

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to STABON MANOR PERSONAL CARE HOME, INC.
LEGAL ENTITY

To operate STABON MANOR PERSONAL CARE HOME
NAME OF FACILITY OR AGENCY

Located at 1555 HAAK STREET, READING, PA 19602
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 138
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from February 22, 2011 until February 22, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 205120

Robert E. Robinson
ISSUING OFFICER

[Signature]
DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

PHONE: (717) 783-3670
FAX: (717) 783-5662

FEB 28 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 September 17, 2010 and December 13, 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.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Melusky'.

Ronald Melusky
Acting Director

Enclosures
License
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME STABON MANOR PERSONAL CARE HOME, 1555 HAAK STREET READING, PA 19602		CURRENT LICENSE NUMBER 205120	
INSPECTION DATES (Include all dates of the inspection) 09/17/10		REGIONAL REPRESENTATIVE Moskalczyk, Mary Ann Domanshk, Devon Grochowski	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Ciracle Gross Director</i>			
SIGNATURE OF LEGAL ENTITY <i>Ciracle Gross</i>	DATE 11/3/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Duane J. Ullrich</i>	DATE 2-4-11

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LACKAWANNA COUNTY ASSISTANCE OFFICE

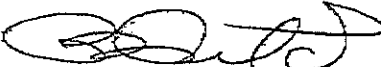
REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
42b A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.	Direct care staff person (A) admitted to striking resident #1 on either 9-11-10 or 09-12-10. Resident #1 stated that staff person (A) hit [redacted] while helping with morning care and dressing.	9/15/10	<ol style="list-style-type: none"> 1) Staff person was immediately terminated from employment by the director upon determination of abuse. 2) All staff persons educated on resident Abuse, proper immediate reporting to administrator/director. This would include suspension of Abuse. All direct care staff persons educated on appropriate handling of combative residents and residents with special behavioral needs. 3) Staff educated on policy & procedures on Abuse. 4) Support plans implementation for residents to provide behavioral support to resident done ongoing by Asst Administrator 5) Staff educated to assist other staff when caring for a resident having behavioral issues. 6) All staff educated upon hire and throughout the training year by the administrator/director in resident abuse and policy & procedures. 7) All staff monitored ongoing by other staff and director/administrator to ensure proper handling of residents to ensure the safety and well being of both the residents and staff persons. 	<p>Steps have been taken to correct violation, full compliance is not verifiable</p> <p>Date: 2-4-11 Initial: (DPW)</p>

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SCRANTON FIELD OFFICE
Adult Residential Licensing

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VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600


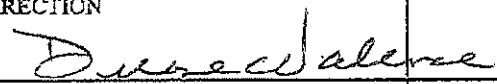
NAME AND ADDRESS OF PERSONAL CARE HOME STABON MANOR PERSONAL CARE HOME, 1555 HAAK STREET READING, PA 19602		CURRENT LICENSE NUMBER 205120	
INSPECTION DATES (Include all dates of the inspection) 12/13/2010		REGIONAL REPRESENTATIVE Ann O'Haire, Anne Graziano, Gerald Dumas, Devon Grochowski	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Bonnie Pilot Administrator</i>			
SIGNATURE OF LEGAL ENTITY 	DATE <i>2/12/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Duane Valenze</i>	DATE <i>2-15-11</i>

REGULATION 55 Pa.Code §2500	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
54a Direct care staff persons shall have the following qualifications: (1) Be 18 years of age or older, except as permitted in subsection (b). (2) Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry. (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care	Direct care employee A has a high school diploma issued by "Nation High School" dated 02/05/2010. The school is accredited by the "Distance Education Accrediting Body". It is not recognized by the Pennsylvania Department of Education.	<i>1/27/11</i>	<i>Employee was terminated for non-compliance. The administrator will verify each diploma for every new hire to ensure they meet the required standards.</i>	<i>DCV 2-15-11</i>
		<i>2-15-11</i>	<i>By Tele call w/ owner [redacted] this date. Owner does and will do monthly checks of employee records to ensure that all employees have the required employee qualifications. No employee will be retained without having all required employee qualifications.</i>	<i>DCV 2-15-11</i>

DCV 2-15-11

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
services with reasonable skill and safety.				See page 1 of 27 DPCV

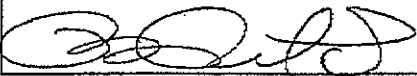

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VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600


