



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via email to: [REDACTED]
MAILING DATE: November 5, 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 Human Services' licensing inspection on August 7, 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,

Anne Graziano
Anne Graziano
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 20512 - 08/07/2015 - Hummel, Jesse
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

The following incidents occurred within the facility, which were not reported to the Department as required:

On 7/24/15 at 2:00pm resident #1 was sitting on a bench outside of the medication room. Resident #1 stood up and struck resident #2 in the resident's back, yelling "I'm sick of this all day, you're all evil and belong in jail." Resident #1 was transferred to Hospital for a psychiatric evaluation.

On 7/28/15 resident #3 walked up to resident #4, striking the resident in the chest area. Resident #3 indicated that resident #4 was talking about the resident.


On 7/29/15 resident #5 asked resident #6 for the resident's soda. Resident #6 refused to share the soda. Resident #5 became very anxious flailing the resident's arms, striking resident #6 in the arm.

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 Home has historically submitted appropriate reporting as per the guidelines. In the incidents listed above, the Administrator/Designee reported the incidents to the Area of Aging & Liberty Health as per ACT-13 guidelines. The Administrator/Designee referred to 2600.16(a) which states that the Home does not need to report acts of physical violence when the victim does not sustain an injury. Since then, the Home has been made aware of the revisions and will follow the new 2600.16 (a) guidelines. As a result of the staff being unaware of the regulation change the Administrator will check the website Q&A section and the new postings 2 times a month in an effort to be up to date with any future changes, and pass them onto all staff.

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) Bonnie Pilat, Admin Date 9/23/15

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

The above plan of correction is approved as of <u>9-24-15</u> (Date)	Plan of correction implementation status as of <u>9-24-15</u> (Date)
The above plan of correction was approved by <u>OP</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 - 08/07/2015 - Hummel, Jesse
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

The licensing inspection summary dated 5/29/15 posted in the office of the home contained the resident privacy coding document. The purpose of this document is to maintain resident's privacy by removing coding sheets and posting the Plan of Correction in a public and conspicuous place.

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 privacy coding document were removed from the posted licensing inspection report at the time the inspector brought it to our attention.
 The office staff was notified that for privacy reasons this page must be removed before posting.
 In the future the Administrator will personally check each document posted to ensure compliance with this regulation.

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)

Bonnie Pilot, Admin

Date

9/23/15

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9-24-15
 (Date)

Plan of correction implementation status as of

9-24-15
 (Date)

The above plan of correction was approved by


 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
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Violation Report: 20512 - 08/07/2015 - Hummel, Jesse
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION

It has been determined through multiple resident interviews that Staff Person A will:
 "yell at the residents about money, is rude, the staff person's tone isn't good, has no patience, is unapproachable, obnoxious, ignorant, makes the residents feel like they are in prison and afraid to ask for their mail."

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 person that is being referenced was been heard to have a stern tone in her voice but was never heard being unkind.
 Because of the clientel that live in the Home many of the resident will become agitated and verbally agressive especially when dealing with their finances. While the situation may become very frustrating to the staff the Home has no tolerance for verbal abuse of any kind. At no time did any resident or employee approach the Administrator to report that the staff person mentioned was verbally inapropriate.
 As a results of the inspectors concerns and this violation, the Administrator had a conversation with the staff person and reviewed with them the importance of good customer relations. The staff person became upset and maintained that she was unaware of the issue and at no time was any of her interactions with the resident meant to be taken as nasty or mean.

The staff person was removed from her job duty of distributing the residents PNA funds as this can be a stressfull time as resident tend to become agitated and verbally agressive.
 The new staff person taking on this task has been made aware of what will be acceptable verbal interaction. If they are having a difficult time with a resident they have been instructed to defer that to the Administrator to deal with.
 The Administrator will monitor all employees interaction with residents to ensure that the residents are being treated in a respectful manner.

The Adm | Designee will continue to provide training and support to the Home's employees in attaining and maintaining positive respectful interactions and communication w/ the Residents of the Home. *OP* 10/22/15

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Bonnie Pilot, Admin* Date *9/23/15*

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The above plan of correction is approved as of 10/22/15 (Date)
Discussed w/ Adm B.P.
10/22/15

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

Plan of correction implementation status as of 10/22/15 (Date)

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

10/22/15

Violation Report: 20512 - 08/07/2015 - Hummel, Jesse
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.42(v) - A resident has the right to receive services contracted for in the resident-home contract.

2a. DESCRIPTION OF VIOLATION

Staff person A has a memo posted on the office door that notes the following: "anyone in line for banking before 2:55 pm will be sent to the social room and will be sent to the end of the line."
 Required Language in resident contracts and the Home Rules addresses financial arrangements for those who require assistance.

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 signs in question have been removed and in the future we will post the Home Rules instead. Only the procedures listed in the Home Rules will be enforced. The office staff has been educated on this change in procedure. Any future postings will be reviewed by the Administrator to ensure compliance.

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
Bonnie Pilot Admin			9/23/15
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Violation Report: 20512 - 08/07/2015 - Hummel, Jesse
 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

The plastic straws in the 3 water mugs located in Room #110 contained a black substance on the inside of the straws and also contained a brown, crusty substance on the outside of the straws.

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

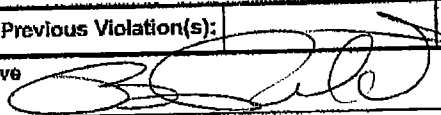
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The residents frequently remove the ice water from their water mugs and replace it with their coffee. This makes the stains that were seen on the day of inspection. The water mugs in question were removed, washed and the straws were replaced. All water mugs throughout the facility are washed in the dishwasher every week. The staff have been instructed to replace all straws before being returned to the residents room or more frequently at the request of the resident. Houskeeping will report any dirty mugs to the administrator immediately if any are seen. The Administrator will check during weekly rounds to ensure compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

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Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Bonnie Pilat

Date

9/23/15

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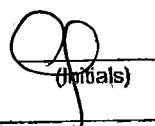
The above plan of correction is approved as of

11-4-15
 (Date)

Plan of correction implementation status as of 11-4-15
 (Date)

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

The above plan of correction was approved by



(Initials)

Violation Report: 20512 - 08/07/2015 - Hummel, Jesse
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 7/24/15 at 2:00pm resident #1 was sitting on a bench outside of the medication room. Resident #1 stood up and struck resident #2 in the resident's back, yelling "I'm sick of this all day, you're all evil and belong in jail." Resident #1 was transferred to Hospital for a psychiatric evaluation. Resident #1 does not have any previous history of physical aggression. The facility failed to update the resident's assessment and support plan finalized on 1/15/15 to indicate the resident's change in care needs and the facility's plan to maintain the safety of the resident as well as the safety of the other residents.

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

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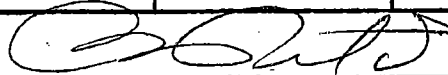
The failed update to the residents RASP was an oversight by the Community Services Liason and has been corrected. All future RASP's will be updated as needed to address the needs along with the facility's plan to meet the needs of the resident. A copy of the updated RASP is attached to show compliance. The Administrator will review all incident reports filed by the staff to ensure that all resident behavioral changes are documented on the RASP's as required by this regulation.

Adm/Designee will ensure that any necessary updates are completed that may arise not related to an incident report(s). This will ensure ongoing compliance. Q. 9/24/15

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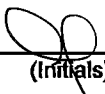
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