



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

Sent via email to: [REDACTED]
MAILING DATE: November 20, 2014

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

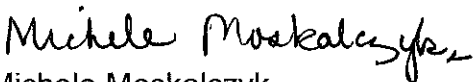
RE: Stabon Manor Personal Care Home
License: #205120

Dear Mr. Pilat:

As a result of the Department of Public Welfare's licensing inspection on August 6, 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,


Michele Moskalczyk
Regional Licensing Administrator

Enclosure
Licensing 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: CORINNE 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		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 127	Waking Staff: 95
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Complaint, Incident		
On-Site Inspections Dates and Department Representatives On-Site		
08/06/2014: O'Haire, Anne; Yellenic, Cindy		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 138 Number of Residents Served: 127 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 101 Are 60 Years of Age or Older: 57 Have Mental Illness: 71 Have an Intellectual Disability: 14 Have a Mobility Need: 0 Have a Physical Disability: 6	

Violation Report: 20512 - 08/06/2014 - O'Haire, Anne
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

On 07-12-14 a resident to resident altercation occurred when Resident #3 pushed Resident #4 to the ground. Resident #4 attempted to calm or stop Resident #3 from being disruptive and was pushed by Resident #3 resulting in injuries.

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.

Due to the MH population that we primarily serve our staff members are trained extensively on how to recognize behavior changes, de-escalation, and when a situation is going to turn violent. Unfortunately it is impossible for us to predict when a behavior change may occur and if staff is going to be present when it occurs. So situations do arise occasionally and our staff handles these situations effectively and efficiently to ensure that all of our residents safety is maintained. Administrator will continue to educate staff on how to prevent and/or handle crisis situations as they arise in the facility to ensure the safety and well being of our residents.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/18/2014	03/06/2014
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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) *Corinne Kasper* Date *10/28/14*

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

The above plan of correction is approved as of 11/20/14
 (Date)

Plan of correction implementation status as of 11/20/14
 (Date)

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

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

Violation Report: 20512 - 08/06/2014 - O'Haire, Anne
PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

Resident room #315 had a strong order of urine at approximately 11:00 AM on 08-06-14.

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.

Staff members have been retrained on the proper proper clean-up procedures when a resident has an accident. Care Coordinator will do daily checks of resident rooms to ensure that all messes have been cleaned up properly, which includes removing all soiled linen including clothing, and taking them to laundry.

The administrator shall monitor and assure ongoing compliance
11/20/14

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Corinne Kerpel* Date *10/28/14*

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(Date)

Plan of correction implementation status as of 11/20/14
(Date)

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

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 20512 - 08/08/2014 - O'Haire, Anne
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2a. DESCRIPTION OF VIOLATION
 Resident Bedroom #315 had a opened window at approximately 11:00 AM which did not have a screen.

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 screen had fallen out of the window and was laying on the windowsill. Staff immediately put the screen back in the window in front of the inspector. Maintenance will continue to do daily checks of all resident rooms to ensure that everything is in compliance with state regulations.

The administrator shall monitor and assure ongoing compliance.
 M 11/20/14

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 *10/28/14*

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The above plan of correction is approved as of <u>11/20/14</u> (Date)	Plan of correction implementation status as of <u>11/20/14</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 20512 - 08/06/2014 - O'Haire, Anne
 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

On 7-27-14, Resident # 1 physically assaulted Resident #2 which resulted in both residents being transported by emergency services to the Reading Hospital. The incident report was not filed in the residents records as of 8/6/14.

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.

The administrator's interpretation of the regulation was that incident reports could be kept in a separate file together, which is what the home's procedures were. The reports have since been separated into individual resident files. In the future the administrator will ensure that the home keeps a separate file with each residents name on it to file incident reports

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/06/2014
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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) <i>Corinne Kerper</i>	Date <i>10/28/14</i>
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