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57b Direct care staff persons shall be available to provide at least 1 hour per day of personal care services to each mobile resident.	On Sunday 11/ 21/2010 the home was required to provide a minimum of 112 hours of personal care to the 112 mobile residents for that 24 hour period. The home provided only 108.75 hours of personal care on that day. On Saturday, 11/27/10 the home was required to provide a minimum of 112 hours of personal care to the 112 mobile residents for that 24 hour period. The home provided only 108.75 hours of care on that date.	2/11/11	During this time period 10 residents were out of the facility for nursing Home stays, therefore the amount of staffing was sufficient for the residents in home. (106 residents)	Dev 2-15-11
		2-15-11	Re. Tele call w/ owner this date. The administrator will review the resident census daily to ensure that there will always be sufficient staffing levels and trained staff in the home. Owner will monitor administrator compliance once a week. Dev 2-15-11	

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VIOLATION REPORT
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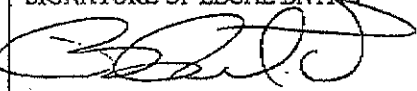

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63b Current training in first aid and certification in obstructed airway techniques and CPR shall be provided by an individual certified as a trainer by a hospital or other recognized health care organization.	On Sunday 11/21/10 the home had 112 residents' in house, requiring three (3) direct care staff persons trained in first aid and CPR per shift. From 10:00 pm on 11/21/2010 to 6:00 am on 11/22/10 the home had only two staff persons trained in 1st aid and CPR.	12/10/10	Copies of CPR Certifications attached. All aides are in compliance w/reg. Administrator will perform periodic reviews of employee records to ensure compliance.	Steps have been taken to correct violation; full compliance is not verifiable. Date 2-15-11 Initials (DPW) [Redacted]
	On Wednesday 11/24/10 the home had 112 residents' in house, requiring three (3) direct care staff persons trained in first aid and CPR per shift. From 10:00 pm on 11/24/2010 to 6:00 am on 11/25/10 the home had only two staff persons trained in 1st aid and CPR.	2-15-11	Per tele call w/ owner, [Redacted] owner will do weekly reviews by staff schedule to ensure that there are the required number of trained staff present on the home at all times. DCV 2-15-11	
	On Saturday, 11/27/10, the home had 112 residents' in house, requiring three (3) direct care staff persons trained in first aid and CPR per shift. From 10:00 pm on 11/28/2010 to 6:00 am on 11/28/10 the home had only one staff person trained in 1st aid and CPR.			

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VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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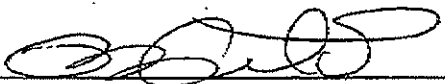
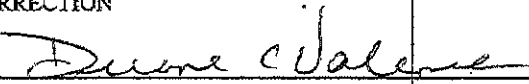
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82b Poisonous materials shall be stored separately from food, food preparation surfaces and dining surfaces.	One 32 fl. Oz. bottle of Isopropyl Alcohol was stored in the 3rd floor unlocked medication cabinet. The bottle indicated "if swallowed, get medical help/ contact poison control right of way." In room 103 one 32 fl. Oz. bottle of rubbing alcohol was found on the resident's dresser. The bottle indicated "contact poison control right away." The resident's support plan did not indicate if he/she is able to handle poisons safely. During the exit conference, the administrator acknowledged that based on the home's population served, a number of residents are not safe to be exposed to unsecured poisons.	12/15/10	The bottle of rubbing alcohol is to be kept in the 3rd floor medication cabinet and the cabinet is to be kept locked at all times. All staff were educated on keeping all poisons secured in a locked cabinet at all times. Assist. Administrator will monitor for future compliance	Steps have been taken to correct violation; full compliance is not verifiable Date 2/5/11 Initials (DPW) DPW

Per tele call with owner [redacted]
The administrator will monitor the out. administrator daily to ensure that all poisonous materials are locked at all times
DEV 2-15-11

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VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600


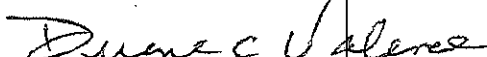
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85a Sanitary conditions shall be maintained.	The 1st floor sitting area bathroom had strong fecal odors at the time of inspection.	12/13/10	A resident had just used the restroom prior to inspection. The room was checked upon receiving the complaint from the inspector - no signs of fecal matter or debris was seen. Air fresheners will be installed in the bathroom when we can find units that met DPA Standard.	DCV 2-15-11

