



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
100 LACKAWANNA AVENUE  
ROOM 330, SCRANTON STATE OFFICE BUILDING  
SCRANTON, PENNSYLVANIA 18503-1923

ADULT RESIDENTIAL LICENSING

PHONE: (570) 963-3209  
1-800-833-5095  
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**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: February 14, 2011**

Mr. Stanley P. Pilat, President  
Stabon Manor Personal Care Home, Inc.  
Stabon Manor Personal Care Home  
1555 Haak Street  
Reading, Pennsylvania 19602

Dear Mr. Pilat:

As a result of the Department of Public Welfare's licensing inspection on June 22, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.


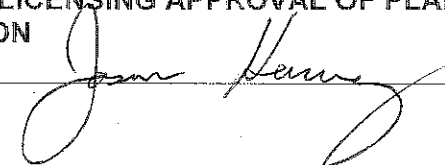
All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

Sincerely,

*Michelle Mostalczyk*  
Regional Licensing Administrator

Enclosure  
Violation Report


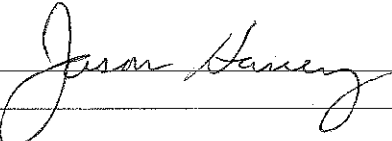
**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Stabon Manor Personal Care Home, 1555 Haak Street, Reading, Pennsylvania, 19602		<b>CURRENT LICENSE NUMBER</b> 205120	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> June 22, 2010		<b>REGIONAL REPRESENTATIVE</b> Leslie Patton	
<b>PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)</b>			
<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b> 	<b>DATE</b> 8/9/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> 	<b>DATE</b> 9-30-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
81b Wheelchairs, walkers, prosthetic devices and other apparatus used by residents shall be clean, in good repair and free of hazards.	A half-length bedrail was on the right side of the bed used by resident #1. The resident's most recent assessment and support plan, dated 3/10/10, and medical evaluation, dated 4/29/10, do not address the resident's needs and the health/safety protections necessary for the use of the half-length bedrail. Also, there is no statement from the physician indicating the need for the half length bedrail. Staff person A, who is the administrator, stated resident #1 does not use the bedrail. Bedrail was removed at time of inspection.	6/22/10	The bed Delivered to the facility, was ordered without Bed rails. This was an error on the part of the Medical supply company. Because there was an error in the order no adjustment were needed on the support plan. The resident did not need the use of Bed rails. All orders for Hospital Beds will be checked upon Delivery By the Care Coordinator/Administrator to insure this does not happen again	Steps have been taken to correct violation; full compliance is not verifiable 9-30-10 Date Initials (DPW)

*This regulation does not fit the violation!*

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82a Poisonous materials shall be stored in their original, labeled containers.	Resident #2 put "Fabuloso" brand floor cleaner into a spray bottle purchased by the resident for the purpose of attempting to treat bedbugs located in the resident's room.  Resident #2 also mixed fabric softener with "Fresh Breeze" brand deodorizer for the purpose of making the room smell pleasant.	6/22/10	Chemicals were removed from the room. Resident was counseled on the dangers of having chemicals in their room as well as mixing chemicals together. The Care Coordinator will monitor to ensure this or any other resident is in compliance with this Reg. This will also be addressed at the next resident meeting.	Steps have been taken to correct violation; full compliance is not verifiable. Date: 9-20-10 Initials (DPW): 