

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 August 27, 2014 until August 27, 2015,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 205120

Robert E. Robinson

ISSUING OFFICER

Michael J. [Signature]

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.



AUG 28 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 #: 205120

Dear Mr. Pilat:

As a result of the Department of Public Welfare's licensing inspection on May 13, 2014, June 24, 2014 and June 25, 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.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Matthew J. Jones".

Matthew J. Jones
Director

A small, handwritten mark or signature flourish at the end of the name.

Enclosures
License
License Inspection Summary

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: 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 07/19/1991 Dept. of Labor and Industry		
Staffing Hours Resident Support: 0 Total Daily Staff: 123 Working Staff: 92		
Type of Inspection: Partial BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Complaint, incident ERROR (2 complaints)		
On-Site Inspections Dates and Department Representatives On-Site 05/13/2014: Rushin, Julianne; Foulkes, Kimberli		
Off-Site Inspection Dates and Inspectors, if Applicable 06/06/2014: Rushin, Julianne 06/09/2014: Rushin, Julianne		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 138 Number of Residents Served: 123	Number of Residents who: Receive Supplemental Security Income: 85	
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	Are 60 Years of Age or Older: 44 Have Mental Illness: 66 Have an Intellectual Disability: 23 Have a Mobility Need: 0 Have a Physical Disability: 4	

Violation Report: 20512 - 05/13/2014 - Rashir, Julianne
 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 3/1/14, at 8:05 pm, resident #1 cut their wrist with a blade and verbalized to staff person "A" that they did not want to live. Resident #1 was transported to the hospital for medical treatment. On 3/2/14, the resident was admitted to Fairmont Behavioral Health System and treated for depression. On 4/23/14, an internal incident report indicates that resident #1 cut their wrist again and sent to a hospital. The home did not report either incident to the Department.

 On 5/4/14 at 9:10 pm resident #4 was found by police walking along the shoulder eastbound in the westbound lane on Perkiomen Avenue near the cross street of Lorane Road with cuts on their hand and forearm. The resident was missing from the home during this event from between 4-5 pm and after 9 pm when the resident was found by local police. The resident was transported to Reading Hospital and diagnosed with a fall, multiple bruises, and abrasions to multiple sites. The home did not submit an incident report to the Department.

 On 5/8/14 at 3:22 pm resident #5 was found by police sitting on a wall on Lincoln Road. The resident stated they were walking to Allentown. The resident stated they didn't feel well, due to being diabetic and nauseated. EMS responded and the resident was transported to Reading Hospital for evaluation. The home did not submit an incident report to the Department.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See attached

The home will ensure that staff continue to maintain supervisory checks where warranted. Ongoing compliance will be maintained by the Adm Staff conducting frequent exchanges about resident issues in order to submit reportable incidents as required.

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) *Corinne Keeper*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Corinne Keeper</i>	Date <i>7/24/14</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>8-18-14</u> (Date)	Plan of correction implementation status as of <u>8-18-14</u> (Date)
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The above plan of correction was approved by <i>[Signature]</i> (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
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Jul 24 14 03:35p

Stabon

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p.1

Page 2

2600.16(c) Resident #1

Resident #1 was interviewed by Administrator on the day the cutting occurred. He was very adamant that it was only an accident. Upon return from the Hospital, the paperwork was reviewed and they only reported depression. So the Administrator did not see any reason to report this event. If the staff person reported to the Administrator what they were told by him a report would have been sent as required. The incident on 4/23 was again not reported to the administrator; instead a staff person just filed it into the residents file without making anyone else aware that it happened.

Plan of Correction- Staff will receive a re-training on reportable incidents. The Administrator will complete this training within 2 weeks to all staff, both direct care and ancillary staff. Upon completion of this training, the Administrator and Care Coordinator will work together to review all incidences written up by staff to ensure they understand what is reportable and if necessary do additional individual training.

2600.16(c) Resident #4

Resident #4 was admitted to the facility with no prior knowledge that she would walk away from the facility. The residents "voices in her head" told her she had to leave. Because of this she was put on 15 minute checks by staff until she could see her psychiatrist for a medication adjustment. Despite our attempts to keep her from leaving the building she still got out. She was aware of the area she was going to and was never gone for more than a few hours. It was not reported because she was not out for 24 hours, no injuries occurred and the police did not bring her back to the facility. She was returned by cab.