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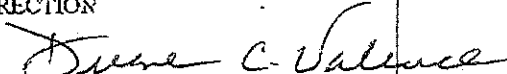
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38a Floors, walls, ceilings, windows, doors and other surfaces shall be clean, in good repair and free of hazards.	<p>The bathroom located in room # 306 has a yellow ring around the tub.</p> <p>The middle hallway on the 3rd floor has a water stain in the ceiling measuring approximately 24" X 20" wide.</p> <p>The common bathroom door closest to the office located on the 1st floor is difficult to open and close.</p>	12/13/10	<p>Housekeeping was returned to inspect & thoroughly clean all areas of each bathroom.</p> <p>The Administrator will monitor Housekeeping to ensure all areas are being cleaned.</p> <p>Maintenance was notified of repairs needed & will perform daily checks of all areas to ensure compliance.</p>	DCV 2-15-11
		12-15-10	<p>Per Tele call w/ Dave [redacted] all housekeeping and maintenance staff were returned on the same floor keeping and maintenance procedures manual on 12-15-10. Adm. to monitor on an on-going basis DCV 2-15-11</p>	

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VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

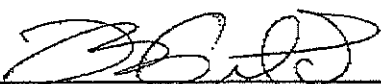
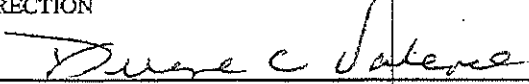
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95 Furniture and equipment shall be in good repair, clean and free of hazards.	The toilet seat lid in the 300 hallway bathroom was chipped and peeling.	12/13/10	Maintenance replaced the toilet seat on day of inspection. Housekeeping was notified that any repairs seen in all areas of the facility must be reported to Maintenance. Administration will oversee to ensure compliance.	DCU 2-15-11
		12-15-10	Per file call in for area [redacted] all housekeeping and maintenance staff were reviewed on 12-15-10 on the Home's Housekeeping and maintenance manual procedures. Admin to monitor on an on-going basis.	Insured staff follow through. DCU 2-15-11

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101j2 Each resident shall have the following in the bedroom: A chair for each resident that meets the resident's needs.	Room 316 did not have a chair available for the resident at the far end of the room near the window.	12/13/10	Room 316 provided with a chair. Instructed resident to not remove chair unless chair agreement is signed. Administrator to monitor during weekly room checks to ensure resident rooms are furnished in accordance to regulation 101j2.	Dev 2-15-11

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101j3 Each resident shall have the following in the bedroom: Pillows, bed linens and blankets that are clean and in good repair.	The pillow on the bed closest to the door in Room # 202 is flattened and stained.	12/13/10	Pillow was replaced Administrator will monitor for compliance when making daily room checks	DCU 2-15-11
		12-15-10	Per Tel call w/ owner [redacted] on 2-15-11. All housekeeping and Direct Care Staff were returned on the housekeeping procedures manual on 12-15-10 owner to monitor for compliance on a weekly basis. DCU 2-15-11	

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VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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1015 Each resident shall have the following in the bedroom: A bedside table or a shelf.	There is no bedside table available for the resident at the far end of the room in room # 107.	12/12/10	R177 107 bedside table in place next to residents bed. Administrator to monitor and provide necessary furnishings as per regulation 1015. Weekly room checks done.	Dev 2-15-11

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REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
1017 Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on/off at bedside.	The following resident rooms did not have any source of lighting that was operable from their bedside: Room #s 02 (closest to the door), 107, 310, and room 316.	12/13/10	Rm # 02 Rm # 107 Rm # 310 Rm # 316 Bedside lamps place next to all above beds. Administrator to monitor when doing room checks weekly to ensure compliance with Regulation 1017.	D2U 2-15-11

