



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]  
MAILING DATE: December 14, 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 March 31, 2016 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 - 03/31/2016 - 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

Resident #1 is prescribed Fluticasone Prop 50Mcg SPR 120 - 2 sprays into each nostril once daily. This medication was not available at the facility from 3/26/16 through 3/30/16 and it was therefore not administered to the resident as prescribed.

Residents #1 is prescribed Losartan 50mg - 1 tablet twice daily. This medication was not on hand at the facility from 3/1/16 through 3/30/16 and it was therefore not administered to the resident as prescribed.

Resident #1 is prescribed Methylphenidate 20mg tablet - 1 tablet three times daily. This medication was not on hand at the facility from 3/14/16 through 3/26/16 and it was therefore not administered to the resident as prescribed.

Resident #1 is prescribed Morphine Sulfate ER 15mg tablet - 1 tablet every twelve hours. This medication was not on hand at the facility from 3/17/16 through 3/30/16 and it was therefore not administered to the resident as prescribed.

Resident #1 is prescribed Hydrocodone APAP 5/325 - take one tablet every four hours as needed for pain. This medication was not on hand at the facility from 3/8/16 through 3/26/16 and it was therefore not administered to the resident as prescribed.

Resident #2 is prescribed Lactulose 10gm/15ml syrup - take 30mls by mouth 3 times per day. This medication was not on hand at the facility from 3/11/16 through 3/27/16 and was therefore not administered to the resident as prescribed.

The facility failed to submit an incident report to the Department regarding these medication errors as required.

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.

Please attachments A (poc)  
Resident #1, #2 Physician Orders Sheets  
Resident #1, #2 Notification for Physicians  
Resident #1 Clinical Notes 2/11/16, 3/15/16  
Omission of Medication Notification  
Medication Change Form  
hold orders will be retained by the home to demonstrate compliance. CP. 7-22-16  
7/22/16

Repeat Violation: Yes

Date(s) of Previous Violation(s): 06/23/2015

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 5/5/16

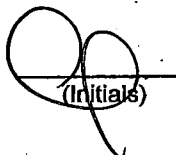
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7/22/16 (Date)

Plan of correction implementation status as of 7/22/16 (Date)

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

The above plan of correction was approved by

  
(Initials)

p2A  
96

# VIOLATION REPORT

## PERSONAL CARE HOMES-55Pa. Code Chapter 2600

**2a. The facility failed to submit an incident report to the Department regarding these medication errors as required**

### 3. PLAN OF CORRECTION

On date of inspection 3/31/16, facility had an authorization signed by the PCP for resident #1 that stated *"I WILL recommend a medication to be placed on **HOLD** " until available while waiting for test results and/or prior authorization results"*

On date of inspection 3/31/16, facility had an authorization signed by the PCP for resident #2 that stated *"I WILL recommend a medication to be placed on **HOLD**" until available while waiting for test results and/or prior authorization results"*

*Resident #1 medications FLUTICASONE PROP 50Mcg SPR 120; LOSARTAN 50 mg; METHYLPHENIDATE 20mg; MORPHINE SULFATE ER 15mg; HYDROCODONE APAP 5/325 were awaiting insurance required prior authorization. PCP had reviewed and signed medication orders on the physicians order sheets on 2/11/16 and 3/15/16. They were on HOLD at that time as per PCP recommendation. Resident #1 was aware of the PCP recommendation and medications not available due to insurance prior authorization. **Facility was following PCP recommendation/orders***

*Resident #2 medication LACTULOSE 10gm/15ml was not available due to insurance denial of refill. PCP and resident were made aware. Facility interpreted denial as a need for prior authorization and therefore would follow PCP recommendation to place on "HOLD" **Facility was following PCP recommendation/orders.***

Resident #1 had available for administration CLONIDINE HCL 0.1 mg tablet take one by mouth every 6 hours as needed for hypertension. Resident #1 was not symptomatic for hypertension, blood pressure monitoring was offered, medication was administered 3/22/16 as needed.

Resident #1 had available for administration LORAZEPAM 0.5mg take one tablet every 8 hours as needed for anxiety. Resident #1 was offered and administered this medication as needed 3/8/16 through 3/31/16

Resident #1 had available for administration APAP 325 mg tablets take two tablets every four hours as needed for pain. Resident #1 was offered and administered this medication as needed from 3/8/16 through 3/21/16

Resident #2 had available and for administration DOCUSATE SOD 100mg capsule twice daily for constipation, offered and administered 3/1/16 through 3/31/16

Resident #2 had available and for administration GNP NATURAL FIBER SMOOTH ORANGE 1 teaspoon daily in 8oz of water for well formed stool. Resident #2 was offered medication daily and was refused by resident 3/1/16 through 3/31/16. No symptoms of constipation noted

**Facility has since reviewed Department requirements with Anne Graziano, PCP, Pharmacy provider and staff. Notification forms have been developed to make PCP aware when a medication has been/will be omitted. PCP may then response with an order to discontinue the medication until available or order an alternate medication. Resident will be made aware. Facility will follow up with a report to the Department as required when needed/applicable**

Q 7/22/16

*Wendy A. Thomas  
5/5/16*

Violation Report: 20512 - 03/31/2016 - Hummel, Jesse  
PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Levemir Flextouch pen insulin - Inject 15 units subcutaneously two times daily. The medication was opened and dated, however the date on the pen is smeared and illegible. The date the insulin was opened can not be determined. The medication manufacturer's instructions indicate to discard any unused medication 28 days after opening the container. The date is illegible and therefore it can not be determined if the insulin has expired. Staff interviews also determined that it can not be determined when the medication was opened.