Plan of Correction - The plan to continue the 15 minute checks was again put into effect upon her return. The family then picked her up and took her to their house until she was seen by the psychiatrist. After she returned to the facility with the medication changes she never tried to leave again. The Administrator will report any incidence that may occur due to a resident leaving the building because of their delusions. Because the resident has a right to come and go at will it can be a gray area as to what is reportable. The Administrator will include in the staff training that if a resident leaves for any reason and the staff have concerns that they may not be competent to return on their own, then they are responsible to make sure they are monitored and if they leave the building without returning within a reasonable amount of time a report needs to be filed with the Department. The Administrator will complete this training within 2 weeks to all staff, both direct care and ancillary staff.

2600.16(c) Resident #5

The resident was seen leaving the property on this day. The staff told her she needed to return to the facility. She refused. The staff continued to encourage her to turn around. She became belligerent and continued to refuse. The resident is known to become physically violent when she is agitated. She said she knew where she was going so the staff left her to continue as she has rights and has not been

Corinne Kerper
Corinne Kerper

2/24/14

Anne Stoyan
8-18-14

Violation Report: 20512 - 05/13/2014 - Rushin, Julianne
 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

Resident #4 wandered away from the facility multiple times since the resident's date of admission on 4/1/14. The resident is not familiar with the area and is not safe if the resident leaves the homes premise. The resident was placed on 15 minute checks prior to 4/29/14 according to staff members. The home's documentation indicated the resident was placed on 15 minute checks as of 4/29/14. On 4/29/14 the resident went missing shortly after dinner at approximately 4:30 pm and was later brought back to the home by two women who found the resident walking on the freeway going towards Exeter. The home was aware the resident was experiencing an increase in delusional voices stating to run, leave the facility, and that the resident didn't belong in the home. The resident was also experiencing and increase in agitation. The home sent the resident to the hospital for an evaluation on 4/30/14 and the resident returned to the home the same day. The resident was sent out again on 4/30/14 to the hospital and the hospital discharged the resident in a cab. The resident did not return to facility and was found later that evening in the community by the resident's family member and returned to the home. On 5/4/14 the resident was last seen in the home by staff around dinnertime between 4 pm and 5 pm. The staff did not realize the resident was not in the home until they received a telephone call from police after 9 pm that evening when they found the resident walking along the shoulder eastbound in the westbound lane on Parkiomen Avenue near the cross street of Lorene Road with cuts on the residents hand and forearm. The resident was transported to Reading Hospital and diagnosed with a fall, multiple bruises, and abrasions to multiple sites. The home neglected the supervision and services that were essential to avoid a clear and serious threat to the physical health of the resident.

On 5/8/14 at 6:43 pm, resident #6 was hearing voices telling him to hurt resident #7. Resident #6 then pushed resident #7 to the floor. As a result, resident #7 was treated at the hospital for bruised ribs.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See attached

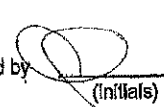
The home will clearly document behavioral issues in the resident record to identify resident needs for supervision, redirection or intervention. The home will continue to insure residents are free from any type of abuse listed in this regulation. EQ 8-18-14

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/13/2014	07/25/2013
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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 *7/24/14*

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

The above plan of correction is approved as of <u>8-18-14</u> (Date)	Plan of correction implementation status as of <u>8-18-14</u> (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

deemed incompetent. The incidence was not reported because the resident knew where she was going, was not gone for more than a few hours, on injuries occurred and was returned to the facility by cab.

Plan of Correction- The Administrator will conduct staff training so they understand that if a resident leaves for any reason and the staff have concerns that they may not be competent to return on their own, then they are responsible to make sure they are monitored. If they leave the building and are off facility property and refuse to return, they should call the police for assistance. The Administrator will complete this training within 2 weeks to all staff, both direct care and ancillary staff.

