



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

Sent via email to: [REDACTED]
MAILING DATE: September 8, 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 July 18, 2014 and July 30, 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,

Anne Graziano
Anne Graziano
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 20512 - 07/18/2014 - Novak, Ryan
 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

On 7/12/14, resident #1 had an altercation with resident #2. The home has not updated the assessment and support plan 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.

Care Coordinator has been retrained on what information must be contained in a RASP and when an update is needed to ensure the best care is being given to each resident. Both residents RASPs have been updated. Administrator is doing daily checks of all incident reports being filed for each resident to ensure that the appropriate follow through is being done to ensure all records are kept up to date so we can give the best care to every resident.

Adm or Designee must do periodic reviews of resident records to insure ongoing compliance. 08 9-8-14

Repeat Violation: Yes Date(s) of Previous Violation(s): 08/13/2013

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 *8/22/14*

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The above plan of correction is approved as of <u>9-8-14</u> (Date)	Plan of correction implementation status as of <u>9-8-14</u> (Date)
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