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.

Please see attached: B (poc)

4/12/16 OTS training

Open Date Log

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 5/5/16

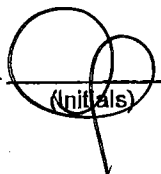
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7/22/16  
(Date)

Plan of correction implementation status as of 7/22/16  
(Date)

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

The above plan of correction was approved by

  
(Initials)

p 3  
a 18  
96

### VIOLATION REPORT PERSONAL CARE HOMES-55Pa. Code Chapter 2600

Page 3 of 6

2a. Only current prescriptions for individuals living in the home may be kept in the home. Medication was opened and dated but the date is "smeared" and illegible and therefore could not determine in the insulin has expired

#### 3. PLAN OF CORRECTION

On date of inspection 3/31/16, Resident #1 LEVEMIR FLEXTOUCH PEN INSULIN was labeled with a yellow "date opened" sticker and marked with black permanent marker. The date had been previously legible when medication was administered that AM.

*Pharmacy provider has supplied facility with labeled plastic baggies in which to place insulin pens. Baggies have a "date opened" label attached. Insulin pens have a "date open" label attached. Staff received OTJ training 4/12/16 in which this was discussed. Staff are aware that they must date every required medication, inhaler, eye drop, insulin the day they open the medication for first use. Administrative/clinical staff will monitor through weekly cart audits. Pharmacy provider will also review for accuracy during medication deliveries weekly.*

CO  
7/22/16

McHerman  
5/5/16

Violation Report: 20512 - 03/31/2016 - Hummel, Jesse

PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication:

2a. DESCRIPTION OF VIOLATION

[Redacted] withdrawn. Cp 7/22/16

Resident #3 is prescribed Morphine Sulfate ER 15mg tablet - 1 tablet daily. The resident's (MAR) was not initialed to indicate this medication was administered on 3/1/16 at 8:00am and 8:00pm.

[Redacted] withdrawn Cp 7-22-16

Resident #3 is prescribed Quetiapine 100mg tablet - 1 tablet daily in the morning. The resident's (MAR) was not initialed to indicate this medication was administered on 3/1/16.

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.

Please see attached, C (POC)

Resident #2 : March 2016 MAR

Resident #3 : March 2016 MAR

: 4/12/16 OTJ training

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

5/5/16

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

The above plan of correction is approved as of 7/22/16 (Date)

Plan of correction implementation status as of 7/22/16 (Date)

The above plan of correction was approved by

[Signature] (Initials)

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

C

page 6

# VIOLATION REPORT PERSONAL CARE HOMES-55Pa. Code Chapter 2600

Page 4 of 6

2a. The medication record for the resident was not initialed to indicate that this medication was administered

### 3. PLAN OF CORRECTION

[REDACTED] MAR was flagged

with a 'DC'd' alert following the last scheduled dose of medication.

- \* Facility was not made aware on exit review.  
Facility would have clarified the above order.  
Facility would like the consideration of removal of this violation as N/A.

On the date of inspection 3/31/16 Resident #3 was prescribed MORPHINE SULFATE ER 15 mg. This medication was not initialed on 3/1/16 8am and 8pm due to this being a new prescription for MORPHINE SULFATE ER 15mg that was received and initial dosing began 3/2/16.

- \* Facility was not made aware on exit review.  
Facility would have clarified the above order.  
Facility would like the consideration of removal of this violation as N/A.

On the date of inspection it was noted by inspector [REDACTED] that Resident #3 prescribed [REDACTED] and QUETIAPINE 100mg tablet were not initialed on the MAR to indicate the medications were given 3/1/16 (8am). These medications were not found in the cart during cart audit 3/3/16, did not become flagged as "not given/omitted" on E-MAR. The electronic system in place does not approve the completion of individual medication administration without all medications scanned and confirmed by the person administering medications. Since this medication administration was approved to be submitted at the time of administration the omission of the initials would be a fault of scanned transmission/documentation.

- \* Facility was not made aware on exit review.  
Facility would have clarified the above.  
Facility would like the consideration of removal of this violation as N/A.

It is not the responsibility of the resident to report omitted Rx.

VIOLATION Stands. Cp. 7-22-16

The scanner has been checked for accuracy and will be replaced as needed. Resident #3 is able to report "omitted medications" and did not do so 3/1/16. Staff have been reminded during OTJ training 4/12/16 to be certain and review that all medications have been "approved" before final "submit" in medication administration. Staff will report any delay and/or electronic error for immediate follow up. Staff are responsible to document all meds given / DNRs filed. Cp.

