



Sent via email to: [REDACTED]
MAILING DATE: November 13, 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 September 20, 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.

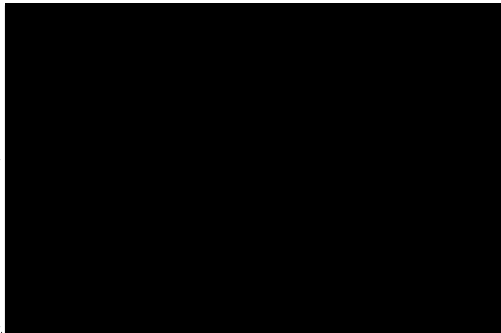

Sincerely,

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

Michele Moskalczyk
Regional Licensing Administrator

Enclosure
Violation Report

**VIOLATION REPORT
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: Corinne Kerper		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 07/18/1991 Department of L&I		
Staffing Hours		
Resident Support:	Total Daily Staff: 107	Waking Staff: 80
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 09/20/2012: Hummel, Jesse		
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 Served: 107 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable:	Number of Residents who: 	
		

Violation Report: 20512 - 09/20/2012 - Hummel, Jesse
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.16(b) - The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.


2a. DESCRIPTION OF VIOLATION

On 9/9/12, at 6:30pm direct care staff person A observed direct care staff person B yelling at resident #1. Staff person A did not report this incident to the Administrator until 9/10/12 at 4:00pm. Staff person A failed to follow the home's reportable incident policy of immediately reporting the incident to the Administrator or the Director of Wellness.

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.

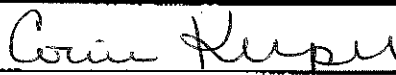
Staff person A was immediately retrained on mandatory reporting of any abuse and/or any suspected abuse. Administrator will do a re-training with all staff on Act B and on the criteria for reporting on 10/20/12.

* The administrator will monitor for ongoing compliance.


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)

Corinne Keeper

Date 10/8/12

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

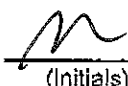
The above plan of correction is approved as of

11/7/12
 (Date)

Plan of correction implementation status as of

11/2/12
 (Date)

The above plan of correction was approved by


 (Initials)

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

Violation Report: 20512 - 09/20/2012 - Hummel, Jesse
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION

On 9/9/12, at 8:30pm resident #1 was observed by staff person B smoking in an unauthorized area outside of the home. Staff person B asked the resident to extinguish the cigarette. Resident #1 did not extinguish the cigarette. Staff member B poured a drink over the resident, saturating the residents shirt as well as pants in order to extinguish the cigarette. Staff member B clearly did not treat resident #1 with dignity and respect in handling the situation of the resident smoking in an unauthorized area outside of the home.

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.

Upon being notified of the incident the home immediately terminated the employees involved. The home has a zero tolerance policy for any form of abuse.

The administrator will assure that all residents will be treated with dignity and respect.

[Signature]
 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) *Corinn Keeper*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Corinn Keeper* Date *10/8/12*

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

The above plan of correction is approved as of <u>11/7/12</u> (Date)	Plan of correction implementation status as of <u>11/7/12</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></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 - 09/20/2012 - Hummel, Jesse
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.201 - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself/herself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

2a. DESCRIPTION OF VIOLATION

On 9/9/12 at 6:30pm staff person B observed resident #1 smoking in an unauthorized area outside of the home. Staff person B asked the resident to extinguish the cigarette. Resident #1 did not extinguish the cigarette. Staff person B poured a drink over the resident saturating the residents pants as well as shirt in order to extinguish the cigarette. Resident #1 became very upset at the staff member. Staff person B began antagonizing resident #1, stating "Come on. Do you want to fight now. Come on." The resident left the area and went inside the facility. Staff person B followed the resident inside where a verbal altercation ensued. The resident again left the area and went upstairs to the resident's bedroom. Staff member B, staff member C, and staff member D then went up stairs to the residents room and continued to yell at the resident. The actions of staff member B, C and D clearly indicate that the staff did not utilize positive interventions such as improving communication, conflict resolution, violence prevention, praise or any other alternative techniques to modify or defuse the incident.

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.

Upon being notified of the incident the home immediately terminated the employees involved. The home has a zero tolerance policy for any form of abuse

* The administrator will monitor and assure ongoing compliance.

MC
11/7/12

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Corinne Kerper

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

Corinne Kerper

Date 10/8/12

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The above plan of correction is approved as of

11/7/12
(Date)

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