



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 October 11, 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 - 10/11/0012 - 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 10/8/12, Resident #1 purposely cut himself/herself with a piece of glass which required the resident to be transported by ambulance to, and receive treatment at, the Reading Hospital Emergency Room. The home did not submit an incident report to the Department.

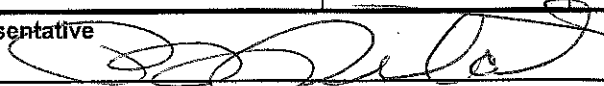
**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

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.

*This regulation has been reviewed with the Wellness Director. The wellness director did not submit an incident report because the resident was not admitted to the hospital. She is now aware that because [redacted] stated that [redacted] wanted to commit suicide that this requires a report to be filed. Wellness director is new to facility and ~~will~~ now understand the reporting procedures. Administrators will monitor all future reporting to ensure 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)

Bonnie Pilot

Date 10/26/12

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

The above plan of correction is approved as of 11/9/12  
 (Date)

Plan of correction implementation status as of 11/9/12  
 (Date)

The above plan of correction was approved by [Signature]  
 (Initials)

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

Violation Report: 20512 - 10/11/0012 - Bloch, Betty  
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION  
 The most current medical evaluation, dated 6/6/12, for Resident #1 did not address the height, weight, and age.

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.

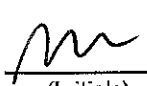
*Wellness director has completed the missing information (copy enclosed).  
 Administrator will monitor by checking all medicals evals for completion as required for compliance with this regulation*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Bonnie Pilat</i>	Date <i>10/26/12</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>11/9/12</u> (Date)  The above plan of correction was approved by <u></u> (Initials)	Plan of correction implementation status as of <u>11/9/12</u> (Date)  <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
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Violation Report: 20512 - 10/11/0012 - Bloch, Betty  
 PCH Name: STABON MANOR PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.225(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.

**2a. DESCRIPTION OF VIOLATION**

The most current assessment, dated 7/2/12, for Resident #1 did not address the stated areas of the form:

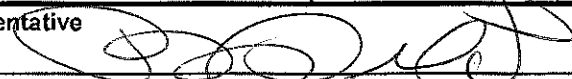
The "Description of Service Need" for orientation, irritability, judgment, agitation, and aggression  
 Resident #1 has a history of self-injurious behaviors which was not addressed in the 7/2/12 assessment.

**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.*

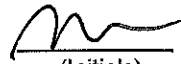
*This regulation was reviewed with the Wellness Director. She understands what is required & has completed the assessment with the updated information (copy enclosed). Administrator will review all assessments to monitor for compliance.*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/05/2012	
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Signature of Legal Entity Representative  
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Bonnie Pilat</i>	Date <i>10/26/12</i>
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Violation Report: 20512 - 10/11/0012 - Bloch, Betty  
 PCH Name: STABON MANOR PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

**2a. DESCRIPTION OF VIOLATION**

The most current annual support plan, dated 7/2/12, for Resident #1 did not address how the home would meet the resident's stated needs:

The "Plan to Meet Service Need" for aggression, the frequency and the responsible party

The "Frequency" and "Responsible Party" for orientation, irritability, judgment, agitation, and psychological diagnoses

Resident #1 has a history of self-injurious behaviors which were not addressed in the 7/2/12 support plan

Also, it did not indicate if managing health care, securing healthcare, doing laundry, securing and using transportation, managing finances, making and keeping appointments, caring for personal possessions, writing correspondence, using a prosthetic device and obtaining clean, seasonal clothing were needs for Resident #1; the areas on the form were unaddressed

**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.*

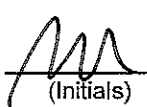
*The Wellness Director has updated the Care Plan to reflect the steps to be taken when the resident displays this behavior (Copy Enclosed). Administrator will renew care plans to ensure compliance.*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/05/2012
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Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Bonnie Pilat	10/26/12

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