

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 February 24, 2014 until August 24, 2014,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 205121

Robert E. Robinson  
ISSUING OFFICER

  
ACTING 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.



**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**

**MAILING DATE:** FEB 24 2014

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

RE: Stabon Manor Personal Care Home  
License #: 205121

Dear Mr. Pilat:

As a result of the Department of Public Welfare's (Department) licensing inspection on July 25, 2013, August 13, 2013, August 28, 2013, October 1, 2013 and October 29, 2013, of the above facility, the violations specified on the enclosed Licensing Inspection Summary were found.

Based on violations with 55 Pa.Code Ch. 2600, your current license #205120 dated March 21, 2013 to March 21, 2014 is REVOKED. Additionally, your license dated March 21, 2014 to March 21, 2015 is REVOKED. A FIRST PROVISIONAL license is being issued based on your plan to correct the violations as specified on the Licensing Inspection Summary. This FIRST PROVISIONAL license replaces all previously issued licenses and is effective for six months from the date of issuance. The license dated March 21, 2014 to March 21, 2015 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. 1026(b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation.) Your FIRST PROVISIONAL license is enclosed.

All violations specified on the Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Pursuant to 62 P.S. 1085-1087 and 55 Pa.Code §§ 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violations unless fully corrected on or before the mandated correction date.

55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection X	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
16c	II	111	\$5	\$555	5 calendar days from mailing date of this letter
187a	II	111	\$5	\$555	5 calendar days from mailing date of this letter
187d	II	111	\$5	\$555	5 calendar days from mailing date of this letter

A fine will be assessed on a daily basis beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Public Welfare in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Jacob Herzing, Enforcement Manager  
Human Services Licensing  
Department of Public Welfare  
Room 631 Health and Welfare Building  
625 Forster Street  
Harrisburg, Pennsylvania 17120

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,



Matthew J. Jones  
Acting Director

Enclosures  
License  
Licensing Inspection Summary



**Violation Report:**  
**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 8/21/13 resident #1 was transferred to an area hospital due the resident being found unresponsive. On 8/27/13 the resident passed away due to a diagnosis of Aspiration Pneumonia. Staff person #1, who is the administrator, stated it was anticipated that the resident would be returning to the home, yet the home did not submit a Reportable Incident form to the Department's regional office notifying the Department of the resident's death.

**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 Administrator did not interpret this regulation to include deaths that occurred outside the facility one week later. In the future all deaths will be reported to DPW.*

*Adm or designee will review resident info regarding deaths as part of their regular reviews of Reportable Incidents to insure future compliance.*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/11/2012	08/23/2012
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Bonnie Pilat* Date *8/30/13*

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

The above plan of correction is approved as of 9-19-13  
 (Date)

Plan of correction implementation status as of 9-19-13  
 (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:  
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION  
 A fire drill was conducted at the home on 6/21/13 at 5:28 am. Ancillary staff person B stated she/he went into the resident's room during the drill and found the resident lying horizontally across the bed. Staff person B stated she/he stood next to the resident's bed and stated, "You've got to get up, everyone has to exit." Staff person B stated she tapped the resident's shoulder and that the resident's eyes opened slightly but was unresponsive. Staff person B then informed staff person C, who was conducting the drill, that the resident was still breathing but not responsive. Based upon and interview of staff person B, staff person C went into the resident's room and shook the resident who still did not respond. Staff person B then informed direct care staff person D that the resident would not get up. Staff person D then entered the room and stated to the resident, "Resident #1, are you getting up? It's a fire drill." When interviewed, staff person D stated she/he also tapped the resident who continued to be unresponsive. At approximately 6:30 am, staff person C notified direct care staff person E that he/she observed the resident lying horizontally across the bed. It was determined that from 5:28 am when the drill was initiated until 6:36 am when the ambulance was called, the resident did not receive the required medical care although 3 staff persons were aware of the resident's condition during that time frame. The resident passed away on 6/27/13 as a result of Aspiration Pneumonia.

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 ancillary Staff (Employees B+C) thought only a Direct Care Staff person was allowed to call 911. They have been retrained & now understand that any employees can call 911 & take action. Staff Person D thought the others were handling the emergency. She did not see it as an emergency because she was breathing & awake. This was a new resident to the facility and did not know if this was normal for her. This staff person was retrained to recognize the signs & symptoms of a resident in distress. This employee was placed on a 90. probation during this time the Administration will supervise her for her appropriateness when assessing residents.

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) <u>Bonnie Dilat</u>	Date <u>8/30/13</u>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>9-19-13</u> (Date) Adm will review empl. records of all current employees to insure training is up to date. The above plan of correction was approved by  (Initials)	Plan of correction implementation status as of <u>9-19-13</u> (Date) <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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**Violation Report:**  
**PCH Name:** STABON MANOR PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**  
 2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

**2a. DESCRIPTION OF VIOLATION**  
 Based upon staff interviews, it was determined that various information provided on the home's fire drill log regarding the drill conducted on 6/21/13 is inaccurate. The documentation indicates the drill was conducted at 6:00am, but based upon information provided by the fire alarm monitoring company, the drill was initiated at 5:28am. The documentation also indicates that all 100 residents evacuated during the drill, but staff interviews indicate resident #1 did not evacuate due to a medical emergency and resident #2 refused to evacuate. In addition, the record also indicates 8 staff persons participated during the drill. Based upon staff interviews, it was determined that only 4 staff persons participated.

**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 employees involved in the fire drill were re-trained by Administration. All staff understand what information is required on the forms provided. The maintenance person was instructed to hold another fire drill on 3rd Shift to confirm that staff are able to complete/perform as required. The Administrator will also attend to verify compliance. Home used for fire drill logs for fire drills since 09-01-13 to demonstrate compliance w/ plan above.*

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Bonnie Pilat*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Bonnie Pilat*      Date *8/30/13*

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

The above plan of correction is approved as of <u>9-19-13</u> (Date)	Plan of correction implementation status as of <u>9-19-13</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:**  
**PCH Name:** STABON MANOR PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**  
 2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

**2a. DESCRIPTION OF VIOLATION**  
 A fire drill was conducted on 6/21/13 at 5:28am. Based upon interviews, it was determined that two residents did not evacuate to a designated internal or external fire-safe 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.

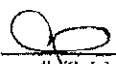
Resident #2 was Capable of evacuating but refused. He was given a 30 Day warning of eviction if it occurred in the future. Staff was retrained in evacuation procedures. The now understand that all residents must evacuate. & if there is a refusal it must be documented on the fire drill form & reported to the Administrators office immediately.  
 Resident #1 was found to be breathing & awake however not responding to verbal direction. Staff was retrained to recognize the signs & symptoms of a resident in distress. And in this situation the fire drill should have been stopped & rescheduled so medical treatment could be given.  
 Employee D was put on probation for 90 days at which time the administrator will supervise her for appropriate care given to residents  
 Adm will oversee all refusals of residents participation in fire drills so that ① proper resident education can be given & notice to residents if appropriate & ② do another successful drill

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 8/30/13

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

The above plan of correction is approved as of <u>9-19-13</u> (Date)	Plan of correction implementation status as of <u>9-19-13</u> (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented



Violation Report: 20512 - 08/13/2013 - Hummel, Jesse  
PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION  
On 8/2/13 Administrator A completed a preadmission screening for resident #1. Administrator A was aware of resident #1's history of sexually aggressive or inappropriate acts as well as inappropriate touching. Administrator A stated the facility was able to meet the needs of resident #1 and admitted resident #1 on 8/2/13. The resident was not placed on any type of plan of supervision to monitor the resident's sexually aggressive behavior. On 8/6/13 and 8/7/13 resident #1 had anal sex with resident #2. The sex was not consensual between the two resident. Resident #1 threatened to hit resident #2 if the resident did not cooperate. The facility neglected to provide any supervision for resident #1 to monitor the resident's history of sexually aggressive behavior. This negligence put the health and safety of the resident of the facility at risk and may have led to the sexual abuse of resident #2.

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 Administrator admitted the resident on the limited amount of information received from the Resident's previous Home, COH, & the Hospital. The Administrator was assured local parties that this was not normal for this resident - an unstable resident. Upon admission there were no indications that there was any problems. However due to the history received the staff was told to monitor & report any incidents to their supervisor. After receiving knowledge of the rape the violation was removed & the situation was dealt w/ quickly & supervision increased. As a result of this incident the criteria for admission will be changed to prohibit admission of a resident with a history of sexual aggression. The Administrator will review all future potential admissions to ensure compliance with the change in criteria as an effort to avoid admission of a resident that poses or others that live or work in the facility.

If there are any questions w/ information received the Administrator will contact DPW for consultation prior to prospective resident admission.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Bernie Pilot*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Bernie Pilot*      Date *10/23/13*

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

The above plan of correction is approved as of 10/31/13  
(Date)

Plan of correction implementation status as of 10/31/13  
(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 - 08/13/2013 - Hummel, Jesse  
PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
2600.53(c) - The administrator shall be responsible for the administration and management of the home, including the health, safety and well-being of the residents, implementation of policies and procedures and compliance with this chapter.

2a. DESCRIPTION OF VIOLATION  
On 8/2/13 Administrator A completed a preadmission screening for resident #1. Administrator A was aware of resident #1's history of sexually aggressive or inappropriate acts as well as inappropriate touching. Administrator A stated the facility was able to meet the needs of resident #1 and admitted resident #1 on 8/2/13. The resident was not placed on any type of plan of supervision to monitor the resident's sexually aggressive behavior. On 8/6/13 and 8/7/13 resident #1 had anal sex with resident #2. The sex was not consensual between the two residents. Resident #1 threatened to hit resident #2 if the resident did not cooperate. The Administrator had knowledge of resident #1's history however did not provide the care or services required to meet the needs of resident #1. This negligence put the health, safety and well being of the other residents at the facility at great risk.

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 Administrator did the admission with the information provided & was not aware of the severity of the issues Resident #1 had.  
In the future, no one will be admitted who exhibits any signs of sexual inappropriateness.  
If a resident shows signs of sexual inappropriateness after admission to facility the resident will be placed on a schedule for staff supervision.  
The Administrator will ensure that all staff involved with the resident admission is compliant with the criteria for admission.

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Bonnie Pilot*      Date *9/20/13*

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

The above plan of correction is approved as of <u>10/31/13</u> (Date)	Plan of correction implementation status as of <u>10/31/13</u> (Date)
The above plan of correction was approved by <u>ed</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 20512 - 08/13/2013 - Hummel, Jesse  
PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
2600.223(a) - The home shall have a current written description of services and activities that the home provides including the following:  
(1) The scope and general description of the services and activities that the home provides.  
(2) The criteria for admission and discharge.  
(3) Specific services that the home does not provide, but will arrange or coordinate.

2a. DESCRIPTION OF VIOLATION  
The facilities description of services states that a resident with aggressive or violent behaviors is prohibited from admission to the facility due to the fact that the facility is unable to meet these needs safely. Administrator A was aware of resident #1's history of sexually aggressive behavior while residing at another personal care facility. Despite the fact that resident #1 had a history of sexually aggressive behaviors resident #1 was admitted to the facility.


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 administrator admitted the resident in the information received prior to admission. Assurances were made that the resident was no problem & this was an isolated incident. However after this incident it is necessary to update our criteria for admission. This is as we realize even on our supervision is unrealistic in a facility of this size. Due to the safety concerns that are out of site of sight many of the residents currently residing in the facility are in need of protection from a Sexual Predator - as we found out to be.

Due to these facts the policy will be updated to clarify the aggressive behaviors must exclude Sexual aggressiveness, any res. w/a history of Sexual acts including touches of any kind, verbal aggressiveness or Sexual participation.

The policy will be updated to require employee screening records for possible admission. Administrator will give final approval on all concourance for admission prior to admission to facility.

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 Pile      Date 10/23/13

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

The above plan of correction is approved as of 10/31/13 (Date)

Plan of correction implementation status as of 10/31/13 (Date)

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

The above plan of correction was approved by  (Initials)

Violation Report: 20612 - 08/13/2013 - Hummel, Jesse  
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  
Administrator A was aware of resident #1's history of sexually aggressive or inappropriate acts and also that the resident can have inappropriate touching. These behaviors were documented on the resident's pre admission screening completed on 8/2/13. Despite knowledge of this history the resident's assessment and support plan finalized on 8/5/13 states that the resident requires no supervision. The assessment and support plan also do not address the resident's history of sexually aggressive and or inappropriate behavior and how the home plans on meeting these needs.

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.  
Within the limited amount of information received prior to admitting Resident #1 it was told by the hospital that the resident was sane. So we were lead to believe no supervision was needed. Even with that information supervision was discussed with every staff person to make them aware that Resident #1 had been previously sexually inappropriate, as a precaution they were told to monitor him & report anything seen or heard to their supervisor immediately. This information was also listed under part III of the RASP. (copy attached)  
After receiving the report of the rape, victim was removed & the Resident #1 put on one on one supervision until he could be removed from the facility a few hours later.  
(In the future the administrator will remind any potential Res admission medical records to ensure there will not be a repeat of this incident. If any current resident has a change in condition & starts to exhibit sexual aggressiveness - one on one supervision will be enforced until the resident is removed.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Bonnie Pilot*      Date *10/23/13*

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

The above plan of correction is approved as of *10/31/13*  
(Date)      Plan of correction implementation status as of *10/31/13*  
(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 - 08/28/2013 - Yellenic, Cindy  
 PCH Name: STABON MANOR PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

**2a. DESCRIPTION OF VIOLATION**

The Department Licensing Representatives reviewed 12 male resident medication administration records from August 1 - 28, 2013 and found 187 times the medications were given either more than an hour before the scheduled administration time or more than an hour after the scheduled administration time.

**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 aides have been retrained on proper medication administration. Director of Wellness will monitor all MAR's on a daily basis to ensure all medications are being given at the proper times. Director of Wellness will notify administrator of any aide not following medication administration procedures so retraining can be done. On site verification 11/27/13

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/23/2013
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Corinne Kasper		9/30/13

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

The above plan of correction is approved as of 10-2-13  
 (Date)

Plan of correction implementation status as of 10-2-13  
 (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  
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: Corinna Kerper		Region: NORTHEAST
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 L&I		
Staffing Hours Resident Support: 0                      Total Daily Staff: 106                      Waking Staff: 80		
Type of Inspection: Partial                      BHA Docket Number:                      Notice: Unannounced		
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 10/01/2013: Novak, Ryan; Yellenic, Cindy		
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 who:	
Number of Residents Served: 108	Receive Supplemental Security Income: 88	
Secured Dementia Care Unit In Home: No	Are 60 Years of Age or Older: 48	
Area:	Have Mental Illness: 64	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 21	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 0	
Number of Current Hospice Residents: 0	Have a Physical Disability: 4	
Number of Hospice Residents in past year: 0		

<p><b>Violation Report:</b> 20512 - 10/01/2013 - Novak, Ryan  <b>PCH Name:</b> STABON MANOR PERSONAL CARE HOME</p>
<p><b>1. REGULATION 55 Pa.Code §2600</b>  2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:</p> <ol style="list-style-type: none"> <li>(1) Resident's name.</li> <li>(2) Drug allergies.</li> <li>(3) Name of medication.</li> <li>(4) Strength.</li> <li>(5) Dosage form.</li> <li>(6) Dose.</li> <li>(7) Route of administration.</li> <li>(8) Frequency of administration.</li> <li>(9) Administration times.</li> <li>(10) Duration of therapy, if applicable.</li> <li>(11) Special precautions, if applicable.</li> <li>(12) Diagnosis or purpose for the medication, including pro re nata (PRN).</li> <li>(13) Date and time of medication administration.</li> <li>(14) Name and initials of the staff person administering the medication.</li> </ol>
<p><b>2a. DESCRIPTION OF VIOLATION</b>  The following 8pm medications were not administered an hour before or after the prescribed time for Resident #1 on 9/25/13:  Dicyclomine 20mg - 9:53pm  Docusate Sodium - 9:53pm  Fenofibrate - 9:55pm  Ferrous Sulfate - 9:54pm  Glipizide - 9:54pm  Levemir - 9:54pm  Metoprolol - 9:54pm  Mirtazapine - 9:54pm  Omeprazole - 9:54pm  Os Cal 600+D - 9:54pm</p> <p>Resident #1's 8pm Levemir was given at 6:38pm on 9/19/13 and 6:37pm on 9/26/13, also more than 1 hour before or after the prescribed time.</p>
<p><b>3. PLAN OF CORRECTION (POC)</b> (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.</p>

Anne Grazian 12-2-13

Violation Report: 20512 - 10/01/2013 - Novak, Ryan  
 PCH Name: STABON MANOR PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

All aides have been retrained on proper medication administration. Director of Wellness will monitor all MARs on a daily basis to ensure all medications are being given at the proper times. Director of Wellness will notify administrator immediately of any aid not following medication administration procedures so retraining can be done  
 On site verification 11/27/13.

Repeat Violation: Yes      Date(s) of Previous Violation(s): 04/23/2013

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 11/15/13

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

The above plan of correction is approved as of 12-2-13  
 (Date)

Plan of correction implementation status as of 12-2-13  
 (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 - 10/01/2013 - Novak, Ryan  
PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2500

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

*Anne Hayes 12-2-13*

**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: Corrine Kerper		Region: NORTHEAST
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: 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 10/29/2013: Hummel, Jesse; Novak, Ryan		
Off-Site Inspection Dates and Inspectors, If Applicable 10/30/2013: Hummel, Jesse		
Other Details Partial or Full Triggers: Random Indicators:		
<b>Resident Demographic Data as of Inspection Dates</b>		
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: 85 Are 60 Years of Age or Older: 44 Have Mental Illness: 68 Have an Intellectual Disability: 23 Have a Mobility Need: 0 Have a Physical Disability: 4

Violation Report: 20512 - 10/29/2013 - Hummel, Jesse  
 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**

Resident #1 is prescribed Amphetamine salts 20mg tablet, 3 times daily at 8:00am, 10:00am, and 2:00pm. On 10/3/2013 the resident was not administered this prescription medication at the prescribed dosage time. The resident received the medication at 11:47am.

Resident #1 is prescribed Bupropion SR 150mg, 2 tabs daily at 8:00am. On 10/2/13 the resident was not administered this prescription medication at the prescribed dosage time. The resident received this medication at 8:35am.

Resident #1 is prescribed Cymbalta 30mg, 1 capsule daily at 4:00pm. On 10/24/13 the resident was not administered this prescription medication until 5:22pm, which is outside of the prescribed dosage time.

Resident #1 is prescribed Desmopressin Acetate 0.2mg, 1 tablet twice daily at 8:00am and 8:00pm. On 10/2/13 resident #1 received this medication at 6:35am. On 10/15/13 the resident received this medication at 6:34pm. On 10/19/13 the resident received this medication at 6:22pm. This medication was not administered to resident #1 at the prescribed dosage time on the above specified dates.

Resident #1 is prescribed Famotidine 20mg, 1 tablet twice daily at 8:00am and 8:00pm. On 10/2/13 resident #1 received this medication on at 6:35am. On 10/14/13 the resident received this medication at 6:20pm. On 10/15/13 the resident received this medication at 6:34pm. On 10/19/13 the resident received this medication at 6:22pm. This medication was not administered to resident #1 at the prescribed dosage time on the above specified dates.

Resident #1 is prescribed Hydrocortisone 20mg tablet, 1/2 tablet daily at 5:00pm. On 10/4/13 the resident received this medication at 3:29pm. On 10/8/13 the resident received this medication at 3:24pm. On 10/9/13 the resident received this medication at 3:31pm. On 10/19/13 the resident received this medication at 3:24pm. The resident did not receive this medication at the prescribed time on the dates specified above.

Resident #1 is prescribed Levothyroxine 175mcg tablet, 1 tablet daily at 6:00am. On 10/4/13 the resident received this medication at 7:23am. On 10/8/13 the resident received this medication at 7:27am. On 10/10/13 the resident received this medication at 7:19am. On 10/17/13 the resident received this medication at 7:19am. On 10/24/13 the resident received this medication at 7:27am. On 10/25/13 the resident received this medication at 7:27am. On 10/26/13 the resident received this medication at 7:21am. The resident did not receive this medication at the prescribed time on the dates specified above.

