



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

Sent via email to: [REDACTED]

MAILING DATE: March 25, 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 licensing inspection on January 23, 2014 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

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

Sincerely,

A handwritten signature in black ink that reads "Anne Graziano".

Anne Graziano  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary

**VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

<b>PCH Name:</b> STABON MANOR PERSONAL CARE HOME		<b>License Number:</b> 20512
<b>Address:</b> 1555 HAAK STREET, READING, PA 19602		<b>County:</b> Berks
<b>Administrator:</b> CORINNE KERPER		<b>Region:</b> NORTHEAST
<b>Legal Entity Name:</b> STANLEY P. PILOT		
<b>Legal Entity Address:</b> 1555 HAAK STREET, READING, PA 19602		
<b>Certificate(s) of Occupancy</b> C-2 LP 07/18/1991 LABOR AND INDUSTRY		
<b>Staffing Hours</b> Resident Support: 0                                  Total Daily Staff: 108                                  Waking Staff: 81		
Type of Inspection: Full                                  BHA Docket Number:                                  Notice: Unannounced		
<b>Reason(s) for Inspection(s)</b> <del>Annual Renewal</del> , Complaint		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 01/23/2014: Dumas, Gerald; Harvey, Jason; Valence, Duane		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b> Partial or Full Triggers:                                  Random Indicators:		
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 138  Number of Residents Served: 108  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	<b>Number of Residents who:</b>  Receive Supplemental Security Income: 86  Are 60 Years of Age or Older: 45  Have Mental Illness: 72  Have an Intellectual Disability: 23  Have a Mobility Need: 0  Have a Physical Disability: 3	

Violation Report: 20512 - 01/23/2014 - Dumas, Gerald  
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.25(c)(4) - The contract shall specify the party responsible for payment.

2a. DESCRIPTION OF VIOLATION

The Resident Contracts for resident # 1 (Date of admission 12/23/13), #2 (DOA 11/25/13) and #3 (DOA 12/17/13) do not specify the party responsible for payment.

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.

Upon admission of a resident it is determined  
 the a resident is not capable of taking care of funds  
 due to information provided by social workers & families.  
 Until a resident is evaluated by their physician  
 it is not always clear who the payer will be.

Administrator will require that this be completed  
 upon admission/signing of contract even if there  
 is a question of competency. i.e. "Self until  
 physician evaluation".

Administrator will do a final review of all contracts  
 for completion prior to being filed away.

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>3/12/14</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 3-24-14  
 (Date)

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

Plan of correction implementation status as of 3-24-14  
 (Date)

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

Violation Report: 20512 - 01/23/2014 - Dumas, Gerald  
PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

Direct care staff person B , ( Date of Hire 11/12/13 ), did not have a high school diploma , GED diploma , or active registry status of the Pennsylvania nurse registry aide registry.

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.

*In order to avoid this happening in the future all new employee hires will not be placed on the work schedule unless all required paperwork is completed and employee file done.*

*Administrator will review all files of new hires before approval is given to place them on the work schedule.*

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) <i>Corinne Kerper</i>	Date <i>3/12/14</i>
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(Date)

Plan of correction implementation status as of 3-24-14  
(Date)

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

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

Violation Report: 20512 - 01/23/2014 - Dumas, Gerald  
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.57(d) - At least 75% of the personal care service hours specified in § 2600.57(b) and § 2600.57(c) shall be available during waking hours.

2a. DESCRIPTION OF VIOLATION

On 1/18/2014, the minimum number of hours of direct care required was 81.0 for the 108 residents of the home. On 1/18/2014 the home only provided 73.5 direct care service hours.

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.

We have a large number of Residents awake during sleeping hours. They require staff assistance during 3rd shift. Also note the med techs are providing medications from 6 AM - 12 AM.

Hours - (Employee Hours) that have been allowed during previous inspections were not permitted by inspectors this year. There are several other employees that have duties providing one on one care to Residents that was not allowed in service hour calculation. Such as: Activities - they provide 100% visits with every Resident as a requirement by Administrator. These visits are documented. Our office staff handles all Resident concerns, Dr appts, & providing PNA, assisting them w/ phone calls etc.

Employee supervisor will turn <sup>in</sup> the work schedules to the Administrator for review to ensure adequate Personal Care service hours.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Corin Kerper*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Corinna Kerper*      Date *3/12/14*

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Plan of correction implementation status as of 3-24-14 (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

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

Violation Report: 20512 - 01/23/2014 - Dumas, Gerald  
 PCH Name: STABON MANOR PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

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 person B, (Date of Hire 11/12/13) did not complete the web based training course and competency test.

**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 particular employee worked part time for only 2 weeks. During her work hours she was supervised & trained. She quit prior to inspection. The Administrator will review all new Hire paperwork for completion prior to allowing Employee Supervisor to place them on the work schedule.*

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 *3/12/14*

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The above plan of correction is approved as of <u>3-24-14</u> (Date)	Plan of correction implementation status as of <u>3-24-14</u> (Date)
The above plan of correction was approved by <u>[Signature]</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 - 01/23/2014 - Dumas, Gerald  
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.83(a) - The indoor temperature, in areas used by the residents, shall be at least 70°F when residents are present in the home.

2a. DESCRIPTION OF VIOLATION

The indoor temperature in the home is not maintained at 70 degrees.  
 Resident bedroom # B-7 had an indoor temperature reading of 60 degrees. Two residents who did reside in # B-7 were moved to bedroom # B-11 due to cold temperatures in Bedroom # B-7.  
 Resident bedroom # 200 had an indoor temperature reading of 58 degrees and no heat coming from the room's radiator. Bedroom # 200 has one resident occupying this room.  
 Resident bedroom # 202 occupied by four residents had a indoor temperature reading of 59 degrees and two radiators that were cold to the touch.  
 Both the Administrator and the Maintenance man stated that the heat to various floors are turned off by the Maintenance Man for at least an hour so that heat can be supplied to the other floors that were not affected by the shut off. The Maintenance man commented that he shuts off the circulating pumps to each floor at various times during the recent extreme cold conditions.  
 Resident bedroom # B-2 occupied by three residents had an indoor temperature of 65.8 degrees.

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 Maintenance Department received training on what procedures to follow during extremely Cold Conditions. - (See Enclosed)

Administrator will call Heating Companies to evaluate our current heating system. Based on their recommendations we will either add additional electric baseboard units, upgrade the system or replace the current system.

Administrator will update current policy to include Extreme Cold Conditions w/ working heat system. (See Enclosed)  
 Spoke w/ Admin CK on 3-11-14

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 *3/12/14*

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The above plan of correction is approved as of 3-24-14 (Date)  
 Additional steps will be taken in extreme cold to insure compliance w/ this regulation. This may include additional base board heating units in some rooms.  
 The above plan of correction was approved by CK (Initials)

Plan of correction implementation status as of 3-24-14 (Date)

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

Violation Report: 20512 - 01/23/2014 - Dumas, Gerald  
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.93(a) - Each ramp, interior stairway and outside steps must have a well-secured handrail.

2a. DESCRIPTION OF VIOLATION  
 The outside steps leading from the back porch to ground level do not have a handrail which creates a hazard for residents in the event of exiting the 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.

*Handrail to be installed by maintenance as soon as weather permits. We expect to be within the next 30 days. Administrator or designee will conduct weekly walk throughs of the building in order to insure on-going compliance.*

*Apdx to Adm CR on 3-24-14 CP.*

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 *3/12/14*

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The above plan of correction is approved as of 3-24-14 (Date)  
 The above plan of correction was approved by *CK* (Initials)

Plan of correction implementation status as of 3-24-14 (Date)

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Violation Report: 20512 - 01/23/2014 - Dumas, Gerald  
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

The exhaust fan located in a shared bathroom outside of bedrooms # 302 and # 304 had debris inside the lens of the light and an accumulation of lint around the venting that may cause a fire hazard.  
 An overhead exhaust fan housing located in the bathroom off bedroom # 314 is missing a light cover that needs to be replaced.  
 The bathroom off of bedroom # 104 has an exhaust fan that does not work and is in need of a cover for its light.  
 Bathroom off of bedroom # 104 does not have an outside window and is not equipped with a working exhaust fan for ventilation.

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.

Maintenance is required to do a facility inspection to all areas. This item is on his Check off Sheet to be done every morning.  
 This violation was renewed with maintenance employee. (Proof of training enclosed)  
 Administrator will review all work sheets for completion of all areas on or before the daily meeting.  
 Any unchecked areas & followup on repairs he listed during his daily facility inspection will be renewed & discussed.  
 Adm or designee will inspect random bathrooms throughout the home on a monthly basis to insure ongoing compliance. Discussed w/ Adm CK on 3-24-14

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Corinne Kesper*      Date *3/12/14*

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

The above plan of correction is approved as of 3-24-14 (Date)

Plan of correction implementation status as of 3-24-14 (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 - 01/23/2014 - Dumas, Gerald  
 PGH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.100(b) - The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

2a. DESCRIPTION OF VIOLATION

The exterior metal fire escape located on the west and east sides of the building that lead from the 3rd floor of the building to grade were covered with snow and in parts with ice.

The emergency exit from the second floor east exit opens onto a roof of the building that leads to the east side metal fire escape. The roof area off the building exit was covered with several inches of snow which would create a hazard to residents evacuating the building in an emergency situation and needs to be clear of snow and ice that may impede evacuation.

The walkways located at the base of the west and east side fire escapes were snow covered and would be hazardous to residents evacuating the building and metal fire escapes during an emergency and needs to be kept cleared at all times.

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.

These tasks are listed on the maintenance persons daily worksheet & are expected to be done when bad weather comes.

