



MAILING DATE: August 15, 2013
Sent via email to: [REDACTED]

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 June 6, 2013 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,

Anne Graziano
Anne Graziano
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: 20512
Address: 1555 HAAK STREET, READING, PA 19602		County: Berks
Administrator: CORINNE KERPER		Region: NORTHEAST
Legal Entity Name: STABON MANOR PERSONAL CARE HOME		
Legal Entity Address: 1555 HAAK STREET, READING, PA 19602		
Certificate(s) of Occupancy C-2 LP 07/18/1991 LABOR AND INDUSTRY		
Staffing Hours		
Resident Support:	Total Daily Staff: 114	Waking Staff: 86
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Complaint		
On-Site Inspections Dates and Department Representatives On-Site		
06/06/2013; Dumas, Gerald; O'Haire, Anne		
Off-Site Inspection Dates and Inspectors, if Applicable		
<p>RECEIVED</p> <p>JUL 19 2013</p> <p>SCRANTON FIELD OFFICE Human Services Licensing</p>		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 138 Number of Residents Served: 114 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 93 Are 60 Years of Age or Older: 47 Have Mental Illness: 65 Have an Intellectual Disability: 25 Have a Mobility Need: 0 Have a Physical Disability: 2	

Violation Report: 20512 - 06/06/2013 - Dumas, Gerald
 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 multiple cigarette butts on the front steps of the home as well as several used match sticks on the home's front porch.

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.

Residents have a habit of throwing their Butts on the porch before entering the building. The Aides & Housekeeping Staff have been on a Schedule to Check the porch areas on an hourly basis to make sure residents are not Smoking in unauthorized areas. All violators are reported to office so warnings & eviction notices can be given to violators. Administration will enforce a sign off sheet for staff to document all "Porch Checks".

Repeat Violation: No	Date(s) of Previous Violation(s):	12/05/2012
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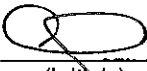
Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Bonnie Dilat, Administrator Date 7/15/13

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

The above plan of correction is approved as of 7-19-13
 (Date)

Plan of correction implementation status as of 7-19-13
 (Date)

The above plan of correction was approved by 
 (Initials)

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