Page 3

2600.42(b) Resident #4

The resident was admitted to the facility with no knowledge that this women had voices that would tell her she needed to leave. Once the staff was aware of the problem the staff became very proactive and took many steps to ensure her safety. It was apparent that she needed to see a psychiatrist to adjust her medications. Staff and family felt confident that this was going to solve the problem. When an appointment could not be made within a reasonable amount of time staff sent her to the hospital two separate times but she was returned within a few hours without any change to her medications. In addition to trying to obtain medical help for her the staff was monitoring her by performing 15 minute checks to try to prevent her from leaving. When she did manage to walk off the property without being seen she knew where she was going as she lived in the area for years. She was always found in the same general area and was never gone for more than a few hours. Because it was difficult to keep her from leaving the facility, the family picked her up and took her to their house until they could get a psychiatric appointment. She was gone for about 1 week and after she returned to the facility with the new medication changes she has never tried to leave again.

Plan of Correction - The staff are continuing the 15 minute checks to ensure that the medication continues to be effective. The Care Coordinator will have periodic conversations with Resident #4 to monitor for any delusions or voices that may encourage her to start eloping again. A follow up psychiatric appointment will be made.

See previous page of 8-18-14

2600.42 (b) Residents #6 & 7

When two residents are caught fighting between themselves it is reasonable to require staff to take the steps to calm the situation, ensure safety and prevent any future altercations. However to be written up for neglect because the staff did not prevent it from happening is not fair to the staff or facility. Personal care facilities do not provide 24 hour one on one supervision to residents. In order to prevent any resident altercations is impossible. However once the staff see or hear any residents fighting they know the steps they need to take to calm the situation and prevent other injuries. That is the case here. There was no advance warning that this would happen between these two gentlemen. Once the staff were aware of the situation occurring all step were taken to handle the situation and send both residents to the hospital for the appropriate care.

Corinne Keiper
Corinne Keiper

Anne Glazford
8-18-14
7/24/14

Violation Report: 20512-05/13/2014 - Rushin, Julianne
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.62 - The administrator shall maintain a current list of the names, addresses, and telephone numbers of staff persons including substitute personnel and volunteers.

2a. DESCRIPTION OF VIOLATION
 On 5/13/14, staff person "C", the home's administrator was unable to provide Department Representatives with a current list of staff and their contact numbers.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

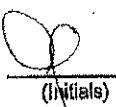
See attached

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Corinne Kerpner* Date *7/29/14*

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

The above plan of correction is approved as of <u>8-18-14</u> (Date) <i>on-site 8-15-14</i>	Plan of correction implementation status as of <u>8-15-14</u> (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

**I would also like to point out that in the past we were never given a violation under this code when residents were fighting between themselves. This has only been recently and is not consistent. I find that this varies upon inspectors.

Plan of Correction - The Administrator will conduct a training on how to recognize delusional behaviors and how they could be manifested into violent behaviors. As a result a delusional resident could possible act out violently and randomly against another resident or staff person. As a part of violence prevention, any resident that exhibits these behaviors needs to be reported immediately to the physician for possible medication adjustment or hospitalization, and monitored closely by staff until the resident receives the medical care needed. After this training is completed the care coordinator will monitor residents and continue with providing on the job training to point out situations that may apply to ensure staffs understanding of resident monitoring. The Administrator will complete this training within 2 weeks to all staff, both direct care and ancillary staff. *The home will review residents' needs and determine if the home can meet those needs. ☐ 8718-74*

2600.62

Please note that at no time during this investigation by the inspector did they ever ask for a complete list of employees. The facility has for years kept a current list of employees posted in the first floor medication room. It was there during this inspection as well. The inspector requested the only one specific employee's phone number which was provided to them.

Plan of correction - The employee contact list was posted as required on the day of the investigation. No correction is needed. However, if any inspector requests an employees' phone number in the future, the Administrator will ask for clarification in order to avoid another violation under this code.

** When an inspector comes to a facility on a complaint/ investigation they should be required to give a review of possible violations before leaving so something like this could be avoided.

Page 5

2600.225(c)

As the Care Coordinator is still in training for this position, it is easy with all the chaos to overlook what should be routine. *The home will ensure staff are properly trained to perform their job duties. ☐ 878-14*

Plan of correction - The Administrator will review resident #4's assessment with the care coordinator and explain the changes that need to be updated. The Administrator will provide assessment retraining so it is understood when to make an update and what situations will require a reassessment. After training is completed the Administrator will do compliance checks to ensure all assessments are being updated appropriately and accurately. This training will be completed within 1 week. A copy of the updated assessment is enclosed for compliance review.