Review of this violation will be done by Administrator w/ the maintenance person & any other staff member that would act in his absence. (Copy enclosed)

The Administrator will follow up w/ maintenance to ensure this is being done during all snow & ice events & done in a timely manner. Administrator will do usual inspection that all exits have been cleared leaving safe access in & out of Bldg.

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 *3/12/14*

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The above plan of correction is approved as of 3-24-14 (Date)

Plan of correction implementation status as of 3-24-14 (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 - 01/23/2014 - Dumas, Gerald  
 PCH Name: STABON MANOR PERSONAL CARE HOME

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

2a. DESCRIPTION OF VIOLATION

The medical evaluation for resident #1 dated 12/23/13, did not indicate immunization history, body positioning or cognitive functioning.  
 The medical evaluation for resident #4 dated 12/11/13, did not indicate temperature, health status, cognitive functioning or mobility needs.  
 The medical evaluation for resident #5 dated 1/17/14, did not indicate body positioning or mobility 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.

Administrator will require that all DME's be given for review prior to being filed into residents chart. Any incomplete areas can then be addressed by physician.

The Administrator will renew this violation w/the acting nurse/care coordinator so they are aware that all areas must be completed. Once they are done then give to Administrator for final review before filing them into charts.

This allows for double check system & avoid any future violations

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>3/12/14</i>
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The above plan of correction is approved as of 3-24-14  
 (Date)

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

Plan of correction implementation status as of 3-24-14  
 (Date)

- Fully Implemented
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- Not Implemented

Violation Report: 20512 - 01/23/2014 - 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

At 9:45 a.m. the Department representative witnessed 3 residents smoking on the home's front porch; in addition there were approximately 6 cigarette butts in the planter next to the door of the home.

During the inspection process, two female residents were found to be smoking on the rear porch which had a sign posted indicating that the porch was a non-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.

*Despite our every effort many of our residents continue to be non-compliant w/our Smoking rules. They continue to be belligerent when told they must move to an authorized location.*

*All staff will continue to monitor all unauthorized locations every 1/2 hour & sign off on our Documentation Sheet. They will also report all noncompliant Residents to the office.*

*The Administrator will issue ejection notices to all violators. Care Coordinator will monitor all staff to ensure checks are being completed as required. (Copy attached)*

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 Kerner*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Corinne Kerner* Date *3/12/14*

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

The above plan of correction is approved as of 3-24-14 (Date)

Plan of correction implementation status as of 3-24-14 (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 - 01/23/2014 - Dumas, Gerald  
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

Resident #6's medication of Advair 100/50 diskus was not labeled when opened. The manufacturer directions indicate Advair is to be used within 30 days of being opened.

Resident #7's medication of Advair 100/50 diskus was not labeled when opened. The manufacturer directions indicate Advair is to be used within 30 days of being opened.

Resident # 11 's medication, Advair diskus was not dated when opened.

Resident # 12's medication, Advair diskus was not dated when opened.

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 regulation cited does not pertain to dating of medications. All scripts were current & refillable & all meds were for residents currently living in our home.

Employee training was completed in regards to proper handling of all medications including inhalers (training sheet attached) Because all inhalers expired at different times the pharmacy has provided a chart giving easy reference of expiration dates. This will be posted in all med rooms.

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) *Corinne Keeper* Date *3/12/14*

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

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Plan of correction implementation status as of 3/24/14 (Date)

To determine that medications are current, they have to be opened dated when opened and discarded after the exp. 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 - 01/23/2014 - Dumas, Gerald  
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.186(a) - Each prescription medication must be prescribed in writing by an authorized prescriber. Prescription orders shall be kept current.

2a. DESCRIPTION OF VIOLATION

Resident #8 had an order for Meloxicam 7.5 mg to be given at 8 am for arthritis. This medication was not available on the day of the inspection.

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.

Copy of script attached - it is only for a 5 day supply. The medication was given for the 5 days & then stopped.

This is why the medication was not in the med cart at time of inspection.

This was explained to inspectors on day of inspection.

Adm or designee will review at least monthly that all scripts are current. All medications for residents will be on hand as ordered.

Apoke w/ adm CK on 3-24-14 CR

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 3/12/14

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

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3-24-14  
 (Date)

Plan of correction implementation status as of

3-24-14  
 (Date)

The above plan of correction was approved by

*CR*  
 (Initials)

- Fully Implemented
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- Not Implemented

Violation Report: 20512 - 01/23/2014 - Dumas, Gerald  
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION  
 The Resident Assessment Support Plans for resident #9 dated 12/9/13 and resident #10 dated 11/24/13 was not signed by the residents nor was there any documentation of the resident's inability or refusal to sign the support plan.

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.

In order to avoid this from happening in the future:

The Administrator will renew all RASPs for completion to all areas of the form.

The File Clerk will look for any missing signatures before filing the RASP into the resident's file.

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)			Date
Corinne Kerper			3/12/14

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

The above plan of correction is approved as of 3-24-14  
 (Date)

Plan of correction implementation status as of 3-24-14  
 (Date)

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

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