

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to STABON MANOR PERSONAL CARE HOME, INC.

LEGAL ENTITY

To operate STABON MANOR PERSONAL CARE HOME

NAME OF FACILITY OR AGENCY

Located at 1555 HAAK STREET, READING, PA 19602

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 138
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from March 21, 2013 until March 21, 2014,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 205120

Robert E. Robinson

ISSUING OFFICER

R. C. King

DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

PW 628 - 01/11



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

MAR 2 1 2013

Mr. Stanley P. Pilat, President
Stabon Manor Personal Care Home, Inc.
Stabon Manor Personal Care Home
1555 Haak Street
Reading, Pennsylvania 19602

Dear Mr. Pilat:

As a result of the Department of Public Welfare's (Department) licensing inspection on December 5, 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.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky", with a long horizontal stroke extending to the right.

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 20512 - 12/05/2012 - Rushin, Julieanne
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.26(b) - The quality management plan shall address the periodic review and evaluation of the following:

- (1) The reportable incident and condition reporting procedures.
- (2) Complaint procedures.
- (3) Staff person training.
- (4) Licensing violations and plans of correction, if applicable.
- (5) Resident or family councils, or both, if applicable.

2a. DESCRIPTION OF VIOLATION

The home's quality management review dated 12/30/2011 was left blank. The home's last quality management plan review is dated 12/30/2010.

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.

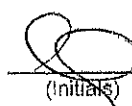
The Quality Mgmt review was partially completed but since inspection is now missing I have enclosed a copy 2012 review to show continued compliance with the regulation. Administration will continue to fully complete the annual review as required.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Corine Keeper* Date *1/23/13*

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

The above plan of correction is approved as of <u>2-28-13</u> (Date)	Plan of correction implementation status as of <u>2-28-13</u> (Date)
The above plan of correction was approved by  (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 - 12/05/2012 - Rushin, Julienne
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2800

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) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (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 Persons C (DOH 10/1/12), D (DOH 6/10/11) and F (DOH 7/16/10) did not have a certificate of completion of the DPW- approved direct care training course and passing of the competency test in each of their files.

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 employees listed did not need the test because they had CNA licences. The inspector was told this but did not go back to check the records. Copies enclosed.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Corinne Kerpner*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Corinne Kerpner* Date *1/23/13*

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

The above plan of correction is approved as of 2-28-13 (Date)
The home must produce a current copy of CNA certification @ time of inspection
 The above plan of correction was approved by *[Signature]* (Initials)

Plan of correction implementation status as of 2-28-13 (Date)

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

Violation Report: 20512 - 12/05/2012 - Rushin, Julienne
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION
 Direct Care Staff Persons D, E and F have no record of completing the required 12 hours of annual training for 2011.

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 training was completed & given to inspector but was not reviewed by the inspector. Inspector was told it was there during visit interview but refused to look at it. She wanted it organized & entered in employee record.~~

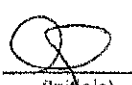
Copies of completed training were completed. Copies are enclosed. The home will maintain training documents as required by regulation. They will be presented to Department Reps @ the time of inspection. EQ 2-28-13

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Corinne Kesper</i>	Date <i>1/23/13</i>
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Violation Report: 20512 - 12/05/2012 - Rushin, Julienne
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.82(b) - Poisonous materials shall be stored separately from food, food preparation surfaces and dining surfaces.

2a. DESCRIPTION OF VIOLATION
 An 18oz. can of MAXX brand furniture polish with a manufacturer's label indicating "seek medical attention immediately if swallowed", was stored with food items in an unlocked closet in the home's dining room.

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.

Retraining of staff to ensure compliance with regulation.

Cook is responsible to monitor staff to ensure compliance

Adm or designee will oversee compliance throughout the home. J 2-28-13

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 *2/28/13*

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The above plan of correction is approved as of 2-28-13
 (Date)

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

Plan of correction implementation status as of 2-28-13
 (Date)

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

Violation Report: 20512 - 12/05/2012 - Rushin, Julianne
 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 glucometer for resident #3 indicates no accuchecks were completed from 9/19/12- 11/19/12, yet the resident's Medication Administration Records (MAR) indicates accucheck readings were completed during this timeframe. Therefore, it is concluded that another resident's glucometer was used during this timeframe to measure the blood sugar level of resident #3. In addition, a review of the blood sugar readings documented in the resident's glucometer and documentation on the resident's MARs indicated the home was using another resident's glucometer on the following dates and times:
 11/21/12: 6:22am and 11:32am
 11/22/12: 6:31am, 11:35am, 3:35pm and 9:33pm
 11/23/12: 11:36am
 11/24/12: 6:46am and 11:31am
 11/25/12: 7:34am and 12:05pm
 11/27/12: 12:22pm
 11/28/12: 6:20am
 11/29/12: 7:13am and 11:32am
 11/30/12: 7:09am and 11:19am
 12/1/12: 6:30am, 10:40am, and 3:29pm
 12/2/12: 6:35am and 10:53am
 Staff person A stated that if a resident's glucometer is not functioning, then a glucometer belonging to another resident would be used.