Corinne Kerper
Corinne Kerper

7/24/14
Anna [Signature]
8-18-14

Violation Report: 20812 - 05/13/2014 - Rushin, Juliana
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa. Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

On multiple occasions since resident #4's admission on 4/1/14, and specifically on 4/29/14, 4/30/14, and 5/4/14, resident #4 has wandered from the home and has been lost in the community without staff's knowledge. The resident's assessment still indicates the resident requires no supervision either in the home or when in the community. The resident's assessment also indicates the resident has no problem with hallucinations and the resident was experiencing hallucinations at the times the resident had wandered from the home. The home has not completed a new assessment of the resident's needs to reflect these changes.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See attached

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: *8/24/14*

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The above plan of correction is approved as of

8-18-14
 (Date)

on site 8-15-14

Plan of correction implementation status as of *8-18-14*
 (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 20512-05/13/2014 - Rushin, Julie
 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
 The annual RASP for resident #3, dated 5/10/14, does not indicate that the resident wears adult briefs and has an ongoing history of excessively washing their genitals resulting in recurring dermatitis.
 The annual RASP for resident #2, dated 6/13/13 does not indicate the resident's fixation with bowel movements and tendency to remove feces from their adult brief and show it to staff.
 On 3/1/14, at 8:05 pm, resident #1 cut their wrist with a blade and verbalized to staff person "A" that they did not want to live. Resident #1 was transported to the hospital for medical treatment. On 3/2/14, the resident was admitted to Fairmont Behavioral Health System and treated for depression. On 4/23/14, an internal incident report indicates that resident #1 cut their wrist again and sent to a hospital. Resident #1's RASP dated 12/17/13 was not updated to indicate their history of suicide attempts.
 On 5/8/14 at 6:43 pm, resident #6 was hearing voices telling him to hurt resident #7. Resident #6 then pushed resident #7 causing him to fall to the floor. Resident #6's RASP dated 10/7/13 was not updated to indicate a problem with aggression and a plan to address it.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See attached

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 *7/24/14*

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

The above plan of correction is approved as of 8-18-14
on-site 8-15-14 (Date) 15
 The above plan of correction was approved by *[Signature]*
 (Initials)

Plan of correction implementation status as of 8-18-14
 (Date)

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

Page 6

2600.227(d)

Plan of correction - The Administrator will review resident #3, #2, #1 and #6's assessment with the care coordinator and explain the changes that are needed and provide retraining on when to make an update, what situations apply and require a reassessment. After training is completed the Administrator will do compliance checks to ensure all assessments are being updated appropriately and accurately. This training will be completed within 1 week. A copy of the updated assessment is enclosed for compliance review.

** resident #2 has been transferred to nursing assessment not available*

Page 7

2600.252

Adm/Designee will perform random reviews of resident support plans in order to ensure ongoing compliance. CP. 8-18-15

Over Two month ago the facility acquired a computer program that holds all of our residents' records. As a result of the changeover some records are in a resident paper file folder and some are in the new computer program. The Administrator told the inspector that if they were missing any piece of information from the paper file it was on the computer and could be printed out for them. The Administrator reminded them of this several times during the day. At no time did the inspector ask if there was a current picture in the electronic file. The picture is in that file and current. If they asked if it was there it would have been printed out for them. The picture prints out on the face sheet, and multiple other forms in the residents' electronic file.

**When an inspector comes to a facility on a complaint/ investigation they should be required to give a review of possible violations before leaving so something like this could be avoided.

Plan of correction - Resident #4's picture is in the electronic file and was on the day of inspection. No correction is needed. In order to avoid any other violations that could arise in the future due to the fact that it can be confusing with two different files the Administrator will continue to remind the inspectors of the multiple files.

The info required in 2600.52 (1) -> (2b) must be present in the resident record. Adm or designee will audit resident records to insure current compliance.

