



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

Sent via email to: [REDACTED]
MAILING DATE: October 1, 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 September 8, 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
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 C-2 LP 07/18/1991 L&I		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 119	Waking Staff: 89
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		
09/08/2014: ; Hummel, Jesse		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
<b align="center">Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 138 Number of Residents Served: 119 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: 1 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 97 Are 60 Years of Age or Older: 42 Have Mental Illness: 68 Have an Intellectual Disability: 14 Have a Mobility Need: 0 Have a Physical Disability: 5	

Violation Report: 20512 - 09/08/2014 -
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.42(o) - A resident has the right to freely associate, organize and communicate with others privately.

2a. DESCRIPTION OF VIOLATION

It was determined through staff and resident interviews that the facility prohibits residents of the opposite sex to enter and or visit the floor of the opposite sex. Male residents are not permitted on the second floor of the facility and Female residents are not permitted on the third floor of the facility.

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

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

We have had separated floors for many years and have always accommodated couple that wanted to visit in each others rooms. The women feel more secure knowing that only women live on their floor. And when a man does come onto the floor it is announced so that all women are aware. We have had med that previously would just walk down the hall and into a female residents room to find women in a state of undress. We currently have a women that lives on the mens floor with her son. So again this statement made is not accurate. We have always accommodated our residents that wish to visit others however the visit must approved. We need to talk with the residents roommate to ensure that their rights are not being violated. we also need to make sure that the visit is consensualetween all parties. We currently have other residents in the facility that are visiting in each others rooms, but all procedures have been followed and they visit within the time frame that was agreed on by all parties involved.

The resident that reported this to the Department was being evicted for violent behavior. They requested a visit however the staff determined that allowing this man to be alone with the female resident would not be a safe environment for the female resident. The roommate was not in agreement to this because he would lock him out of the room and he could not enter when he wanted too. The female resident was not able to make good decisions for herself. She knew he had many violent episodes but continued to put herself at danger by being alone with him. The staff will continue to allow the visits as per our protocol. Each request will considered and approved as long as it is in the best interest of all parties involved. Due to the physical and mental disabilities of the residents that live in the Home there is no other way to ensure the safety and rights of all.

This protocol will be reviewed w/ all new admissions so residents are aware of how to go about obtaining private visits in their rooms according to the home's protocols. CP. 10-1-14.

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-administrator* Date *9/30/14*

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The above plan of correction is approved as of 10-1-14
 (Date)

Plan of correction implementation status as of 10-1-14
 (Date)

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

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

Violation Report: 20512 - 09/08/2014 -
PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

Resident #2 was admitted on 2/25/2014, the documentation of medical evaluation did not indicate the date the resident was evaluated.

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 responsible for processing all medical evaluations will have their training reviewed to ensure that they understand that all areas of the form need to be completed.

The Administrator will review the DME's in all resident files to ensure that all have been completed as required.

The Administrator will continue to review all future DME's for completion in all area's and ensure future compliance.

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 administrator* Date *9/30/14*

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

The above plan of correction is approved as of 10-1-14
(Date)

Plan of correction implementation status as of 10-1-14
(Date)

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

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

Violation Report: 20512 - 09/08/2014 -
PGH 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 5/21/2014, does not include immunization history.

The medical evaluation for resident #2, dated 1/17/2014, does not include medication regimen.

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 responsible for processing all medical evaluations will have their training reviewed to ensure that they understand that all areas of the form need to be completed.

The Administrator will review the DME's in all resident files to ensure that all have been completed as required.

The Administrator will continue to review all future DME's for completion in all area's and ensure future compliance.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

01/23/2014

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 administrator

Date

9/30/14

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The above plan of correction is approved as of

10-1-14
(Date)

Plan of correction implementation status as of

10-1-14
(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 - 09/08/2014 -
 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 Assessment and Support plan completed on 8/30/14 for resident #3 was not signed by the resident and also did not designate that the resident was unable to or declined to participate or that the resident refused or was unable to sign.

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 responsible for processing all RASP's will have their training reviewed to ensure that they understand that all RASP's need to be signed or if the resident is not willing to sign then the appropriate box is checked. The Administrator will review the RASP's in all resident files to ensure that all have been signed as required. The Administrator will continue to review all future RASP's for the required signatures to ensure future compliance.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Corinna Kesper administrator* Date *9/30/14*

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The above plan of correction is approved as of <u>10-1-14</u> (Date)	Plan of correction implementation status as of <u>10-1-14</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