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.

*A Re-training of staff will be completed.
 Nurse will monitor for proper use and documentation of machines & posting results on computer.*

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Corinne Kasper* Date *1/23/13*

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Violation Report: 20512 - 12/05/2012 - Rushin, Julianne
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
 The stairway, in the center of the building leading from the basement to the 1st floor, the 2nd and 3rd steps from the top, the stair treads are broken and pose a hazard to those who use the stairs.

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.

*Stair treads were ordered for replacement prior to inspection. All will be completed by end of month.
 Maintenance will continue to report any other tripping hazards.
 Administrator will monitor for compliance.*

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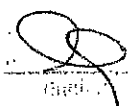
Signature of Legal Entity Representative
 (Required on EVERY Page) *Corinn Kerper*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Corinn Kerper</i>	Date <i>1/23/13</i>
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Plan of correction implementation status as of 2-28-13
 (Date)

The above plan of correction was approved by 
 (Date)

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

Violation Report: 20512 - 12/05/2012 - Rushin, Julianne
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2800.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION

The first aid kit located in the first floor medication room and the second floor medication room did not contain eye coverings. The first aid kit also located in the third floor medication room did not contain eye coverings, a breathing shield, or a thermometer.

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.

*Nursing Staff will do daily checks to replace all needed items.
 Administrator will do periodic checks to ensure compliance.*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Corinne Keeper</i>	Date <i>1/28/13</i>
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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 - 12/05/2012 - Rushin, Julianne
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa. Code §2600

2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION

The Delfield double door refrigerator, in the kitchen, had a container of rice/chicken/beans with no date and no label on it.
 The Delfield double door refrigerator, in the kitchen, had a foil wrapped package with a 1/2 eaten sandwich with no date and no label on it.
 The MC II double door freezer, in the kitchen, had a #10 tin of leftover grease, which was not covered or labeled, but was being stored in the freezer with the other food products until the tin is thrown out.

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.

*Re training of the kitchen staff will be completed so they understand that all items in the coolers must be labeled & dated - including personal items.
 Administration will do periodic checks to ensure compliance.*

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative <i>(Required on EVERY Page)</i>	<i>Corinne Kenner</i>
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Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i>	Date
<i>Corinne Kenner</i>	<i>1/23/13</i>

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

The above plan of correction is approved as of 2-28-13
 (Date)

Plan of correction implementation status as of 2-28-13
 (Date)

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

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

Violation Report: 20512 - 12/05/2012 - Rushin, Julianne
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION

Three clear plastic containers with 6 open bags of pasta, located in the dry food storage area, were not dated when they were opened
 The walk-in cooler contained a 3 lb. tube of cooked salami that was opened on 11-14-12 and should have been thrown out by 11-20-12.
 The walk-in cooler contained a 5lb. tube of bologna that was opened on 11-28-12 and should have been thrown out by 12-03-12.

2890

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.

Re training of the Kitchen Staff will be completed to ensure compliance.

Administration will complete regular checks in the kitchen to ensure continued compliance.


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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Carinne Kerper</i>	Date <i>1/23/13</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 2-28-13
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 2-28-13
 (Date)

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

Violation Report: 20512 - 12/05/2012 - Rushin, Julienne
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.126(a) - A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

2a. DESCRIPTION OF VIOLATION

The home did not have information regarding the required annual cleaning of its furnace.

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.

See page 12 - explanation the same

In the future the Administrator or designee will respond to each violation with a plan of correction. CK 2-28-13

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 *1/23/13*

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

The above plan of correction is approved as of *2-28-13*
 (Date)

Plan of correction implementation status as of *2-28-13*
 (Date)

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

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

Violation Report: 20512 - 12/05/2012 - Rushin, Julienne
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.126(b) - Furnaces shall be cleaned according to the manufacturer's instructions. Documentation of the cleaning shall be kept.

2a. DESCRIPTION OF VIOLATION
 The home's records indicate that the furnace was last cleaned on 11/3/11.