Corinne Kuper

CP. 8-18-14

7/24/14

Corinne Kuper

Ornina Maziar 8-18-14

Violation Report: 20512 - 05/13/2014 - Rushin, Julianne
PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION: 55 Pa. Code §2600
2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION
Resident #4's record does not include a photograph.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See attached


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 *7/24/14*

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

The above plan of correction is approved as of 8-18-14
(Date)
on-site 8-15-14

The above plan of correction was approved by 
(Initials)

Plan of correction implementation status as of 8-15-14
(Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

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

Page 1 of 18

PCH Name: STABON MANOR PERSONAL CARE HOME		License Number: 205121
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 07/19/1991 L&I		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 128	Waking Staff: 96
Type of Inspection: Full	BNA Docket Number:	Notice: Unannounced
Reason(s) for inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 06/24/2014: Novak, Ryan; Foulkes, Kimberli; Dumas, Gerald 06/25/2014: Novak, Ryan; Foulkes, Kimberli		
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: 128	Receive Supplemental Security Income: 104	
Secured Dementia Care Unit In Home: No	Are 60 Years of Age or Older: 59	
Area:	Have Mental Illness: 58	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 24	
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		

Violation Report: 20512 - 06/24/2014 - Novak, Ryan
PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION
 The licensing inspection summaries dated 7/25/13, 8/13/13, 8/28/13, 10/1/13, 10/29/13 and 3/3/14 were not posted in a conspicuous and public place in the home.

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 have them posted because the RCG was confusing in it's explanation on what needs to be posted. We had our annual inspection Jan, 23,2014 so we did not post any violations prior to that inspection. The 3/3/2014 could not be found on the website or in our records.

Plan of Correction- The administrator will post all violation reports according to the regulations.

* The violation report was dated 3-13-14. DUE error of 8-8-14

Adm/Designee will do a periodic check to insure all patient VR's are posted in a public & conspicuous place in the home. 8-8-14

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 *8/1/14*

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

The above plan of correction is approved as of <u>8-8-14</u> (Date) <i>on-site 8-15-14</i>	Plan of correction implementation status as of <u>8-15-14</u> (Date)
The above plan of correction was approved by <u><i>CK</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 20512 - 06/24/2014 - Novak, Ryan
PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

An internal incident report for Resident #1 dated 6/12/14 notes 22 unexplainable bruises on left arm, 19 unexplainable bruises on right arm and 3 unexplainable bruises on right leg. The home did not submit a report to the local area agency on aging of the suspected abuse.

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.

Per my phone conversation on July 28, 2014 - Bob Bisignani has agreed to remove this violation.

Withdrawn
Corinne Kerper
8/8/14

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 *8/1/14*

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

The above plan of correction is approved as of _____ (Date)

Plan of correction implementation status as of _____ (Date)

The above plan of correction was approved by _____ (Initials)

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

Violation Report: 20512 - 06/24/2014 - Novak, Ryan
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.18(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
 An internal incident report for Resident #1 dated 6/12/14 notes 22 unexplainable bruises on left arm, 19 unexplainable bruises on right arm and 3 unexplainable bruises on right leg. The home did not submit an incident report to the Department of the suspected abuse.

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.
 Per our phone conversation 7/28/2014 - Bob Bisignani has agreed to remove this violation.

Withdrawn
Corinne Keeper
8/1/14

Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/26/2013	10/29/2013
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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 *8/1/14*

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

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

Violation Report: 20512 - 08/24/2014 - Novak, Ryan
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION
 The licensing inspection summary dated 1/23/14 posted in the main office of the home included the staff and resident privacy coding documents. The documents are to safeguard confidential information.

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.

It was the assumption of the Administrator that records received from the Dept. are to be kept intact and complete at all times. The Dept. has always been exempt in regards to resident confidentiality.
 Plan of Correction - The Administrator is now aware of the violation and will remove all lists of residents and staff prior to posting in a public place.

Adm/Designee will periodically monitor the postings to insure on-going compliance w/ privacy/confidentiality items. OP. 8-8-14

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 *8/1/14*

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

The above plan of correction is approved as of *8-8-14*
 (Date)
*on-site ~~8-15-15~~
 8-15-14*

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

Plan of correction implementation status as of *8-15-14*
 (Date)

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

Violation Report: 20512 - 08/24/2014 - Novak, Ryan
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.53(a) - The administrator shall have one of the following qualifications:
 (1) A license as a registered nurse from the Department of State.
 (2) An associate's degree or 60 credit hours from an accredited college or university.
 (3) A license as a licensed practical nurse from the Department of State and 1 year of work experience in a related field.
 (4) A license as a nursing home administrator from the Department of State.
 (5) For a home serving 8 or fewer residents, a general education development (GED) diploma or high school diploma and 2 years direct care or administrative experience in the human services field.

2a. DESCRIPTION OF VIOLATION
 On 6/24/14, the home was serving 128 residents. Staff person A, the administrator does not have a license from the Pennsylvania Department of State as a registered nurse, or a licensed practical nurse with one year of work experience in a related field, an associate's degree, 60 or more credits from an accredited college or university, or a license from the Pennsylvania Department of State as a nursing home administrator/a high school diploma or a general education development diploma and two years of direct care or administrative experience in a human service field.

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 listed here has an associate's degree through Harcum College, Bryn Mawr, Pa.
 As per our phone conversation 7/28/2014 - Bob Bisignani has agreed to removed this violation.

withdrawn

Corinne Kasper

8/1/14

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Corinne Kasper</i>	Date <i>8/1/14</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of _____ (Date) The above plan of correction was approved by _____ (Initials)	Plan of correction implementation status as of _____ (Date) <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 20512 - 08/24/2014 - Novak, Ryan
 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 does not have a high school diploma, GED diploma, or active registration status on the Pennsylvania nurse 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.

The staff member in this violation has a copy of her diploma in her employee file. However the inspector could not find it on the list of accredited schools.

Plan of Correction - A copy of the schools accreditations are attached. The employee has agreed to enter into a GED program to receive an acceptable diploma. It is our understanding of the regulation that she will be able to continue working as a direct care staff member as long as she provides proof of this education and that it is completed within 6 months.

*Documentation of step taken w/dates -
 and final document to be retained
 in employee record. CP, 8-8-14*

*Employee will not do direct care until enrolled in
 the GED program.*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/23/2014	
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Signature of Legal Entity Representative *Corinne Kerper*
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative *Corinne Kerper* Date *8/1/14*
 (Required on EVERY Page)

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

The above plan of correction is approved as of 8-8-14
 (Date)

*on-site - 8-14
 8-15-14*

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

Plan of correction implementation status as of 8-15-14
 (Date)

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

Violation Report: 20512 - 06/24/2014 - Novak, Ryan
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.57(b) - Direct care staff persons shall be available to provide at least 1 hour per day of personal care services to each mobile resident.

2a. DESCRIPTION OF VIOLATION
 On 6/23/14, there were 116 of residents in the home. On this day, only 111.75 hours of direct care staffing was provided, 116 hours were 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.

A direct care employee was working in the facility on this day and was not listed on the work schedule. The employee's direct care education and time sheet for this day is attached. This employee worked 8 hours this day in question. If her hours were considered this would not be a violation.

Plan of correction- All direct care staff members will be entered on the work schedule. The Administrator will review all work schedules to ensure that all supervisors and in compliance.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Corinne Keeper</i>	Date <i>8/1/14</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 8-15-14
 (Date)

ams

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

Plan of correction implementation status as of 8-15-14
 (Date)

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

Violation Report: 20512 - 06/24/2014 - Novak, Ryan
 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 6/23/14, there were 118 residents in the home. On this day, only 84.75 hours of direct care staffing was provided during waking hours, from 7am to 11pm, and the home required 87 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.

A direct care employee was working in the facility on this day and was not listed on the work schedule. The employee's direct care education and time sheet for this day is attached. This employee worked 8 hours this day in question. If her hours were considered this would not be a violation.

Plan of correction- All direct care staff members will be entered on the work schedule. The Administrator will review all work schedules to ensure that all supervisors and in compliance.

