



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: January 27, 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 November 9, 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 "Michele Moskalczyk".

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) 11/09/2011		REGIONAL REPRESENTATIVE 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) <p style="text-align: center; font-size: 1.2em;"><i>Corinne Kerper</i></p>			
SIGNATURE OF LEGAL ENTITY <i>Corinne Kerper</i>	DATE <i>12/29/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Mofkiedyck</i>	DATE <i>1-27-12</i>

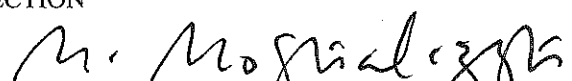
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
252 Each resident's record shall include the following information: (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 record of resident #1 and #2 did not contain the reportable incident dated 10/12/2011 involving physical assault by resident against a resident. <div style="text-align: center; border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> RECEIVED JAN 03 2012 SCRANTON FIELD OFFICE Adult Residential Licensing </div>	<i>12 29 11</i>	Administrator will ensure that all incident reports are filed in all involved residents charts. Administrator will educate all staff filling out incident reports to make sure they are putting them in the appropriate place to be filed in the residents charts.	<div style="text-align: center; border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> Steps have been taken to correct violation; full compliance is not verifiable Date _____ Initials (DPW) _____ </div>

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		<i>M. Morkalcyk</i>	1-27-12

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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			<i>Cont. from previous page -</i>	

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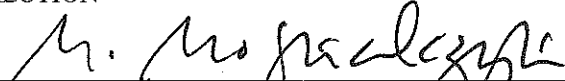
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restrictions, if any. (10) A record of incident reports for the individual resident. (11) A list of allergies, if any. (12) The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies. (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.			<i>- Part from previous page.</i>	

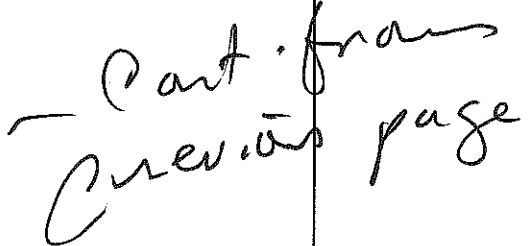
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		<i>M. Nofrin</i>	12/7/12

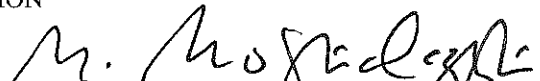
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(16) The resident's medical insurance information. (17) The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity. (18) An inventory of the resident's personal 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			<i>- Cont from previous page</i>	

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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				

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in 41. (25) A copy of the resident-home contract. (26) A termination notice, if any			<i>Cont from previous page.</i>	