

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

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

To operate STABON MANOR PERSONAL CARE HOME

Located at 1555 HAAK STREET, READING, PA 19602

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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To provide Personal Care Homes

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.

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

and shall remain in effect from February 23, 2012 until February 23, 2013,
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

MAR 29 2012

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

Dear Mr. Pilot:

As a result of the Department of Public Welfare's licensing inspection on December 20, 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.

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 be 'R. Melusky'.

Ronald Melusky
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) 12/20/2011		REGIONAL REPRESENTATIVE James Jesse Hummel, Ryan Novak	
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 Keeper</i>			
SIGNATURE OF LEGAL ENTITY <i>Corinne Keeper</i>	DATE 3/2/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskalezyk</i>	DATE 3/16/12

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
51 Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults). Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102) and 6 Pa. Code Chapter 15	Staff person A was hired on 7/11/11. The home has not completed a Pennsylvania Criminal History Background Check for staff person A. RECEIVED MAR 16 2012 SCRANTON FIELD OFFICE Adult Residential Licensing	12/23/11	The Kitchen Supervisor hired an employee & forgot to turn the Criminal Background request into the office for completion. The Administrator & Educator the Supervisor to ensure he understands the facility procedures. The Administrator will not approve any new hires unless the employee has passed the required Criminal history report.	Steps have been taken to correct violation. Full compliance not verifiable. Date: 3/16/12 Initials (DPW): JJS

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

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SIGNATURE OF LEGAL ENTITY <i>Corn Keeper</i>	DATE 3/2/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Mostealzyk</i>	DATE 3/16/12

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
(relating to protective services for older adults) and other applicable regulations.			- Cont. from previous page -	

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>Cecilia Keiper</i>	DATE 3/2/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskalezyk</i>	DATE 3/16/12

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
86b A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.	The common bathroom located on the first floor outside of the main office, does not have an operable window or ventilation fan.	12/29/11	<p>The ventilation fan was not operating.</p> <p>The maintenance Dept will replace the vent & make sure it operates.</p> <p>The administrator has added all ventilation fans to the maintenance daily check list.</p> <p>All other staff have been educated to report any other inoperable units.</p>	<p>Steps have been taken to correct violation. All corrections reported to the Regional Office.</p> <p><i>[Signature]</i> Date Initials (DPW)</p>

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91 Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control center, municipal emergency management agency and personal care home complaint hotline shall be posted on or by each telephone with an outside line.	The telephones located in the common areas in the basement, first floor, second floor and third floor do not have the Personal Care Home Complaint Hotline number posted on or near the phone. All of the telephones have an outside line.	12/23/11	The Complaint Hotline number was on every phone in the facility except for the hallway phones. These phone #'s were not updated. Since the inspection all phone numbers have been updated. The Administrator educated staff to report any missing #'s & the Administrator will add this to the facility check list & report done weekly & monthly.	3/16/12

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SIGNATURE OF LEGAL ENTITY <i>Cornie Kuper</i>	DATE 3/2/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Mostkalezyk</i>	DATE 3/16/12

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103f Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers shall be required in refrigerators and freezers.	Department Representatives observed the refrigerator and freezer located in the first floor medication room. The home stores resident food in this refrigerator and freezer. The home does not have a thermometer in either the refrigerator or the freezer to ensure food is being stored at the proper temperatures.	1/3/12	<p>The refrigerator/freezers located in the medication rooms did not have thermometers.</p> <p>All required thermometers have been placed in all fridge/freezers.</p> <p>The Administrators have educated the staff to clean the thermometers in required areas & monitor the Temp. I report any Refridge Temp above 40°/Freezer Temp above 0°</p> <p>This will also be added to the Administrators facility check list to ensure compliance.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date: <i>3/16/12</i></p> <p>Initials (DPW): <i>[Signature]</i></p>

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107c The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.	The home has a letter from US Food Service that states the company will deliver food and water to the facility within 24 hours. Based upon this letter the home would be required to have at least a one day supply of emergency water on hand in the event of an emergency. On 12/20/11 the home had 115 residents residing at the facility. The home would be required to have at least 115 gallons on hand, however the facility does not have any emergency water on hand for the residents.	12/23/11	US Food Service will deliver food & water within 24 hours in the interim time period. The facility has 2- 80 gallon + 18- 40 gallon water storage tanks that hold more than enough water needed to be in compliance. Locations of these tanks & instructions on how to empty the water into containers will be added to the disaster plan. Staff training will be completed by the Administrator	Steps have been taken to correct violation; full compliance is not verifiable Date: 3/16/12 Initials: (JNW)

