



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: July 12, 2012

Mr. Stanley P. Pilot, President
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 May 24, 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: 1656 HAAK STREET, READING, PA 19602		County: Berks
Administrator: Bonnie Pilat		Region: NORTH
Legal Entity Name: STABON MANOR PERSONAL CARE HOME INC		
Legal Entity Address: 1555 HAAK STREET, READING, PA 19602		
Certificate(s) of Occupancy		
C-2 LP 05/24/2012 Department of L&I		
Staffing Hours		
Resident Support:	Total Daily Staff: 110	Waking Staff: 83
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Complaint		
On-Site Inspections Dates and Department Representatives On-Site		
05/24/2012: Hummel, Jesse; Dumas, Gerald		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 138	Number of Residents who:	
Number of Residents Served: 110		
Secured Dementia Care Unit In Home: No		
Area:		
Secured Dementia Unit Capacity, if Applicable:		
		

Violation Report: 20512 - 05/24/2012 - Hummel, Jesse	
1. REGULATION 55 Pa.Code §2600 2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.	
2. DESCRIPTION OF VIOLATION On 5/21/12 resident #1 was discharged to a Hotel without any supervision or services provided. Resident #1's medical evaluation dated 4/27/12 states the recommended level of care as a personal care home and not an independent living arrangement. The medical evaluation also states the resident is not capable of self administering medications. The residents assessment dated 8/1/11 states the resident requires assistance with securing and managing healthcare, managing the residents finances, laundry and making and keeping doctors appointments. Based upon resident #1's needs, the home inappropriately discharged resident #1 to an independent living facility and failed to provide any type of care services that the resident required.	
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.	
<p>Resident was evicted for smoking inside the facility despite numerous warnings [redacted] was still non-compliant. No other placement was available to [redacted] & [redacted] was a danger to all other residents that live here.</p> <p>The Staff was going to call for support services when the Resident was checked into hotel as we weren't sure [redacted] would actually follow through with the arrangements made or go to another location.</p> <p>In the future, the nursing staff will make all arrangements prior to discharge.</p>	
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) <i>Bonnie Pilot</i>	
Date <i>6/22/12</i>	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>7-12-12</u> (Date)	Verification of Legal Entity Representative Signature <u>7-12-12</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 20512 - 05/24/2012 - Hummel, Jesse	
1. REGULATION 55 Pa.Code §2600 2600.228(a) - At the resident's request, the home shall provide assistance in relocating to the resident's own home or to another residence that meets the needs of the resident.	
2. DESCRIPTION OF VIOLATION On 5/21/12 resident #1 was discharged to a Hotel without any supervision or services provided. Resident #1's medical evaluation dated 4/27/12 states the recommended level of care as a personal care home and not an independent living arrangement. The medical evaluation also states the resident is not capable of self administering medications. The residents assessment dated 6/1/11 states the resident requires assistance with securing and managing healthcare, managing the residents finances, laundry and making and keeping doctors appointments. Based upon the resident's needs the Personal Care Home discharged resident #1 to a Hotel, which did not meet the personal care needs of the resident.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
<p style="font-family: cursive;">In the future the nursing staff will have the resident evaluated for level of care & make arrangements for medical care prior to discharge instead of after discharging resident.</p> <p style="font-family: cursive;">A phone numbers for support services were sent w/ resident upon discharge so [redacted] could arrange services if [redacted] went to an alternative location.</p> <p style="font-family: cursive;">The home will provide the necessary assistance PRIOR to discharge and enlist the support & assistance of professional agencies, not rely on the resident meeting their own needs as they are care dependent. @ 7-12-12</p>	
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 - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of (Date)	Verification of Legal Entity Representative Signature (Date)
The above plan of correction was approved by (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented