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

October 21, 2026

[redacted]
IRENE NELSON
[redacted]

RE: NEW MANOR PERSONAL CARE
BOARDING HOME
2211 WEST VENANGO STREET
PHILADELPHIA, PA, 19140
LICENSE/COC#: 11553

[redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/13/2026 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**: *L & I*

Staffing Hours

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

Inspection Information

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

Reason: *Monitoring* **Exit Conference Date**: *08/13/2026*

Inspection Dates and Department Representative

08/13/2026 - 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: *6* **Are 60 Years of Age or Older**: *6*

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

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

Inspections / Reviews

08/13/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *09/10/2026*

09/17/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *09/18/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *09/21/2026*

Inspections / Reviews *(continued)*

09/18/2026 POC Submission

Submitted By: [redacted]
Date Submitted: *09/18/2026*
Reviewer: [redacted]
Follow Up Type: *Bypass Document Submission*

10/21/2026 Bypass Document Submission

Submitted By: [redacted]
Date Submitted: *09/18/2026*
Reviewer: [redacted]
Follow Up Type: *Not Required*

20b8 - Quarterly Account

1. Requirements

2600.
20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:
8. The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

Description of Violation

Resident's [redacted] and [redacted] have not received a quarterly account of financial transactions.

Plan of Correction ***Accept [redacted] - 09/18/2026)***

Resident[redacted] and Resident[redacted] are their own Payee's. The remaining Residents quarterly account of financial transaction records are updated, signed and attached for review.

A quarterly account tracker has been developed to facilitate ongoing monitoring of the quarterly account as well as to remain compliant with Regulation 2600. 20b8. The quarterly tracker captures the start date, monitoring frequency, and the title of the responsible staff member.

Please refer to the attached documentation.

Licensee's Proposed Overall Completion Date: *09/18/2026*

Implemented [redacted] - 10/21/2026)

65f - Training Topics

2. 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 person A did not receive training in care for residents with mental illness or an intellectual disability, or both, if the population is served in the home during training year January 2025 thru December 2025.

Plan of Correction ***Accept [redacted] 09/18/2026)***

Direct Care Staff person A has received training in care for residents with mental illness /intellectual disability. Please review attached documentation.

A Training Tracker has been established to assist in monitoring completed training for the Direct Care Staff. The tracker captures the start date, monitoring frequency, and the title of the responsible staff member.

65f - Training Topics (continued)

Please refer to the attached document.

Licensee's Proposed Overall Completion Date: *09/18/2026*

Implemented [redacted] - 10/21/2026)

65g - Annual Training Content

3. 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 person A did not receive training in emergency preparedness procedures and recognition and response to crises and emergency situations, resident rights, falls and accident prevention during training year January 2025 to December 2025.

Plan of Correction ***Accept [redacted] - 09/18/2026)***

Staff Person A has received training in emergency preparedness procedures and recognition and response to crises and emergency situations, resident rights, & falls and accident prevention. Please review attached documentation.

A Training Tracker has been established to assist in monitoring completed training for the Direct Care Staff. The tracker captures the start date, monitoring frequency, and the title of the responsible staff member.

Please refer to the attached document.

Licensee's Proposed Overall Completion Date: *09/18/2026*

Implemented [redacted] - 10/21/2026)

190c - Record of Training

4. 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 A does not include the original qualification date, documentation of successful completion of the training.

Plan of Correction ***Accept [redacted] - 09/18/2026)***

The home's medication administration training record for Staff Person A has been updated as requested. A copy is

190c - Record of Training (continued)

attached for review.

The medication administration training tracker has been established to facilitate successful monitoring and compliance with Regulation 2600.190.(c).
The medication administration training tracker captures the start date, monitoring frequency, and the title of the responsible staff member.

Please see the attached documentation.

Licensee's Proposed Overall Completion Date: *09/18/2026*

Implemented [redacted] - 10/21/2026)

251c - Standardized Forms

5. Requirements

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

Description of Violation

Resident [redacted] Documentation of Medical Evaluation, dated [redacted], was not completed on the Department's current standardized form.

Resident [redacted]s Documentation of Medical Evaluation, dated [redacted] was not completed on the Department's current standardized form.

Resident [redacted] Documentation of Medical Evaluation, dated [redacted] was not completed on the Department's current standardized form.

Plan of Correction ***Accept ([redacted] - 09/18/2026)***

Resident [redacted] and Resident [redacted] Documentation of Medical Evaluation has been completed on the Department's current standardized form, as requested. A copy of each Residents' Documentation of Medical Evaluation is attached for review.

Resident [redacted] Documentation of Medical Evaluation Form required by the Department's current standard has been added to the chart. Resident [redacted] is scheduled to see the doctor on 09/24/26. A copy of the completed Documentation of Medical Evaluation current standard form will be available at that time.

The home has updated all resident files to include the current Documentation of Medical Evaluation (DME) Form. Additionally, we have implemented a revised Initial Admission Checklist that captures the start date, monitoring frequency, and the title of the responsible staff member. This checklist also mandates attaching the updated DME, serving as a tool to facilitate quarterly monitoring and ensure full compliance with Regulation 2600.251(c).

Please see the attached documentation.

Licensee's Proposed Overall Completion Date: *09/18/2026*

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

251c - Standardized Forms *(continued)*