018/034

02/14/2011 MON 16:58 FAX 6103722515 STABON MANOR >>> dpw

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME STABON MANOR PERSONAL CARE HOME, 1555 HAAK STREET READING, PA 19602		CURRENT LICENSE NUMBER 205120	
INSPECTION DATES (Include all dates of the inspection) 12/13/2010		REGIONAL REPRESENTATIVE Ann O'Haire, Anne Graziano, Gerald Dumas, Devon Grochowski	
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101r2 Window coverings shall be clean, in good repair, provide privacy and cover the entire window when drawn.	The window blind in room #200 was broken and could not be adjusted up or down. Several of the window blind slats in room 103 are broken. The blinds did not cover the entire window in order to provide adequate privacy.	2/10/11	Window blind in Rm #200 replaced with a new working blind. Window blinds in Rm #103 replaced. Administrator will continue to do room checks to ensure window coverings are in good repair and provide privacy.	DCU 2-15-11
		12-15-10	Per Tele call w/owner Homekeeping and maintenance staff were returned on 12-15-10 on the home's Homekeeping and maintenance procedures manual and checklist.	

Administrator to random daily checks independent rooms to ensure maintenance program following procedures. - DCU 2-15-11

019/034

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VIOLATION REPORT
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REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
123b Copies of the emergency procedures 107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.	A copy of the home's Emergency Plan and the Berks County Emergency Plan were not posted in a conspicuous or public place.	2/11/11	The emergency plan was removed by a resident and found by a staff person who placed the binder in the medication room for safe keeping. The binder has since been returned to the main hall & secured so no resident can remove it again.	DCV 2-15-11
		2-15-11	The administrator and Asst administrator will do daily checks to make sure that the Emergency Plan is posted at all times in a conspicuous and public place in the home.	DCV 2-15-11

public place in the home. DCV 2-15-11

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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125a Combustible and flammable materials may not be located near heat sources or hot water heaters.	Tissues and a plastic bag were found behind the radiator in room 214. These items have the potential of causing a fire.	12/13/10	Staff/housekeeping educated on the dangers of tissues or flammables near radiators. All staff to check radiators daily to ensure residents not placing these items near radiators. Administrator will monitor for continued compliance.	DeV 2-15-11
		2-15-11	Per tele call w/ owner [redacted] owner will do weekly checks to ensure that all staff and the administrator	


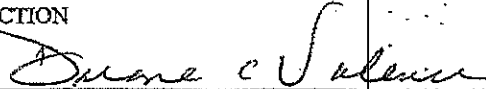
are following through on doing them required daily checks - Dev 2-15-11

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VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

021/034

NAME AND ADDRESS OF PERSONAL CARE HOME STABON MANOR PERSONAL CARE HOME, 1555 HAAK STREET READING, PA 19602		CURRENT LICENSE NUMBER 205120	
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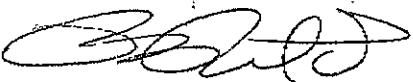
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144c2 The location of a smoking room or outside smoking area shall be a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.	On the day of the inspection, several residents were observed to be smoking next to the main entrance located on the front porch area of the facility.	2/11/11	All employees were notified that they must monitor all non-smoking areas & report any non-compliance with this rule. Several residents have received eviction notices for non-compliance with this rule. Administrator will monitor to ensure that all staff perform periodic checks.	
		2-15-11	Per tele call w/ owner this date. She advised that staff have to do an hourly	

Steps have been taken to correct violation; full compliance is not verifiable
Date 2/15/11
Initials (DPW) [Redacted]

Owner will do weekly checks to ensure staff compliance with monitoring of smoking areas
DPW 2-15-11

Chief of the area will supervise & direct residents as needed. A checklist was prepared to check that staff are doing hourly checks.

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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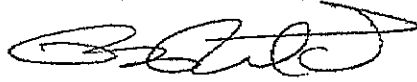
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
1846 If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.	One (1) bottle of over the counter Fiora Smart for resident # 1 was not labeled.	12/15/10	Residents name was placed on the bottle of medication Assist. Administrator will ensure that all medication is labeled properly in the medication cart.	DCV 2-15-11
		2-15-11	Per file call w/ owner the date, asst adm. was returned on 12-15-10. Asst Admin. to do daily checks of all resident medications to ensure that all medications are identified with a resident presently residing in the Home. The administration will monitor the asst administrator and	

do weekly medication checks to ensure compliance.
DCV 2-15-11

022/034

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VIOLATION REPORT
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187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special	The medication administration record for resident # 2 was not initialed on 12/15/10 for Azithromycin 250 mg at 4:00 p.m. The medication administration record for resident # 3 was not initialed on 12/11/10 for Risperidone 3 mg, 1 time daily at 8:00 p.m. Resident # 5's medication administration record for the 8 am dose of Aspirin 325 mg tablet for blood thinner was not initialed on 12/13/10.	12/15/10	All PCA's were retrained on proper medication administration procedures. Assist. Administrator will monitor for compliance.	
	Repeated Violations: 01/28/2010	2-15-11	Per Tele call with owner, [redacted] Asst. Administrator will do a daily check of all resident medication records to ensure compliance. The administrator will do a weekly check to make sure that resident medication administration records are completed completely and	


