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

August 3, 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 07/06/2026, 07/09/2026 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 Philadelphia, L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *48* **Waking Staff**: *36*

Inspection Information

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

Reason: *Complaint, Incident* **Exit Conference Date**: *07/09/2026*

Inspection Dates and Department Representative

07/06/2026 - On-Site: [redacted]

07/09/2026 - Off-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: *33* **Are 60 Years of Age or Older**: *37*

Diagnosed with Mental Illness: *47* **Diagnosed with Intellectual Disability**: *0*

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

Inspections / Reviews

07/06/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/31/2026*

Inspections / Reviews *(continued)*

08/03/2026 POC Submission

Submitted By: [redacted]
Date Submitted: *08/03/2026*
Reviewer: [redacted]
Follow Up Type: *Bypass Document Submission*

08/03/2026 Bypass Document Submission

Submitted By: [redacted]
Date Submitted: *08/03/2026*
Reviewer: [redacted]
Follow Up Type: *Not Required*

42b - Abuse

1. Requirements

2600.
42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [redacted], resident [redacted] pushed resident [redacted] to the ground twice after a verbal argument. Resident [redacted] suffered abrasions to both elbows, a cut to [redacted] nose and hit [redacted] head on the ground. Resident [redacted] was taken to the hospital where the abrasions were treated and a CT scan was completed on the resident's head and neck.

Resident [redacted] has a history of being verbally aggressive but it is documented that resident [redacted] can be easily redirected. Staff were not in the immediate area during the altercation and could not have interceded before resident [redacted] had been injured. Once notified, staff member A rushed to the scene but the physical altercation had stopped. Staff person A brought resident [redacted] inside to their room. Staff person A then brought resident [redacted] inside, started to provide first aid to the resident's wounds until EMTs arrived and brought resident [redacted] to the hospital.

Resident [redacted] remained aggressive and was also sent to the hospital for an assessment. Resident [redacted] will not be returning to the home.

Plan of Correction ***Accept [redacted] - 08/03/2026)***

Immediate Corrective Actions Taken (06/19/2026)

Staff responded immediately once notified and separated the residents.
Resident [redacted] was escorted inside to prevent further aggression.
Resident [redacted] was brought inside and provided first aid until EMT arrival.
Resident [redacted] was transported to the hospital for evaluation and treatment.
Resident [redacted] was transported to the hospital for psychiatric assessment.
Resident [redacted] was permanently discharged from the home, eliminating ongoing risk.
Resident [redacted]s family and PCP were notified of the incident and the aggressor's removal.

Emergency Communication Training

On 06/20/2026, Adminstrator inserviced all staff and residents on:
Proper use of walkie-talkie systems
Location and use of front and back door emergency bells (white and black bells)
Procedures for requesting immediate staff assistance
The bell system was verified to be audible throughout the basement, first floor, and second floor.
Staff Retraining on De-Escalation & Emergency Alerts

On 06/20/2026, The Administrator performed refresher training with staff on:
Resident de-escalation techniques
Emergency alert procedures
Early identification of verbal escalation
Safe intervention strategies
Training documentation is attached and maintained in the staff training binder.

Beginning 06/20/2026, staff initiated:

30-minute safety checks of the courtyard and grounds

42b Abuse (continued)

Safety checks were documented daily through July 31, 2026
These checks ensured staff presence in outdoor areas and reduced risk of resident to resident conflict.

On 06/20/2026, the Description of Services was reviewed by the Administrator with:
All staff
All residents
Residents signed acknowledgment forms confirming understanding of behaviors that may result in immediate discharge for safety reasons.

Effective 08/01/2026, safety checks transitioned from every 30 minutes to every 1 hour, ongoing indefinitely. These checks include:
Grounds and courtyard
Common areas
Resident interaction zones
Documentation is reviewed daily Monday Friday by administration.
Documentation will be held for 30 days for review then discarded.
Beginning August 15th, the administrator will perform mandatory review for all staff and residents on the following:
Walkie talkie procedures
Emergency bell usage
Immediate response expectations

Attendance is documented and maintained in the QA binder.
Staff continue to monitor Resident [redacted] for emotional distress, trauma response, or behavioral changes.

