 Furniture and Equipment

7. Requirements

2600.
95. Furniture and Equipment Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On 5/7/2026 at 9:28 am, there was no doorknob on the door to room 302.

Plan of Correction ***Directed ([redacted] - 07/01/2026)***

Within 48 hours of the receipt of the plan of correction: the administrator or designee shall replace the missing doorknob on room 302 and ensure that the door is in proper working order.
Additionally, A designee shall check the home daily to ensure furniture and equipment is in good repair, clean and free of hazards. Any hazards will be immediately corrected. If furniture or equipment is in disrepair and cannot be repaired immediately it will be immediately removed from service.

Directed Completion Date: *07/15/2026*

Implemented ([redacted] - 10/21/2026)

101j6 Mirror

8. Requirements

2600.
101.j. Each resident shall have the following in the bedroom:
6. A mirror.

Description of Violation

On 5/7/2026 at 9:31 am, there was no mirror in room 301, except for a wall mirror that was facing backwards and propped against a wall.

Plan of Correction ***Directed ([redacted] - 07/01/2026)***

Within 48hrs of the receipt of this plan of correction: The administrator or designee shall ensure all resident rooms have a properly, securely mounted mirror in all resident rooms.
The administrator shall check all resident bedrooms at least monthly to ensure each resident bedroom has a mirror. If one is found to be in disrepair or missing, it shall be immediately repaired or replaced.

Directed Completion Date: *07/15/2026*

Implemented ([redacted] - 08/25/2026)

126a Furnace Inspection

9. Requirements

2600.
126.a. A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

Description of Violation

The home did not provide documentation of a furnace or other heat source inspection performed within the past year.

Plan of Correction ***Directed ([redacted] - 07/01/2026)***

Within 15 days of the receipt of the plan of correction: The administrator shall contact a professional furnace cleaning company to schedule a cleaning and inspection of the home's furnace.
Documentation of the cleaning and inspection will be kept for Department review.

126a - Furnace Inspection (continued)

Additionally, the administrator will develop and implement a tracking system to ensure the timely completion of an annual inspection and cleaning of the homes furnace(s).

Directed Completion Date: *07/15/2026*

Implemented ([redacted] - 10/21/2026)

132b - Safety Inspection/Fire Drill

10. Requirements

2600.
132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The last fire drill observed by a fire safety expert was conducted on 5/6/2025. There is no documentation of a supervised fire drill conducted within the year prior.

Plan of Correction ***Directed ([redacted] - 07/01/2026)***

Within 10 days of the receipt of the plan of correction: The administrator shall contact a certified fire safety expert to conduct an observed fire drill for the home. Additionally, the administrator will monitor the fire safety inspection and fire drill records for the home at least quarterly to ensure a fire safety inspection and observed drill are scheduled and conducted within the annual timeframe.

Directed Completion Date: *07/15/2026*

Implemented ([redacted] - 10/21/2026)

141a 1-10 Medical Evaluation Information

11. 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. The evaluation must include the following:
1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #2's medical evaluation form is not dated with the date of the initial in person medical evaluation. The form also did not include the resident's medical diagnoses, medical information, body positioning/movement, or the date the form was completed. The medical provider signature date was also illegible.

Plan of Correction ***Directed ([redacted] - 07/01/2026)***

Within 10 days of the receipt of the plan of correction: The administrator or designated staff person will review all

141a 1-10 Medical Evaluation Information (continued)

current medical evaluations to ensure medical evaluations are completed timely, accurately and in their entirety and on the current correct Department approved DME form. Any incomplete medical evaluations will be returned to the physician for completion or new in-person medical evaluations will be scheduled and completed. Documentation of the review of current medical evaluations will be kept and made available to the Department for review.

Directed Completion Date: *07/15/2026*

Implemented ([redacted] - 10/21/2026)

190c - Record of Training

12. Requirements

2600.
190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

Description of Violation

The home's medication administration training record for staff person C does not include the original qualification date. There is also no record that the staff person has had an observation since February of 2025.

Plan of Correction ***Directed ([redacted] - 07/01/2026)***

Staff person C shall be removed from medication administration duties until the staff person has completed the medication administration course with a certified medication trainer.
The administrator shall coordinate with a qualified medication trainer to review all staff records to ensure all staff persons administering medications are fully qualified to administer medications and have the properly completed documentation in the staff file. Should any staff person's training documentation be incomplete or out of date, that person shall be removed from administering medications until they are fully qualified to administer medications again.

Directed Completion Date: *07/15/2026*

Implemented ([redacted] - 10/21/2026)

251c - Standardized Forms

13. Requirements

2600.
251.c. The home shall use standardized forms to record information in the resident's record.

Description of Violation

Resident #2's medical evaluation from 2026, which lacks a legible date, was not completed on the Department's current standardized form for personal care homes. It was completed on the form designated for PA 2800- ALR.

Plan of Correction ***Directed ([redacted] - 07/01/2026)***

Within 10 days of the receipt of the plan of correction: The administrator or designated staff person will review all current medical evaluations to ensure medical evaluations are completed timely, accurately and in their entirety and on the current correct Department approved DME form. Any incomplete medical evaluations will be returned to the physician for completion or new in-person medical evaluations will be scheduled and completed. Documentation of the review of current medical evaluations will be kept and made available to the Department for review.

Directed Completion Date: *07/15/2026*

Implemented ([redacted] - 10/21/2026)

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.
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 #2's record does not include the resident's hair color, eye color, race, religious affiliation (if any), or distinguishing marks.

Repeat Violation. 6/3/2025.

Plan of Correction ***Directed ([redacted] - 07/01/2026)***

Within 10 days of the receipt of the plan of correction: The administrator or designee shall conduct a review of all resident records to ensure all required information is present in the residents record in accordance with regulation 2600.252. The administrator or designee shall conduct a quarterly review of resident records to ensure all information is up to date and accurate for each resident.

Directed Completion Date: *07/15/2026*

Implemented ([redacted] - 10/21/2026)