Steps for e-bee taken to correct violation. Full compliance is not verifiable 2/15/11
 Date: 2/15/11
 Initials: [redacted]

double check the Asst. Administrator to ensure that person is complying with procedures. Dev 2-15-11

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VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.				<i>See previous page 18 of 27</i>

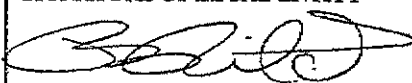

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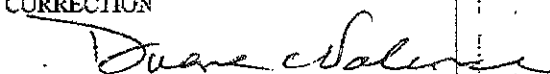
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187d The home shall follow the directions of the prescriber.	<p>Acular .4% for right eye 4 times daily for cataracts was not available for resident # 4 at 8:00 a.m.as prescribed on 12/6/10, 12/7/10 and 12/8/10. Resident #5 was out of the facility on 12/1/10, 12/4/10 and 12/6/10. The home did not notify the resident's physician of the following missed dosages. Nivaacor 40 mg tablet, Zilac 5 mg, Ativan 1mg tab, Risperdol 2mg tablets, Lopid 600 mg tablet and Clozaril 100 mg tablet.</p> <p>Cont. When a resident leaves the facility for any length of time without taking their medications along, we considered that a resident might not a refusal or missed dosage reportable to the doctor. All staff were retrained to notify the doctor of any missed doses of medications. Assiot. Administrator will monitor for compliance.</p>	12/15/10	<p>Medication was placed in the wrong spot in the medication cart and was found three days later.</p> <p>All PCA's were educated on proper medication procedures and proper reporting of missing medications immediately to the Assiot. Administrator to be corrected. Assiot-Administrator will monitor for compliance.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date: 2/15/11 Initials: (DPW)</p>

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

026/034

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224a A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.	Residents #7, 8, 9 and #10 did not have completed Pre admission Screening forms. Their Pre admission screening forms did not address any special needs or behavior needs on their forms.	2/11/11	The behavior needs were not completed because no pertinent information needed to be noted upon admission. The admission staff was informed to write "no behavior needs at this time" in this area of the screening when applicable.	2-15-11


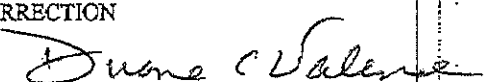
Date: 2/15/11
 Initials (DPW): [Signature]
 Steps have been taken to correct violation; full compliance is not verifiable

The owner will do a resident chart review once a month to ensure that the administrator is completing the documentation correctly and take appropriate immediate action.
Dev 2-15-11

027/034

02/14/2011 MON 16:59 FAX 6103722515 STABON MANOR → dpw


VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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252, # 15 Each resident's record shall 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,	The Resident Record for resident # 11 did not include a copy of the Guardianship court orders.	2/1/11	Paperwork was received from guardian. Administrator will review all resident files w/ legal guardianship to insure all legal papers are on file.	DCV 2-15-11
		2-15-11	Re: Tele call w/ owner this date. The provider has submitted files required by this regulation. Has been updated the checklist. An item to be included in the resident record to include requesting a copy of POA or Guardianship Court orders. Administrator and owner will do monthly reviews of resident records to insure all documentation is present and up-to-date. DCV 2-15-11	

028/034

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600


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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				See previous page 22 227 DCV

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VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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	2/10/11	<i>Duane Calene</i>	2-15-11


REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
restrictions, if any. (10) A record of incident reports for the individual resident. (11) A list of allergies, if any. (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.				See previous page 2/27/11 PCU

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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(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				See previous page 22827 DOW

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VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600


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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				See Previous Page 22 of 27 DLU

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VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 2/15/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION Duane C. Valerel	DATE 2-15-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
In 41. (25) A copy of the resident-home contract. (26) A termination notice, if any				See previous page 22 of 27 DCU

02/14/2011 MON 17:00 FAX 6103722515 STABON MANOR dpw