



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
FAX: (570) 963-3018

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: March 2, 2012

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 April 6, 2011 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,

A handwritten signature in cursive script that reads "Bob Bragman".

Regional Licensing Administrator

Enclosure
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) 04/06/2011		REGIONAL REPRESENTATIVE Meriann O'Malley, Jason Harvey	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Corinne Kerper</i>			
SIGNATURE OF LEGAL ENTITY <i>Corinne Kerper</i>	DATE <i>6/7/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Doreen O'Valence</i>	DATE <i>6-10-11</i>

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
16c The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).	The home did not notify Adult Residential Licensing within the required 24-hour period for initial reporting of a serious injury resulting from resident-to-resident abuse. On 04/02/2011 at 16:00PM, Resident #1 punched Resident #2 in the left eye, causing severe damage to resident #2's eye. The injury precipitated the need for emergency room treatment on 04/04/11, and ocular surgery in an ambulatory surgery center on 04/05/11. The initial report was not sent to the department until 04/04/2011. SCRANTON FIELD OFFICE ADULT RESIDENTIAL LICENSING JUN 10 2011 RECEIVED	<i>6/7/11</i>	Administrator will educate staff on the mandatory reporting of any abuse. Administrator will ensure that all staff notify them immediately of any resident to resident or employee to resident abuse. PCA's will report any issues to the administrator and the administrator will ensure that all paperwork is completed within the appropriate time. A copy of training is attached.	Steps have been taken to correct violation; full compliance is not verifiable <i>6-10-11</i> Date Initials (DPW) <i>DCV</i>
		<i>6-11-11</i> <i>And on-going</i>	<i>The administrator will review regulations 2600-16 and ensure that all future incident reports are reported to DPW within 24 hours.</i>	<i>DCV 6-10-11</i>

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) <p style="text-align: center; font-size: 1.2em;"><i>Corinne Kerper</i></p>			
SIGNATURE OF LEGAL ENTITY 	DATE <i>6/7/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE <i>6-10-11</i>

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
15a The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.	On 04/02/2011, resident #1 punched resident #2 causing severe injury to resident #2's left eye. Resident 2 required emergency room treatment on 04/04/11, and the injury caused from the attack precipitated the need for ocular surgery in an ambulatory surgery center on 04/05/11. The Act 13 Mandatory Abuse Report was not sent until 04/04/2011.	<i>6/7/11</i>	Administrator will educate staff on the mandatory reporting of any abuse. Administrator will ensure that all staff notify them immediately of any resident to resident or employee to resident abuse. PCAIS will report any issues to the administrator and the administrator will ensure that all paperwork is completed within the appropriate time. A copy of training is attached.	Steps have been taken to correct violation; full compliance is not verifiable Date <i>6-10-11</i> Initials <i>DPV</i> (DPW)

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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144d Smoking outside of the smoking room is prohibited.	On the day of this visit, 04/06/11, four residents were observed smoking at 1:30pm and two residents were observed smoking at 3:35pm on the front porch of the main entrance into home. This area is not designated for smoking.	<i>6/7/11</i>	<p><i>Administrator will institute 1/2 hour checks to be done by PCA's, of all outside areas to ensure residents are smoking in the designated smoking areas. Administrator will follow up to make sure 1/2 hour check are being completed by PCA's</i></p>	<p style="font-size: 0.8em;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="font-size: 0.8em;">Date <i>6-10-11</i> Initials (DPW) <i>DV</i></p>
		<i>6-10-11</i>	<p><i>Re: Follow up call w/ Corinne Kerper on 6-10-11. The administrator will in source residents and staff monthly on the home's smoking policy and designated smoking areas</i></p> <p style="text-align: right;"><i>DCV 6-10-11</i></p>	