



Sent via email to: [REDACTED]
MAILING DATE: November 15, 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 (Department) licensing inspection on August 23, 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 Human Services Licensing so that compliance can be verified.

Sincerely,

A handwritten signature in black ink that reads "Michele Moskalczyk".

Michele Moskalczyk
Regional Licensing Administrator

Enclosure
Violation Report

Violation Report: 20512 - 08/23/2012 - Bloch, Betty
PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

On 6/12/12, the home's internal "Incident/Unusual Occurrence Report" states that resident #1 was observed by staff person A hitting resident #2 with his/her cane. The home did not report the allegation to the Berks County Area Agency on Aging in accordance with the Older Adult Protective Services Act.

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.

Staff reported the incident to the Care Coordinator as required. The Care Coordinator was new to the facility & in training. She was aware that the incident was to be reported, thought she sent it to DPW by fax but upon investigation could not find the forms completed. She has since been terminated & a new Care Coordinator has been hired. Abuse reporting has been reviewed w/ new Care Coordinator & administrator reviews all reports for accuracy.

* Any and all suspected abuse shall be reported in accordance with the (OAPSA) immediately.

The administrator shall monitor for ongoing compliance - 11/7/12


Repeat Violation: Yes 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 Pilat, Administrator Date 10/11/12

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

The above plan of correction is approved as of 11/7/12 (Date)

The above plan of correction was approved by  (Initials)

Plan of correction implementation status as of 11/7/12 (Date)

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

Violation Report: 20512 - 08/23/2012 - Bloch, Betty
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.16(c) - 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 section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 6/12/12, the home's internal "Incident/Unusual Occurrence Report" states that resident #1 was observed by staff person A hitting resident #2 with his/her cane. The home did not report the allegation to the Department.

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.

Same response as page 2

* The administrator will assure ongoing compliance. The administrator will report all incident or conditions to the Department's personal care home regional office or the personal care home complaint hotline within 24 hrs in the manner designated by the Department.

*Am
11/7/12*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Bonnie Pilat Administrator</i>	Date
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 (Initials)

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Violation Report: 20512 - 08/23/2012 - Bloch, Belty
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:
 - (1) Training that includes a demonstration of job duties, followed by supervised practice.
 - (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
 - (3) Initial direct care staff person training to include the following: (i) through (xvi)
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person B, hired on 6/10/11, did not have trainings in #s 1 and 3 of this regulation prior to completing unsupervised ADL services to residents.

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.

Item #1 was completed - documentation attached
item #3 was previously allowed to be completed as long as the direct care competency course was completed. (All required subjects in this course).
Administration will be completed as required for all staff.
*Completion Date 10/23/12 * The administrator to monitor for ongoing compliance*

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]* 11/7/12

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Beannie Pilat, Administrator* Date *10/11/12*

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Violation Report: 20512 - 08/23/2012 - Bloch, Betty
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.144(d) - Smoking outside of the smoking room is prohibited.

2a. DESCRIPTION OF VIOLATION

Upon entering resident room #212 belonging to resident #1, cigarette smoke was detected in the resident's room. Resident #1 acknowledged to ARLR that s/he just extinguished a cigarette in the room. The designated smoking area is located outside of the building.

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.

This was a first offense of this nature for this resident. As a result all cigarettes are being kept in the medication room. The resident is required to go there to staff for a cigarette & escorted by staff to approved smoking area.

Care Coordinator will monitor staff to ensure compliance.

* The administrator will monitor for ongoing compliance -

[Signature]
 11/7/12

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Signature]

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Bonnie Pilat Administrator

Date

10/11/12

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Violation Report: 20512 - 08/23/2012 - Bloch, Betty
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

On 6/27/12, resident #2 received medical treatment at St. Joseph Medical Emergency Room. On the same date, an order for PRN Acetaminophen with Codeine was prescribed for resident #2 by the physician at the hospital. On 6/28/12, the home received this medication from Concept Medical, Inc. Pharmacy. The home did not provide resident #2 or the resident's designated person this pain medication when the resident went on a leave of absence from the home from 6/29/12 to 7/2/12.

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.

All medications Except PRN's are given to all residents or their families when leaving the facility. PRN's are given upon request. As a result of this policy the staff on duty gave the medications accordingly. The family member never requested any other medications & signed for the med's received. Also note that this resident refused to take all medications. The Care Coordinator will instruct the staff to ask the ~~staff~~ families or residents if they will need any PRN's when providing medications.

* The administrator will assure that all staff follows the direction of the prescriber. The administrator will be responsible for ongoing compliance

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


Signature of Legal Entity Representative (Required on EVERY Page)  M 11/7/12

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Bonnie Pilat, Administrator Date 10/11/12

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