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1326 A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.	The home did not have a fire safety inspection as well as a supervised fire drill conducted by a fire safety expert annually. The home's most recent fire safety inspection and drill were held on 9/20/11. The previous fire safety inspection and drill were held on 7/21/10.	12/23/11	The yearly fire inspection was not completed within the time parameters because the fire chief cancelled several times. As a result of the second cancellation another qualified inspector was scheduled & completed. In the future, the Administrator will call the backup company to complete the inspection within the require year as the fire chief has been very unreliable.	<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> Steps have been taken to correct violation; full compliance is not verifiable Date: <i>3/16/12</i> Initials: <i>MM</i> </div>

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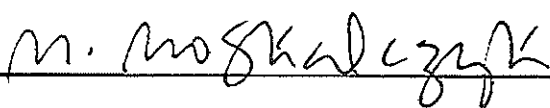
VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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132d Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.	The home did not have a letter from a fire safety expert designating an extended evacuation time annually as required. The previous letter from a fire safety expert designating an extended evacuation time was dated 7/21/10. The home's most recent letter from a fire safety expert designating an extended evacuation time is dated 9/20/11. The letter was not completed annually as required.	12/23/11	As previously stated, the fire inspector was due on or before 7/21/11 & cancelled several times, another fire inspection was called in & was completed 9/20/11. All fire drills were done & completed within the same time limits as instructed over the past 10 years. The Administrator will start scheduling the yearly fire inspection 3 months prior to deadline to ensure the inspection is completed in a timely manner.	3/16/12

Please have been taken to correct violation, full compliance is not verifiable
 Date: 3/16/12
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SIGNATURE OF LEGAL ENTITY <i>Carin Kuper</i>	DATE 3/2/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Mostakowski</i>	DATE 3/16/12

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
141a A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.	Resident #1 was admitted to the facility on 5/26/11. The medical evaluation for resident #1 dated 1/14/11 was completed more than sixty days prior to the resident's admission.	1/30/12 *ONGOING	<p>This resident was admitted from out of County. This takes time to have insurance info changed in order for a local doctor to see [redacted].</p> <p>As soon as this was possible a new Med eval was completed.</p> <p>Unfortunately this is out of our control, & no way to avoid this in the future especially when this is an emergency admit. FW</p> <p>* The administrator/Designee will assure timeliness of all medical evaluations for all residents - M. Mostakowski</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date: _____ Initials (DPW): _____</p>

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) 12/20/2011		REGIONAL REPRESENTATIVE James Jesse Hummel, Ryan Novak	
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 <i>Carri Kuper</i>	DATE 3/2/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>m. mo 8k alc yzk</i>	DATE 3/16/12

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
144c A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures. The written fire safety policy and procedures shall include proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including extinguishing procedures.	Department Representatives observed over 75 cigarette butts located in the planters to the right and the left of the main entrance door. There were also butts scattered across the front porch area as well as inside the door way of the front entrance. This is not the designated smoking area.	12/23/11	As we house a difficult client, this has been a challenge to keep the residents compliant with this policy. The Administrator has instituted a checking system that requires staff to do periodic checks of all unauthorized smoking areas & report all violators to the Administrator for resident education. The Administrator will monitor employees to verify that the checks are being completed.	Steps have been taken to correct violation; full compliance is not verifiable Date: <i>3/16/12</i> Initials (DPW): <i>DPW</i>

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

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SIGNATURE OF LEGAL ENTITY <i>Coveri Kuper</i>	DATE 3/2/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moglewicz</i>	DATE 3/16/12

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
182b Prescription medication that is not self-administered by a resident shall be administered by one of the following: (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic. (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.	Staff person B most recently completed an Annual Practicum for medication administration on 11/20/2010. An Annual Practicum to be completed by 11/20/2011 was not completed in its entirety. Staff person B routinely administers medication but is not properly trained to do so. Staff person C most recently completed an Annual Practicum for medication administration on 4/5/2010. An Annual Practicum to be completed by 4/5/2011 was not completed in its entirety. Staff person C routinely administers medications but is not properly trained to do so.	12/23/11	Staff person B received their MDR review 2 weeks later. An error was made in the scheduling of the review. The Medication Training Staff will review all Staff Records to ensure all training is completed within their 1 year time frame. The Administration will review all schedules to verify compliance.	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <p style="font-size: small; margin: 0;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="font-size: small; margin: 0;">Date: <i>3/16/12</i></p> <p style="font-size: small; margin: 0;">Initials (DPW): <i>MM</i></p> </div>

