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

July 9, 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 06/04/2026 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: *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**: *City of Phila L & I*

Staffing Hours

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

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Complaint* **Exit Conference Date**: *06/04/2026*

Inspection Dates and Department Representative

06/04/2026 - 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: *40* **Are 60 Years of Age or Older**: *32*

Diagnosed with Mental Illness: *48* **Diagnosed with Intellectual Disability**: *0*

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

Inspections / Reviews

06/04/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/03/2026*

07/06/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *07/08/2026*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *07/08/2026*

Inspections / Reviews *(continued)*

07/09/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *07/08/2026*

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

85e - Trash Outside Home

1. Requirements

2600.
85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

On [redacted], at 9:06 AM, the trash dumpster was overflowing, therefore the dumpster lid was unable to be closed. There were also several bags of trash on the ground outside of the dumpster.

Plan of Correction ***Accepti[redacted] - 07/06/2026)***

6/3/2026, Staff immediately ensured all loose trash bags were secured in the dumpster area.
On 6/3/2026, The owner was aware and contacted the trash company LECK when Wednesday's pickup did not occur.
On 6/4/2026, The owner contacted the company again on Thursday, while the surveyor was in the home to request urgent pickup. Only then was the home informed of the change of the management copy and was ensured trash would be collected Thursday and Friday to catch up and resume regular services every Monday, Wednesday and Friday.

Trash was collected Thursday evening and again on Friday, restoring normal service.
Grounds were inspected and cleared of all debris.

Beginning, 7/16/2026, the owner will continue to verify all vendor accounts quarterly, including service providers, contact information, and route schedules.
Direct Care staff will conduct daily grounds inspections Monday–Friday to ensure trash is contained and the dumpster lid closes properly.
Any missed pickup or overflow will be reported to the owner the same day.
A trash overflow contingency plan has been implemented:
Contact vendor immediately
Document communication
Request same-day or next-day pickup
Secure loose trash in sealed bags until pickup occurs
Direct care staff were retrained on:
Proper trash containment
Daily grounds inspection
Reporting requirements for missed pickups or overflow

Training completed on 6 /9/2026
See Training log

Licensee's Proposed Overall Completion Date: *07/03/2026*

Implemented [redacted] - 07/09/2026)

144c1 - Smoking Area Guidelines

2. Requirements

2600.

144c1 - Smoking Area Guidelines *(continued)*

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

The home's smoking area is located on the back patio and courtyard. On [redacted], approximately 50 cigarette butts were observed on the ground in the courtyard area.

Repeat Violation: [redacted]

Plan of Correction ***Accept ([redacted] - 07/06/2026)***

On 6/4/20267, Staff immediately cleaned the courtyard area and removed all cigarette butts.
On 6/9/2026, staff were trained on proper smoking-area maintenance and the Smoking Area Checklist (see attached).
6/5/2026, A meeting was held with residents to review the proper disposal of cigarettes, including extinguishing cigarettes fully and placing them in the designated receptacles. A smoking rules acknowledgment form has been reviewed and signed by each resident and placed in their files. See example.
Additional reminders were posted in the smoking areas reinforcing proper disposal expectations.
Beginning 6/9/2026 Staff will use the Smoking Area Checklist during every required inspection to ensure cigarette butts are removed promptly and receptacles are maintained.
During the inspection, Staff will reinforce proper disposal expectations with residents during routine interactions.
Beginning 7/7/2026, the Administrator will review the smoking-area conditions with residents at least monthly, discussing improvements or worsening conditions and documenting the meeting.
Receptacles will be checked twice daily to ensure they are not full, damaged, or missing sand.
Staff Training
On 6/9/2026, staff were in-serviced on: See attached sign-in sheet
Proper smoking-area maintenance
Use of the Smoking Area Checklist
Correct disposal expectations
Reporting requirements for observed violations
Training documentation is maintained in the facility's training log.
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Beginning 6/9/2026, Direct care staff will complete the Smoking Area Checklist twice daily (morning and afternoon).
on 6/16/2026, The Administrator or designee will review completed checklists weekly for 30 days, then monthly thereafter.
Monthly resident meetings will include review of smoking-area cleanliness, disposal compliance, and any corrective reminders.
Any non-compliance will result in immediate retraining or corrective counseling.

Licensee's Proposed Overall Completion Date: *07/03/2026*

Implemented ([redacted] 07/09/2026)

162c - Menus Posted

3. Requirements

162c - Menus Posted *(continued)*

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 menus for the weeks of [redacted] through [redacted] and [redacted] through [redacted] were posted. However, the menu for the week of [redacted] through [redacted] was not posted.

Plan of Correction ***Accept [redacted] 07/06/2026)***

This was an oversight by the owner. [redacted] usually posts the menu's faithfully, every Tuesday.
6/4/2026, The owner posted the missing menu for 6/8–6/14/2026 before leaving the building on the day of the surveyor's visit.
During monthly meeting, 6/9/2026, Staff were reminded of the requirement to ensure menus are posted in advance.
Beginning 6/8/2026, the owner will post menus no later than Tuesday for the upcoming week. After posting the menu, the administrator or designee will check and sign the posting log, no later than that Wednesday.
The owner will ensure menus are:
Posted in the designated resident-accessible area
Clearly visible and readable
Updated weekly without gaps
A weekly reminder has been added to the owner's administrative schedule to prevent missed postings.
Staff were reminded of:
The requirement to maintain posted menus
The importance of ensuring menus are visible and accessible to residents
The need to notify the owner immediately if a menu is missing or outdated

On 6/9/2026, The owner or designee will verify menu posting weekly using a Menu Posting Log.
Beginning 7/15/26, The Administrator will review the log monthly to ensure compliance.
Any missing or outdated menu will be corrected immediately and documented.

Licensee's Proposed Overall Completion Date: *07/03/2026*

Implemented [redacted] 07/09/2026)

227i - Support Plan Accessible

4. Requirements

2600.
227.i. The support plan shall be accessible by direct care staff persons at all times.

Description of Violation

On [redacted] at 10:38 AM, resident support plans were locked in the administrator's office and were inaccessible to direct care staff.

Plan of Correction ***Accept ([redacted] 07/06/2026)***

On 6/6/2026, the Administrator relocated all current RASPs to the binders labeled RASP, which are always accessible to direct care staff during all shifts.

227i - Support Plan Accessible (continued)

6/9/2026, Staff were notified that RASPs are now stored in a location that remains accessible to direct care staff, always.
On 6/9/2026, The Administrator verified that all RASPs were properly filed and labeled in the binders.
The Administrator will ensure RASPs are updated and filed immediately after any revision.
Beginning 7/24,2026, The Administrator will conduct monthly checks to ensure RASPs remain properly stored and accessible.
Staff were retrained on: 6/9/2026
The requirement for RASPs to always be accessible
The new storage location in the binders labeled, RASP
Procedures for reporting any missing or inaccessible documents
The importance of reviewing RASPs regularly to ensure proper care delivery
Beginning 7/15/2026, The Administrator or designee will verify RASP accessibility weekly for 60 days, then monthly thereafter.
Any missing or misplaced RASP will be corrected immediately and documented.
Compliance will be reviewed during quarterly QA meetings beginning 8/5/2026.

Licensee's Proposed Overall Completion Date: *07/03/2026*

Implemented ([redacted] - 07/09/2026)