



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

Sent via email to: [REDACTED]  
MAILING DATE: May 21, 2012

Mr. Stanley P. Pilot, President  
Stabon Manor Personal Care Home, Inc.  
Stabon Manor Personal Care Home  
1555 Haak Street  
Reading, Pennsylvania 19802

Dear Mr. Pilot:

As a result of the Department of Public Welfare's licensing inspection on April 5, 2012 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.

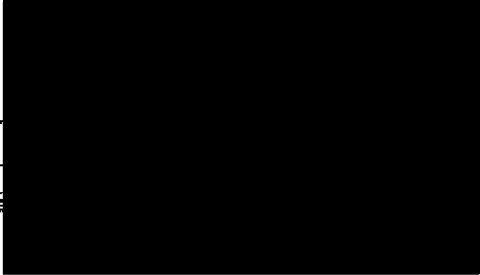
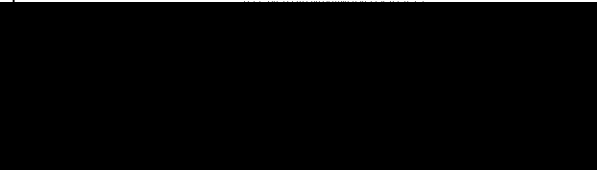
All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing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

Sincerely,

*Anne Graziano*  
Regional Licensing Administrator

Enclosure  
Violation Report

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

PCH Name: STABON MANOR PERSONAL CARE HOME		License Number: 205120
Address: 1555 HAAK STREET, READING, PA 19602		County: Berks
Administrator: Melissa Earl		Region: NORTH
Legal Entity Name: STABON MANOR PERSONAL CARE HOME INC		
Legal Entity Address: 1555 HAAK STREET, READING, PA 19602		
Certificate(s) of Occupancy		
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 118	Waking Staff: 89
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 04/05/2011: Novak, Ryan		
Off-Site Inspection Dates and Inspectors, if Applicable		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 138	Number of Residents who:	
Number of Residents Served: 118		
Secured Dementia Care Unit In Home: No		
Area:		
Secured Dementia Unit Capacity, if Applicable:		

Violation Report: 20512 - 04/05/2011 - Novak, Ryan

**1. REGULATION 55 Pa.Code §2600**

2800.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

**2. DESCRIPTION OF VIOLATION**

Resident #1 has fallen in the home on 3/9/12, 3/14/12, 3/15/12, 3/19/12, 3/21/12, 3/23/12, 3/28/12 & 4/2/12. The home did not update Resident #1's assessment to assess Resident #1's falls. The most recent assessment was dated 10/23/11.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

See attached

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Date

**DEPARTMENT USE ONLY - HOWES MAY NOT WRITE BELOW THIS LINE**

The above plan of correction is approved as of

5-18-12  
(Date)

Verification of Legal Entity Representative Signature

5-18-12  
(Date)

The above plan of correction was approved by

es  
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 20512 - 04/05/2011 - Novak, Ryan


**1. REGULATION 55 Pa.Code §2600**  
 2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

**2. DESCRIPTION OF VIOLATION**  
 Resident #1 has fallen in the home on 3/9/12, 3/14/12, 3/15/12, 3/19/12, 3/21/12, 3/23/12, 3/28/12 & 4/2/12. The home did not update Resident #1's support plan to address Resident #1's falls. The most recent support plan was dated 10/23/11.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See attached

Repeat Violation: No      Date(s) of Previous Violation(s):

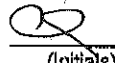
Signature of Legal Entity Representative  
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Bonnie Pita      Date 5/15/12

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 5-18-12  
 (Date)

Verification of Legal Entity Representative Signature 5-18-12  
 (Date)

The above plan of correction was approved by   
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

## Regulation" 55 Pa Code 2600

**2600.225 – The resident shall have additional assessments as follows**

- 1. Annually**
- 2. In the condition of a resident significantly changes prior to annual assessment.**
- 3. At the request of the Department upon cause to believe that an update is required.**

**2600.227(c) the support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the residents needs as indicated on the current assessment.**

This regulation is in place to assure that support plans are updated timely to assure staff is aware of resident needs and condition changes. This violation occurred due to facility failure to update support plan at current time of change of condition. Resident #1 [REDACTED] condition started to decline slowly thus causing the delay in support plan update. In order to fix this problem immediately Resident #1's support plan was updated 4/5/2011 with interventions and suggestions put in place to promote resident safety. 1) Recommendation for resident to move to first floor 2) Encouragement resident to ask for help when feeling weak 3) Use wheelchair when traveling long distances throughout the building.

In order to assure this problem does not occur again – Administrator to be aware of ongoing incident reports in order to oversee support plan changes. At daily stand up meeting Nursing to report falls as needed for further documentation and intervention.

Current Administrator/Owner and Incoming Administrator reviewed and discussed support plan procedures to prevent future occurrences of missed support plan updates.

## Resident follow up:

1. Support plan updated.
2. Resident moved to first floor room.
3. Resident complied with wheelchair use
4. Resident was assessed by house MD and recommendation made for higher level of care and resident sent out for further evaluation and placed in LTC Nursing Home.

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M. Melissa Earl, Incoming Admin