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 furnace was cleaned as required 10/9-10/11/2012. Copy of work done - enclosed. This was told to the inspector however the Bill was at another office. Report was faxed as requested by inspector however they seem to have not received it. Billing shows ~~we~~ we are in compliance of this regulation. Documents to verify compliance must be provided at the time of inspection no later than the exit conference. *CK* 2-28-13

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 *1/28/13*

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

The above plan of correction is approved as of 2-28-13
 (Date)

Plan of correction implementation status as of 2-28-13
 (Date)

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

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

Violation Report: 20612 - 12/05/2012 - Rushin, Julianne
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

The records for resident #4, admitted 9/28/2012, did not have a Medical Evaluation.

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.

A medical evaluation has been completed.
 Director of Wellness will do monthly audits of all resident records to ensure all forms are up to date.
 Adm or designee will retain documentation of monthly audits and present to Dept. representatives upon request.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative <i>(Required on EVERY Page)</i>	<i>Corinne Kesper</i>
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Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i>	Date
<i>Corinne Kesper</i>	

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 (Date)

Plan of correction implementation status as of 2-28-13
 (Date)

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

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

Violation Report: 20512 - 12/05/2012 - Rushin, Julianne
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION

Department representatives noted several cigarette butts on the front steps of the home as well as several used match sticks on the home's front porch. Department reps also witnessed resident #1 smoking on the front porch which is not a designated smoking area.

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.

Administrator will have staff perform periodic checks to front & back porch areas to ensure resident compliance.

Any resident that remains non-compliant after 2 warnings will receive an eviction notice. The home will document resident non-compliance with the home's smoking procedures in order to support any steps taken towards a resident discharge. *JK* 2-28-13

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Carinne Kerper</i>	Date <i>1/29/13</i>
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Violation Report: 20512 - 12/05/2012 - Rushin, Julienne
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.185(b) - At a minimum, the procedures in § 2600.185(a) shall include:

- (1) Documentation of the receipt of controlled substances and prescription medications.
- (2) A process to investigate and account for missing medications and medication errors.
- (3) Limited access to medication storage areas.
- (4) Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration. This requirement does not apply for a resident who self-administers medication without the assistance of a staff person and stores the medication in his/her room.

2a. DESCRIPTION OF VIOLATION

Staff persons failed to initial the Narcotics & Controlled Substance Shift to Shift Count Sheet for all residents on the home's second floor on the following dates: 11/1/12; 11/13/12; 11/16/12; 11/21/12; 11/27/12; 11/28/12; 11/29/12; 11/30/12; 12/4/12.

Resident #6 is prescribed Lorazepam 1mg to be administered 3 times daily. The resident's MAR indicates the medication was administered at 2:00pm on 12/5/12, yet the Narcotic Count Sheet indicates the medication was most recently administered at 7:40am on 12/5/12. Staff person F did not document on the Narcotic Count Sheet the administration of Lorazepam 1mg at 2:00pm per the home's policy.

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 direct care staff persons will be retained on proper medication procedures for shift to shift counting of narcotics and proper medication administration and documentation when administering narcotics. Director of Wellness will do daily audit to ensure compliance with all medication procedures

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 *1/23/13*

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

The above plan of correction is approved as of 2-28-13 (Date)
 Documentation of staff training and narcotic count sheets and shift count sheets will be retained on the home.
 The above plan of correction was approved by *[Signature]* (Initials)

Plan of correction implementation status as of 2-28-13 (Date)

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

Violation Report: 20512 - 12/05/2012 - Rushin, Julianne
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION
 Resident #7 is prescribed Clonazepam .5mg to be administered 3 times daily. On 12/5/12 staff person F signed the MAR of resident #7 and the Narcotic Count Sheet to indicate Clonazepam .5mg was administered at 2:00pm. However, the resident refused to take the medication and staff person F signed the MAR and Narcotic Count Sheet as administering the medication prior to offering the resident the medication.

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 was retrained and observed in proper medication administration.
 Director of wellness and Administrator will monitor for compliance.

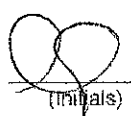
Repeat Violation: No Date(s) of Previous Violation(s):

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 *1/29/13*

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

The above plan of correction is approved as of *2-28-13*
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of *2-28-13*
 (Date)

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

Violation Report: 20512 - 12/05/2012 - Rushin, Julianne
 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 11/19/12 resident #3 was prescribed Levemir Flexpen 12 units to be administered at bedtime. The pharmacy received the order yet the prescription was never filled nor was there an order to discontinue the medication resulting in the resident not receiving the medication as ordered

Accuchecks are ordered to be completed 4 times daily for resident #3. A review of the resident's MARs from 9/1/12- 11/30/12 indicates there were only 27 days when the resident's blood sugar level was checked 4 times a day as ordered.

Resident #8 is prescribed Diphenamine 25mg to be administered every 6 hours as needed. The medication was not on-hand at the time of the inspection.