Resident #1 is prescribed Metoprolol Tartrate 25mg, 1 tablet every 12 hours at 8:00am and 8:00pm. On 10/2/13 the resident received this medication at 6:35am. On 10/14/13 the resident received this medication at 6:20pm. On 10/15/13 the resident received this medication at 6:34pm. On 10/19/13 the resident received this medication at 6:22pm. Resident #1 did not receive this medication at the prescribed dosage time on the dates specified above.

Resident #1 is prescribed Mirtazapine 45mg, 1 tablet at bedtime 8:00pm. On 10/14/13 the resident received this medication at 6:20pm. On 10/15/13 the resident received this medication at 6:34pm. On 10/19/13 the resident received this medication at 6:22pm. Resident #1 did not receive this medication at the prescribed time on the dates specified above.

Resident #1 is prescribed Simvastatin 20mg, 1 tablet daily at 5:00pm. On 10/4/13 the resident received this medication at 3:29pm. On 10/8/13 the resident received this medication at 3:24pm. On 10/9/13 the resident received this medication at 3:31pm. On 10/19/13 the resident received this medication at 3:24pm. Resident #1 did not receive this medication at the prescribed dosage time on the dates specified above.

Resident #1 is prescribed Zolpidem Tartrate 10mg, 1 tablet at bedtime 8:00pm. On 10/14/13 the resident received this medication at 6:20pm. On 10/15/13 the resident received this medication at 6:34pm. On 10/19/13 the resident received this medication at 6:22pm. On 10/24/13 the resident received this medication at 6:28pm. Resident #1 did not receive this medication at the prescribed dosage time on the dates specified above.

Interviews conducted with medication technicians at the facility determined that the staff are aware that administering a medication to a resident outside of the prescribed dosage time is a medication error, however these medication errors were not reported to the Department as required via a reportable incident 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.

Anne Grazios 10-2-13

Violation Report: 20512 - 10/29/2013 - Hummel, Jesse  
 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).

All staff has been retrained in following medication procedures and the immediate reporting of any medication errors. Director of Wellness will monitor all MAR's on a daily basis to ensure medications are being given properly.

Director of Wellness has been retrained to report any errors to the administrator immediately so that proper reporting can be done in the future.

ON site verification 11/27/13.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/25/2013
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Corinne Kesper</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Corinne Kesper	11/15/13

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

The above plan of correction is approved as of 10-2-13  
(Date)

Plan of correction implementation status as of 10-2-13  
(Date)

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

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

Violation Report: 20512 - 10/29/2013 - Hummel, Jesse  
 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**

Resident #1 is prescribed Amphetamine salts 20mg tablet, 3 times daily at 8:00am, 10:00am, and 2:00pm. On 10/3/2013 the resident was not administered this prescription medication at the prescribed dosage time. The resident received the medication at 11:47am.

Resident #1 is prescribed Bupropion SR 150mg, 2 tabs daily at 8:00am. On 10/2/13 the resident was not administered this prescription medication at the prescribed dosage time. The resident received this medication at 6:35am.

Resident #1 is prescribed Cymbalta 30mg, 1 capsule daily at 4:00pm. On 10/24/13 the resident was not administered this prescription medication until 5:22pm, which is outside of the prescribed dosage time.

Resident #1 is prescribed Desmopressin Acetate 0.2mg, 1 tablet twice daily at 8:00am and 8:00pm. On 10/2/13 resident #1 received this medication at 6:35am. On 10/15/13 the resident received this medication at 6:34pm. On 10/19/13 the resident received this medication at 6:22pm. This medication was not administered to resident #1 at the prescribed dosage time on the above specified dates.

Resident #1 is prescribed Famotidine 20mg, 1 tablet twice daily at 8:00am and 8:00pm. On 10/2/13 resident #1 received this medication at 6:35am. On 10/14/13 the resident received this medication at 6:20pm. On 10/15/13 the resident received this medication at 6:34pm. On 10/19/13 the resident received this medication at 6:22pm. This medication was not administered to resident #1 at the prescribed dosage time on the above specified dates.

