



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via email to: [REDACTED]  
MAILING DATE: January 7, 2016

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 September 24, 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 - 09/24/2015 - Hummel, Jesse  
 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 9/10/2015 resident #1 was sweeping the porch. Resident #2 approached resident #1 and punched the resident in the right eye, knocking the resident down and causing the resident's head to hit the ground. Resident #1 suffered from a contusion to the resident's right eye. Resident #1 was sent to the hospital to be evaluated and treated. It was determined that resident #2 has a recent history of physical aggression. On 7/28/15 resident #2 punched another resident in the chest. Residents may not be physically abused. The facility has failed to provide sufficient supervision to keep the residents of the facility safe.

**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.

Steps are in place to assist with the management of resident #2 mental health diagnosis with medication management/administration; regularly scheduled appts. with therapists, psychiatrist and ACT team peer support. Behaviors are documented on the RASP as part of the updates and changes; facility reports and DHS required reports. These are completed by the administrator and/or Community Services Liaison as they occur. Staff provide on-site oversight to residents and report significant changes as they occur. Residents whose needs or behaviors can no longer be managed by the facility and community provided services are issued an eviction notice by the administrator and/or Community Services Liaison (see pgs #1-#3)

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

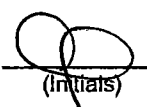
Signature of Legal Entity Representative  
 (Required on EVERY Page) *Deborah A. Homan*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Deborah A. Homan*      Date *11/9/15*

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

The above plan of correction is approved as of 12-30-15  
 (Date)

Plan of correction implementation status as of 12-30-15  
 (Date)

The above plan of correction was approved by   
 (Initials)

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

Violation Report: 20512 - 09/24/2015 - Hummel, Jesse  
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**1. REGULATION 55 Pa.Code §2600**

- 2600.225(c) - The resident shall have additional assessments as follows:
- (1) Annually.
  - (2) If the condition of the resident significantly changes prior to the annual assessment.
  - (3) At the request of the Department upon cause to believe that an update is required.

**2a. DESCRIPTION OF VIOLATION**

The Summary and Determination page (Part IV) of Resident #3's Assessment and Support Plan (R.A.S.P.), finalized on 2/5/15, does not include a comprehensive profile of the resident's behavioral goals and anxiety triggers. Resident #3 receives formal support counseling weekly as identified on page 1 of the R.A.S.P.

**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.*

Resident RASP has been updated with changes 4/12/15 through 10/21/15 and will continue. PART IV Summary has also been updated with all new RASP (initial, annual, significant changes) PART IV will be completed to provide a comprehensive summary of the resident. The Administrator and/or Community Services Liaison will be responsible to complete the RASP, updates and Summary.

Please see (# 14-#15) Adm/Designee will audit resident records following reportable incidents & for significant changes for residents in order to ensure ongoing compliance. CP. 12-30-15.

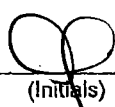
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