Repeat Violation: Yes Date(s) of Previous Violation(s): 01/23/2014

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 *8/1/14*

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

The above plan of correction is approved as of 8-18-14
 (Date)

on-site 8-17-14
8-15-14
 The above plan of correction was approved by *[Signature]*
 (Initials)

Plan of correction implementation status as of 8-15-14
 (Date)

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

Violation Report: 20512 - 06/24/2014 - Novak, Ryan
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 56 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, hired on 3/18/14, began providing unsupervised ADL services on 4/16/14. The staff person did not successfully complete and pass the Department-approved direct care training course and competency test until 5/15/14.

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 was an oversight of the trainer and office staff reviewing the employee's file.
 Plan of correction- It has always been the Home's policy to require the employee to complete all orientation paperwork prior to first day of work. The Administrator will be responsible to review the employee's file for completeness prior to being placed on the work schedule. The employee supervisor and office staff will be informed that this procedure needs to be adhered to w/o exception.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/23/2014	
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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 8/1/14

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

The above plan of correction is approved as of 8-18-14
 (Date)

on-site 8-15-14

The above plan of correction was approved by OP
 (Initials)

Plan of correction implementation status as of 8-15-14
 (Date)

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

Violation Report: 20512 - 08/24/2014 - Novak, Ryan
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.85(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

The annual training provided to direct care staff person C in training year 3/29/13-3/29/14 did not include training on the following topics: (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan and (3) Care for residents with dementia and cognitive impairments.

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 employee listed herein has worked in the facility for several years. She has had this training prior however this was missed in the employee file review.

Plan of correction- the Administrator will review all annual training requirement with the employee supervisors and the office staff who reviews the files for completeness. The Administrator will personally review all employee files for compliance with this regulation.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Carine Keeper* Date *8/1/14*

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

The above plan of correction is approved as of 8-15-14
 (Date)
on site 8-15-14

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

Plan of correction implementation status as of 8-15-14
 (Date)

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

Violation Report: 20512 - 06/24/2014 - Novak, Ryan
PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

2a. DESCRIPTION OF VIOLATION
The home's written emergency procedures have been submitted to the municipal agency for Calendar Years 2011 and 2014. For the inspection of year 2013 no emergency procedures were submitted to the local municipal emergency agency.

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 mails the emergency procedure as required each year.
2014 year was given to the inspector.

This was discussed with Ann Graziano- she agreed to remove this violation

*W/d this was a provision to mo. inspection
Ann Graziano
8-8-14*

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 *8/1/14*

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

The above plan of correction is approved as of _____ (Date)

Plan of correction implementation status as of _____ (Date)

The above plan of correction was approved by _____ (Initials)

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

Violation Report: 20512 - 06/24/2014 - Novak, Ryan
PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2a. DESCRIPTION OF VIOLATION

2 -1 gallon containers of Klean Strip Paint Thinner was located in the attic of the home. The label reads store in a cool dry spot.
1 quart of EPDM seam tape primer was located in the attic of the home. The label reads flammable liquid and vapor.

At the time of the inspection the attic measured 91.5 degrees Fahrenheit. These materials pose a possible fire hazard.

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.

As per our phone conversation 7/28/2014 - Bob Bisinani has agreed to remove this violation.

W. Withdrawn
Corinne Kerper
8-8-14

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 *8/1/14*

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

The above plan of correction is approved as of _____
(Date)

Plan of correction implementation status as of _____
(Date)

The above plan of correction was approved by _____
(Initials)

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

Violation Report: 20612 - 06/24/2014 - Novak, Ryan
PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.132(a) - An unannounced fire drill shall be held at least once a month.

2a. DESCRIPTION OF VIOLATION
 The home did not conduct a fire drill in May 2014.

Based upon an interview with Administrator A it was determined that the fire drill conducted on 12/30/13 at 11:05pm Administrator A and Ancillary Staff member D participated in the fire drill. Administrator A and Ancillary Staff member D were conducting the fire drill. Administrator A reported the staff members needed help to evacuate the residents within the designated 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.

A fire drill was performed in May 2014. It was explained to the inspector that a documentation error had occurred. The fire drill was held by our alarm company. The staff forgot to enter the information onto the fire drill log. Documentation of the fire drill be performed is attached.