Resident #1 is prescribed Hydrocortisone 20mg tablet, 1/2 tablet daily at 5:00pm. On 10/4/13 the resident received this medication at 3:29pm. On 10/8/13 the resident received this medication at 3:24pm. On 10/9/13 the resident received this medication at 3:31pm. On 10/19/13 the resident received this medication at 3:24pm. The resident did not receive this medication at the prescribed time on the dates specified above.

Resident #1 is prescribed Levothyroxine 175mcg tablet, 1 tablet daily at 6:00am. On 10/4/13 the resident received this medication at 7:23am. On 10/8/13 the resident received this medication at 7:27am. On 10/10/13 the resident received this medication at 7:18am. On 10/17/13 the resident received this medication at 7:19am. On 10/24/13 the resident received this medication at 7:27am. On 10/25/13 the resident received this medication at 7:27am. On 10/26/13 the resident received this medication at 7:21am. The resident did not receive this medication at the prescribed time on the dates specified above.

Resident #1 is prescribed Metoprolol Tartrate 25mg, 1 tablet every 12 hours at 8:00am and 8:00pm. On 10/2/13 the resident received this medication at 6:35am. On 10/14/13 the resident received this medication at 6:20pm. On 10/15/13 the resident received this medication at 6:34pm. On 10/19/13 the resident received this medication at 6:22pm. Resident #1 did not receive this medication at the prescribed dosage time on the dates specified above.

Resident #1 is prescribed Mirtazapine 45mg, 1 tablet at bedtime 8:00pm. On 10/14/13 the resident received this medication at 6:20pm. On 10/15/13 the resident received this medication at 6:34pm. On 10/19/13 the resident received this medication at 6:22pm. Resident #1 did not receive this medication at the prescribed time on the dates specified above.

Resident #1 is prescribed Simvastatin 20mg, 1 tablet daily at 5:00pm. On 10/4/13 the resident received this medication at 3:25pm. On 10/8/13 the resident received this medication at 3:24pm. On 10/9/13 the resident received this medication at 3:31pm. On 10/19/13 the resident received this medication at 3:24pm. Resident #1 did not receive this medication at the prescribed dosage time on the dates specified above.

Resident #1 is prescribed Zolpidem Tartrate 10mg, 1 tablet at bedtime 8:00pm. On 10/14/13 the resident received this medication at 6:20pm. On 10/15/13 the resident received this medication at 6:34pm. On 10/19/13 the resident received this medication at 6:22pm. On 10/24/13 the resident received this medication at 6:26pm. Resident #1 did not receive this medication at the prescribed dosage time on the dates specified above.

The facility is administering medications to resident #1 outside of the prescribed administration times, and therefore the facility is not following physician orders in regards to administering medication to resident #1.

**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.

Anne Grazio 10-2-13

Violation Report: 20512 - 10/29/2013 - Hummel, Jesse  
 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.

All aides have been retrained on proper medication administration. Director of Wellness will monitor all MARs on a daily basis to ensure all medications are being given at the proper times. Director of Wellness will notify administrator of any aid not following medication administration procedures so retraining can be done.

On site verification 11/27/13.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	12/05/2012	
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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 *11/15/13*

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

The above plan of correction is approved as of <u>12-2-13</u> (Date)	Plan of correction implementation status as of <u>12-2-13</u> (Date)
The above plan of correction was approved by <u>KK</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented

Violation Report: 20512 - 10/29/2013 - Hummel, Jesse  
 PCH Name: STABON MANOR PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

**2a. DESCRIPTION OF VIOLATION**

Resident #1 is prescribed Amphetamine salts 20mg tablet, 3 times daily at 8:00am, 10:00am, and 2:00pm. On 10/3/2013 the resident was not administered this prescription medication at the prescribed dosage time. The resident received the medication at 11:47am.

Resident #1 is prescribed Bupropion SR 150mg, 2 tabs daily at 8:00am. On 10/2/13 the resident was not administered this prescription medication at the prescribed dosage time. The resident received this medication at 8:35am.

Resident #1 is prescribed Cymbalta 30mg, 1 capsule daily at 4:00pm. On 10/24/13 the resident was not administered this prescription medication until 5:22pm, which is outside of the prescribed dosage time.