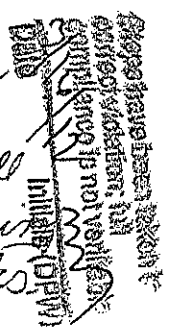
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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>Cecilia Kuper</i>	DATE 3/2/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>m. moskalczyk</i>	DATE 3/16/12


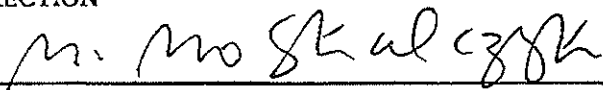
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
<p>(3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.</p> <p>(4) A staff person who has completed the medication administration training in 190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.</p>		12/23/11	<p><i>Staff Person C completed the initial medication training & testing then left our employment for 13 months & Curt. from previous page before being rehired.</i></p> <p><i>Staff Person C did not work at another PCH within the past 13 months. Upon returning the staff person was retrained (material reviewed) received new observations before being allowed to give meds.</i></p> <p><i>This was verified by [redacted] (Juscara int. Unit, Project Manager)</i></p> <p><i>There is no criteria within the program for this & what was done is acceptable & should follow facility policy.</i></p>	

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SIGNATURE OF LEGAL ENTITY <i>Kevin Kuper</i>	DATE 3/2/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. M. G. K. al cgr</i>	DATE 3/16/12

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
183d Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.	<p>Resident #2 is prescribed Humalog Insulin. The staff of the home opened the insulin bottle, however the staff did not label the bottle with the date it was opened. The manufacturers instructions state to discard any unused insulin twenty eight days after opening the insulin bottle.</p> <p>Resident #3 is prescribed Novolog Insulin. The staff of the home opened the bottle, however the staff did not label the bottle with the date it was opened. The manufacturers instructions state to discard any unused insulin twenty eight days after opening the insulin bottle.</p> <p>Resident #4 is prescribed Novolog insulin. The staff of the home opened the insulin bottle, however the staff did not label the bottle with the date it was opened. The manufacturers instructions state to discard any unused insulin twenty eight days after opening the insulin bottle.</p> <p>The home's first aid kit located on the first floor contained 2 tubes of Triple Antibiotic ointment that expired on September 2011 and October 2010.</p>	2/20/12	<p><i>All staff has been trained to date all insulin however a few were missed.</i></p> <p><i>To ensure this does not happen in the future the Director of Wellness will re educate the staff & will check all insulin daily during her regular Med Cart Checks.</i></p> <p><i>The Administrator will add this to the facility check list to ensure the facility is in compliance.</i></p>	

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			<p>The director of wellness is responsible to make sure all first aid kits are in compliance.</p> <p>The Administrator will review this regulation with the director & monitor to ensure the facility is in compliance.</p>	<p>* cont. from previous page.</p>

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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188b A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.	<p>Resident #5 is prescribed Carafate 1gm tablets daily. On 12/3/11 and 12/4/11 the resident did not receive this prescription medication as prescribed. This medication error was not reported to the resident, the resident's designated person or the prescribing physician as required.</p> <p>Resident #6 is prescribed Prilosec 20mg and Lasix 20 mg daily at 8:00am. On 12/15/11 and 12/16/11 the resident did not receive this prescription medication as prescribed. This medication error was not reported to the resident, the resident's designated person or the prescribing physician as required.</p>	2/20/12	<p>At both cases the resident were out of the facility & gave no prior notice to the staff. As a result the Resident did not receive their medication. According to the facility policy this is not considered a medication error. The Director of Wellness will be re-educated & instructed to report all missed meds to DPW & their physician. The Administrator will review all reports to ensure completion within time. Restraint</p>	<p>Steps have been taken to correct violation. Full compliance is not verifiable.</p> <p>Date: <i>3/16/12</i> Initials: <i>DPW</i></p>

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