



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

Mailing Date: January 14, 2013
Sent via email to: [REDACTED]

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 19, 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 - 10/19/0012 - Bloch, Betty
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION
 Staff person A, who worked on 10/12/12 from 9:45 pm - 10/12/12 to 6:00 am, did not have a CPR/First Aid card that included the date(s) the trainings were completed or the month and year the training(s) were valid through. Review of the schedule for this shift indicated three staff persons were required to have the training based on the home's census of 109 residents; only two of the three staff persons were certified in CPR and first aid training.

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 has been trained in CPR + First Aid. Administrator will do monthly checks to ensure that all employees are maintaining up to date training in CPR + First Aid

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 *12/7/12*

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

The above plan of correction is approved as of 1-11-13
 (Date)

Plan of correction implementation status as of 1-11-13
 (Date)

The above plan of correction was approved by *M*
 (Initials)

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

Violation Report: 20512 - 10/19/0012 - Bloch, Betty
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION
 The 9-drawer dresser located in resident room #211 occupied by three residents contained mice feces in 5 of the 9 drawers. The mice feces were granular in shape and black in color.

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 dresser drawers in RM 211 have been thoroughly cleaned by housekeeping.
 All residents in RM 211 have been re-educated on the importance of keeping any foods in their room in a plastic container with a lid so it doesn't attract mice.

Director of Wellness and direct care staff persons are to be checking all resident rooms daily for compliance with food storage and any sightings of mice. Report any mice sightings to maintenance for extermination.

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

Signature of Legal Entity Representative (Required on EVERY Page) Corinne Kerper M 1/11/13

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Corinne Kerper Date 12/7/12

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Violation Report: 20512 - 10/19/0012 - Bloch, Betty
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.144(c) - A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include 2600.144(c)1-3.

2a. DESCRIPTION OF VIOLATION
 Upon entering the home on 10/19/12 at 11:30 am, several residents were observed smoking on the outside steps leading to the main entrance of the home faces Haak Street.
 Upon leaving the home on 10/19/12 at 3:15 pm, two residents were observed smoking on the outside steps leading to the Administrator's office which faces 16th Street.
 The outside steps are not included in the home's designated smoking locations.

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 is a continued problem in which we already have a plan in place for. Direct care staff do 1/2 hour checks around the building to ensure residents are only smoking in the designated smoking areas. Director of Wellness does daily check to ensure these checks are being completed. The Administrator will be responsible to monitor and assure ongoing compliance.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Corinne Kerper* *MH/B*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Corinne Kerper* Date *12/7/12*

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