Resident #1 is prescribed Desmopressin Acetate 0.2mg, 1 tablet twice daily at 8:00am and 8:00pm. On 10/2/13 resident #1 received this medication at 8:35am. On 10/15/13 the resident received this medication at 8:34pm. On 10/19/13 the resident received this medication at 8:22pm. This medication was not administered to resident #1 at the prescribed dosage time on the above specified dates.

Resident #1 is prescribed Famotidine 20mg, 1 tablet twice daily at 8:00am and 8:00pm. On 10/2/13 resident #1 received this medication at 8:35am. On 10/14/13 the resident received this medication at 8:20pm. On 10/15/13 the resident received this medication at 8:34pm. On 10/19/13 the resident received this medication at 8:22pm. This medication was not administered to resident #1 at the prescribed dosage time on the above specified dates.

Resident #1 is prescribed Hydrocortisone 20mg tablet, 1/2 tablet daily at 8:00pm. On 10/4/13 the resident received this medication at 3:29pm. On 10/8/13 the resident received this medication at 3:24pm. On 10/9/13 the resident received this medication at 3:31pm. On 10/19/13 the resident received this medication at 3:24pm. The resident did not receive this medication at the prescribed time on the dates specified above.

Resident #1 is prescribed Levothyroxine 175mcg tablet, 1 tablet daily at 8:00am. On 10/4/13 the resident received this medication at 7:23am. On 10/8/13 the resident received this medication at 7:27am. On 10/10/13 the resident received this medication at 7:19am. On 10/17/13 the resident received this medication at 7:19am. On 10/24/13 the resident received this medication at 7:27am. On 10/25/13 the resident received this medication at 7:27am. On 10/26/13 the resident received this medication at 7:21am. The resident did not receive this medication at the prescribed time on the dates specified above.

Resident #1 is prescribed Metoprolol Tartrate 25mg, 1 tablet every 12 hours at 8:00am and 8:00pm. On 10/2/13 the resident received this medication at 8:35am. On 10/14/13 the resident received this medication at 8:20pm. On 10/15/13 the resident received this medication at 8:34pm. On 10/19/13 the resident received this medication at 8:22pm. Resident #1 did not receive this medication at the prescribed dosage time on the dates specified above.

Resident #1 is prescribed Mirtazapine 45mg, 1 tablet at bedtime 8:00pm. On 10/14/13 the resident received this medication at 8:20pm. On 10/15/13 the resident received this medication at 8:34pm. On 10/19/13 the resident received this medication at 8:22pm. Resident #1 did not receive this medication at the prescribed time on the dates specified above.

Resident #1 is prescribed Simvastatin 20mg, 1 tablet daily at 5:00pm. On 10/4/13 the resident received this medication at 3:29pm. On 10/8/13 the resident received this medication at 3:24pm. On 10/9/13 the resident received this medication at 3:31pm. On 10/19/13 the resident received this medication at 3:24pm. Resident #1 did not receive this medication at the prescribed dosage time on the dates specified above.

Resident #1 is prescribed Zolpidem Tartrate 10mg, 1 tablet at bedtime 8:00pm. On 10/14/13 the resident received this medication at 8:20pm. On 10/15/13 the resident received this medication at 8:34pm. On 10/19/13 the resident received this medication at 8:22pm. On 10/24/13 the resident received this medication at 8:26pm. Resident #1 did not receive this medication at the prescribed dosage time on the dates specified above.

Interviews conducted with medication technicians at the facility determined that the staff are aware that administering a medication to a resident outside of the prescribed dosage time is a medication error, however these medication errors were not reported to the resident's physician as required.

**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.

*Orlene Strozian* 12-2-13

Violation Report: 20612 - 10/29/2013 - Hummel, Jesse  
PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa. Code §2800

2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

All staff has been retrained in following medication procedures and the immediate reporting of any medication errors.

Director of Wellness will monitor all MAR's on a daily basis to ensure medications are being given properly. Director of Wellness has been retrained to report any errors to the administrator immediately so that proper reporting can be done in the future.

on site verification 11/27/13

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 *11/15/13*

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

The above plan of correction is approved as of 11-2-13 (Date)

Plan of correction implementation status as of 11-2-13 (Date)

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

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