



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

Sent via email to: [REDACTED]
MAILING DATE: July 10, 2015

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 29, 2015 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 "Anne Graziano" with a stylized flourish at the end.

Anne Graziano
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 20512 - 05/29/2015 - Patton, Leslie
 PCH 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 completed on 6/2/14 does not include the resident's ability to self-administer medication.

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 DME has been reviewed and completed as required. The Office Manager will review all DME's completed by the medical staff for completion in an effort to remain in compliance with this regulation. The Administrator will do periodic checks of DME's completed and reviewed in an effort to avoid any non-compliance in the future.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>7/9/15</u> (Date)	Plan of correction implementation status as of <u>7/9/15</u> (Date)
The above plan of correction was approved by <u>m</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 - 05/29/2015 - Patton, Leslie
 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 5/13/15 at 7:20am resident #2 was standing in line for medications. Resident #3 cut in front of resident #2. Resident #2 responded by stating "excuse me." At this point resident #3 turned to face resident #2. Resident #3 began yelling and then proceeded to punch resident #2 in the face. The assessment and support plan finalized on 6/30/14 for resident #3 indicates the following needs as not applicable: Irritability, Judgement, Agitation, and Aggression. The facility failed to update the resident's assessment and support plan to include this incident and the resident's change in care needs, as well as the facility's plan to meet these needs.

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 assessment and support plan that is referred to has been completed and was done on the day the inspectors were in the facility on the report. The staff did not realize that there were two RASP's completed as a result of the change in status of the resident. The annual RASP was given to the inspectors by the office staff however another RASP was completed as a significant change on 5/19/2015. This RASP was not provided to the inspectors and is attached.

The staff has been trained to recognize the difference between all the types of RASP's and know which ones are required during an inspection or for an investigation.

The administrator shall monitor and assure ongoing compliance.
M
7/9/15

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/08/2014	07/18/2014
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date

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