Plan of correction- In order to avoid any documentation errors in the future, the following policy will be put into place; The administrator will review all forms completed by staff performing the fire drill. Documentation will be completed on the fire drill log followed by their signature or initials. The conductor will review that the information is correct and sign or initial the log. Signature lines will be added to the fire drill log to accommodate this procedure.

*on a
manually
basis.
es.*

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 *8/1/14*

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

The above plan of correction is approved as of <u><i>8-15-14</i></u> (Date) <i>on-site 8-15-14</i>	Plan of correction implementation status as of <u><i>8-15-14</i></u> (Date)
The above plan of correction was approved by <u><i>CP</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 20512 - 06/24/2014 - Novak, Ryan
 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

The fire drills conducted on 12/30/13 at 11:05pm, 9/27/13 at 12:45am, 8/30/13 at 10:40am and 6/21/13 at 6:00am do not indicate seconds.
 Based upon a review of employee time cards, it was determined that the fire drill records are inaccurate. The fire drill conducted on 3/21/14 at 5:20am indicates 9 staff members participated during the drill, however only 5 staff members were present in the building. The fire drill conducted on 9/27/13 at 12:45am indicates 8 staff members participated during the drill, however only 3 staff members were present in the building.

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 time entered on the fire drill log was accurate. There were no seconds to enter.

Plan of correction- A new fire drill form will be created to add a revision that shows an area specified for minutes and seconds. If there are no seconds to enter the staff will be told to enter a 0. The Administrator will retrain employees concerning the new documentation requirements and will also include this in the new employee training. Administrator will review all future fire drill entries for accuracy and compliance.

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) *Corinne Keeper*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Corinne Keeper* Date *8/1/14*

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

The above plan of correction is approved as of 8-18-14 (Date)

on-site 8-15-14

The above plan of correction was approved by  (Initials)

Plan of correction implementation status as of 8-15-14 (Date)

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

Violation Report: 20512 - 06/24/2014 - Novak, Ryan
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION
 The fire drills conducted from January 2014-June 2014 were conducted on Mondays or Thursdays.

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 will complete a yearly fire drill schedule that will be reviewed to be in compliance with this regulation. This schedule will be kept confidential so that only the conductor knows the day scheduled.

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>8/1/14</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>8-18-14</u> (Date) <i>on-site 8/15-14</i>	Plan of correction implementation status as of <u>8-15-14</u> (Date)
The above plan of correction was approved by _____ (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 20512 - 06/24/2014 - Novak, Ryan
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
 On 6/25/14, Benzonatate 100mg capsules and MAPAP Arthritis 650mg Tablets prescribed for Resident #2, which was discontinued on 5/6/14, was located in the home's medication cart.

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 discontinued medication left in the cart were for a resident that had just returned form a hospital stay

Plan of correction- Upon a residents discharge from the hospital the care coordinator will remove any medications that have not been reordered for the resident. The care coordinator will be responsible to make sure that only the current medications as listed on the MAR are in the medication cart. The administrator will make periodic checks to ensure that only the current medications are in the medication cart.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/23/2014
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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 *8/1/14*

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

The above plan of correction is approved as of <u>8-15-14</u> (Date)	Plan of correction implementation status as of <u>8-15-14</u> (Date)
<i>8-15-14</i>	<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
The above plan of correction was approved by <u><i>OK</i></u> (Initials)	

Violation Report: 20512 - 06/24/2014 - Novak, Ryan
 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 #3 is prescribed Siltussin DM cough syrup every four hours as needed for cough and Siltussin SA cough syrup every 4 hours as needed for cough. Neither of these medications was available in the home.

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 facility only orders the PRN's upon resident need. However we will change these to:
 The care coordinator will contact the doctor for a prescription when a resident needs them.
 When the residents PRN is no longer needed the care coordinator will contact the doctor to discontinue the PRN so the resident does not have to pay for medication they are not using.

The home will ensure that residents with PRN orders that are current, the indicated Rx will be on hand in the home.
 CJ. 8-18-14

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/29/2013
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Corinne Kuper*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Corinne Kuper* Date *8/1/14*

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

The above plan of correction is approved as of 8-18-14
 (Date)
on site 8-15-14
(JR)

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

Plan of correction implementation status as of 8-15-14
 (Date)

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