



Sent via email to: [REDACTED]
MAILING DATE: December 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 September 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,

A handwritten signature in black ink that reads "Bob Bisignani" with a small flourish at the end.

Bob Bisignani
Regional Licensing Director

Enclosure
Licensing Inspection Summary

Violation Report: 20512 - 09/30/2014 - Harvey, Jason
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.201 - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself/herself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

2a. DESCRIPTION OF VIOLATION

Resident #1, on 8/26/2014 drank a bottle of cologne and on 9/16/2014 drank a bottle shampoo both times stating he had suicidal thoughts. The home has not implemented positive interventions to modify or eliminate the behavior.

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.

Following the first incident with this resident, staff immediately went to the residents room and removed any items that the resident could harm himself with. The resident was told that his items would be kept in the medication room and he would only have supervised usage of the items for his safety. The resident agreed that would be best. Staff have been doing daily room checks since the first incident occurred and removing any items that the resident could harm himself with and storing them in the medication room. Administrator will continue to do periodic checks to ensure that the daily checks are being done.

The resident suffers from multiple mental health diagnosis and is followed by the Reading hospital ACT team. His Act team director informed the administrator the day after the first incident that the resident denied everything upon arrival to the hospital following the incident. *- continued on next page*

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)	Date
<i>Corinne Kerper</i>	<i>12/1/14</i>

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

The above plan of correction is approved as of <u>12/8/14</u> (Date)	Plan of correction implementation status as of <u>12/8/14</u> (Date)
The above plan of correction was approved by <u>G.B.</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

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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.

Unfortunately the home does not handle the residents finances therefore we have no control over whether he goes to the store and is able to buy more items he could harm himself with.

The Administrator will be responsible to ensure that staff continue to monitor resident #1's behavior in addition to conducting daily room checks. Staff will be directed to contact the ACT team on-call crisis worker whenever the resident expresses thoughts about harming himself.

Bob B.
12/8/14

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Corinne Kesper		12/1/14

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