On 8/29/12, wound care was ordered for resident #8 to be provided by Berks Visiting Nurses Association (BVNA). A review of the resident's medical record as well as multiple conversations with the staff of BVNA indicated the resident never received the skilled wound care services as ordered.

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 medication was changed to Levemir vial due to insurance not covering the flex pen. A discontinue order has been obtained for the flexpen. In the future the director of wellness will obtain a discontinue order for any order changes as well.

Accuchecks were completed for resident and recorded on the accucheck log. However not always signed for on the MAR. Director of wellness will re-educate staff on all steps needed to record accuchecks properly and monitor for compliance.

Director of wellness will ensure all medication ordered is on hand.

Resident had refused any services by BVNA, however no documentation was recorded to support this. In the future Director of wellness will ensure all documentation is completed.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Corinne Keeper*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Corinne Keeper* Date *1/23/13*

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The above plan of correction is approved as of 2-28-13 (Date)
Adm or designee will conduct a full cost audit in order to insure all resident medications are on hand as ordered. Random audits are recommended monthly.

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

Plan of correction implementation status as of 2-28-13 (Date)

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

Violation Report: 20512 - 12/05/2012 - Rushin, Juliette
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

The following Direct Care staff persons have been doing diabetic checks and are not currently Medication Administration trained: Direct Care Staff Persons G, H, and I.

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 observations/MAR reviews have been completed on staff persons to bring their training up to date. Administrator will ensure all training is completed and kept up to date.

Admor designee will review all med staff training to insure compliance. A tracking sheet will be developed and implemented by Admor designee to insure ongoing staff training meets regulatory standards.
 Q 2-28-13

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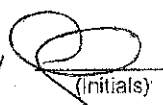
Signature of Legal Entity Representative (Required on EVERY Page) *Corinne Kerper*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Corinne Kerper* Date *1/23/13*

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

The above plan of correction is approved as of 2-28-13 (Date)

Plan of correction implementation status as of 2-28-13 (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 - 12/05/2012 - Rushin, Julianne
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600, 190(b) - A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.


2a. DESCRIPTION OF VIOLATION

The following Direct Care staff persons have been doing diabetic checks and have not completed a Department approved Diabetes patient education program within the past 12 months: Direct Care Staff Persons C, D, J, K, L and M.

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 staff persons have been re-trained with diabetic training. Administrator will ensure all trainings are kept up to date.

Adm or designee will track training due dates to insure compliance for all med techs on an annual basis to insure ongoing compliance.  2-28-13

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

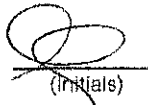
Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Corinne Kerper Date 1/28/13

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

The above plan of correction is approved as of 2-28-13
 (Date)

Plan of correction implementation status as of 2-28-13
 (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 - 12/05/2012 - Rushin, Julianne
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.


2a. DESCRIPTION OF VIOLATION

The initial assessment for resident #2 (admitted on 11/15/12) is signed as being completed on 11/4/12. Even if the date was written in error, the home still did not complete the assessment within 15 days of the resident's admission.


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.

Date has been corrected.
 In the future administrator will ensure all paperwork is completed in the appropriate time frame.

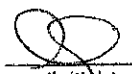
Adm or designee will implement a system to review or double check resident records in order to insure ongoing compliance.  2-28-13

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) Corinne Kerper	Date
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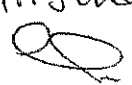
The above plan of correction is approved as of <u>2-28-13</u> (Date)	Plan of correction implementation status as of <u>2-28-13</u> (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 20512 - 12/05/2012 - Rushin, Julianne
 PCH Name: STABON MANOR PERSONAL CARE HOME

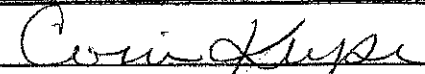
1. REGULATION 55 Pa.Code §2600
 2600.251(c) - The home shall use standardized forms to record information in the resident's record.

2a. DESCRIPTION OF VIOLATION
 Records for resident #5, admitted 10/26/2004, indicate the home did not use the Department's required DME form.

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.

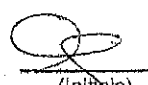
A DME has been completed for resident.
 Administrator will ensure all paperwork is completed appropriately.
 Adm or designee will perform a resident record audit to insure all residents have their medical examinations documented on the required form. Adm or designee will develop system to review or double check records on an ongoing basis to insure compliance going forward.  2-28-13

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 Kerper Date 1/23/13

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

The above plan of correction is approved as of <u>2-28-13</u> (Date)	Plan of correction implementation status as of <u>2-28-13</u> (Date)
The above plan of correction was approved by  (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