To prevent recurrence:
Increased staff presence in common areas
Enhanced supervision protocols
Emergency communication systems reinforced
Staff retraining completed
Residents educated on emergency alert procedures
Aggressive resident permanently removed from the home
Safety checks implemented and ongoing
Monthly emergency reviews established
Description of Services reviewed and signed by all residents

Licensee's Proposed Overall Completion Date: *07/31/2026*

Implemented [redacted] - 08/03/2026)

85e - Trash Outside Home

2. Requirements

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

85e - Trash Outside Home *(continued)*

Description of Violation

On [redacted], at 9:12 AM, the home's dumpster was overflowing with trash. Additionally, trash bags were on the ground around the dumpster.

Repeated Violation - [redacted]

Plan of Correction ***Accept [redacted] - 08/03/2026)***

On 7/6/2026
Staff immediately removed all loose trash bags from the ground.
Overflowing trash was secured inside the dumpster area.
The sanitation vendor was contacted to request same-day pickup due to overflow.
The dumpster area was cleaned and inspected to ensure compliance.

This issue has been ongoing due to the vendor transition.

Daily Monitoring of Dumpster Area (Mon–Fri) will continue (see attached logs) partial logs sent due to files are too large
Staff, the Administrator, or the Owner perform daily grounds checks Monday through Friday.
Checks include:
Dumpster capacity
Loose trash or debris
Lid closure
Evidence of insects or rodents
All findings are documented in the combined grounds-check log (attached).

Trash Removal Protocol
Staff ensure all trash is contained inside the dumpster, and the area is free of debris daily.
Any overflow or missed pickup is reported immediately to the Administrator and Owner.
Staff secure all trash bags until vendor pickup occurs.

The owner maintains direct communication with the sanitation company to ensure:
Accurate pickup schedule
Additional pickups when needed
Immediate response to overflow situations
Pickup inconsistencies are logged and addressed with the vendor.

On 7/9/2026, Staff were re-trained by Administrator on:
Proper trash containment
Daily monitoring expectations
Reporting procedures for missed pickups

Training documentation is attached.

Ongoing Preventive Measures
Daily grounds checks will continue indefinitely Monday through Friday.

85e Trash Outside Home (continued)

Administrator reviews logs daily (Monday Friday) for compliance. All logs will be kept for 30 days for review, then discarded.
QA team reviews trash management compliance during monthly meetings.
Any future overflow will be corrected immediately and documented.

Licensee's Proposed Overall Completion Date: *07/31/2026*

Implemented ([redacted] - 08/03/2026)

121a - Unobstructed Egress

3. Requirements

2600.
121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On [redacted], at 10:14 AM, a portable air conditioning unit, waiting to be discarded, partially blocked egress from the home's 2nd floor emergency exit.

Plan of Correction ***Accept[redacted] - 08/03/2026)***

On 7/6/26 the obstruction was immediately removed upon discovery. The emergency exit was cleared, inspected, and confirmed to be fully unobstructed and accessible.

The violation was reviewed with all staff and the maintenance person on 07/06/2026.

Staff were reminded that no items may be stored, placed, or temporarily left in any egress route, stairway, hallway, or doorway.
Maintenance was instructed to ensure that discarded items are removed promptly and never staged near exits.

Beginning 07/06/2026, the following systemic measures were implemented:
Daily Egress Path Checks
The Administrator, Owner, or an appointed staff person will conduct daily walk throughs of the facility.
These checks include:
All stairways
Hallways
Doorways
Passageways
All emergency exits
Any obstruction found will be removed immediately.

Daily egress path checks are documented on the facility's walk through log, which is incorporated into the existing grounds check log (attached). Due to files being too large, partial files have been sent to show evidence of completion

Logs are reviewed daily (Monday Friday) by the Administrator.

7/9/2026, Staff were re inserviced on:

121a - Unobstructed Egress (continued)

Emergency exit requirements
Proper storage and disposal procedures
Immediate reporting of any obstruction

Staff will receive quarterly reminders during safety meetings.
Administrator will review logs weekly for compliance.
QA team will verify egress-path compliance during monthly audits.
Any future obstruction will be corrected immediately and addressed through staff retraining.

Licensee's Proposed Overall Completion Date: *07/31/2026*

Implemented ([redacted] - 08/03/2026)