Cp. 7/22/16

Printed MARs were provided to the reps and reviewed @ the office following the on-site investigation Cp. 7/22/16

U. Hernandez 5/5/16

Violation Report: 20512 - 03/31/2016 - Hummel, Jesse  
PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Fluticasone Prop 50Mcg SPR 120 - 2 sprays into each nostril once daily. This medication was not available at the facility from 3/26/16 through 3/30/16 and it was therefore not administered to the resident as prescribed.

Residents #1 is prescribed Losartan 50mg - 1 tablet twice daily. This medication was not on hand at the facility from 3/1/16 through 3/30/16 and it was therefore not administered to the resident as prescribed.

Resident #1 is prescribed Methylphenidate 20mg tablet - 1 tablet three times daily. This medication was not on hand at the facility from 3/14/16 through 3/26/16 and it was therefore not administered to the resident as prescribed.

Resident #1 is prescribed Morphine Sulfate ER 15mg tablet - 1 tablet every twelve hours. This medication was not on hand at the facility from 3/17/16 through 3/30/16 and it was therefore not administered to the resident as prescribed.

Resident #1 is prescribed Hydrocodone APAP 5/325 - take one tablet every four hours as needed for pain. This medication was not on hand at the facility from 3/8/16 through 3/26/16 and it was therefore not administered to the resident as prescribed.

Resident #2 is prescribed Lactulose 10gm/15ml syrup - take 30mls by mouth 3 times per day. This medication was not on hand at the facility from 3/11/16 through 3/27/16 and was therefore not administered to the resident as prescribed.

The facility is not following prescriber orders regarding medication administration to these residents.

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.

Please see attached D (poc)

Resident #1 March 2016 MAR  
Resident #2 March 2016 MAR  
Resident #1 Medication Reconciliation for Physicians  
Resident #2 Clinical Notes

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 5/5/16

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

The above plan of correction is approved as of 12-14-16 (Date)

Plan of correction implementation status as of 12-14-16 (Date)

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

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

D

**VIOLATION REPORT  
PERSONAL CARE HOMES-55Pa. Code Chapter 2600**

a  
page 5 of 6

2a. The facility is not following prescriber orders regarding medication administration to these residents

**3. PLAN OF CORRECTION**

On date of inspection 3/31/16, facility had an authorization signed by the PCP for resident #1 that stated "I WILL recommend a medication to be placed on "HOLD" until available while waiting for test results and/or prior authorization results"

On date of inspection 3/31/16, facility had an authorization signed by the PCP for resident #2 that stated "I WILL recommend a medication to be placed on "HOLD" until available while waiting for test results and/or prior authorization results"

Resident #1 medications FLUTICASONE PROP 50Mcg SPR 120; LOSARTAN 50 mg; METHYLPHENIDATE 20mg; MORPHINE SULFATE ER 15mg; HYDROCODONE APAP 5/325 were awaiting insurance required prior authorization. PCP had reviewed and signed medication orders on the physicians order sheets on 2/11/16 and 3/15/16. They were on HOLD at that time as per PCP recommendation. Resident #1 was aware of the PCP recommendation and medications not available due to insurance prior authorization. **Facility was following PCP recommendation/orders**

Resident #2 medication LACTULOSE 10gm/15ml was not available due to insurance denial of refill. PCP and resident were made aware. **Facility interpreted denial as a need for prior authorization and therefore would follow PCP recommendation to place on "HOLD". Facility was following PCP recommendations/orders**

Resident #1 had available for administration CLONIDINE HCL 0.1 mg tablet take one by mouth every 6 hours as needed for hypertension. Resident #1 was not symptomatic for hypertension, blood pressure monitoring was offered, medication was administered 3/22/16 as needed.

Resident #1 had available for administration LORAZEPAM 0.5mg take one tablet every 8 hours as needed for anxiety. Resident #1 was offered and administered this medication as needed 3/8/16 through 3/31/16

Resident #1 had available for administration APAP 325 mg tablets take two tablets every four hours as needed for pain. Resident #1 was offered and administered this medication as needed from 3/8/16 through 3/21/16

Resident #2 had available and for administration DOCUSATE SOD 100mg capsule twice daily for constipation, offered and administered 3/1/16 through 3/31/16

Resident #2 had available and for administration GNP NATURAL FIBER SMOOTH ORANGE 1 teaspoon daily in 8oz of water for well formed stool. Resident #2 was offered medication daily and was refused by resident 3/1/16 through 3/31/16. No symptoms of constipation noted

The home will depend to orders by the physician, not recommendations, as per the regulation. Cf. 12-14-16

N. J. Jorman  
5/5/16

Violation Report: 20512 - 03/31/2016 - Hummel, Jesse  
PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Fluticasone Prop 50Mcg SPR 120 - 2 sprays into each nostril once daily. This medication was not available at the facility from 3/26/16 through 3/30/16 and it was therefore not administered to the resident as prescribed.

Residents #1 is prescribed Losartan 50mg - 1 tablet twice daily. This medication was not on hand at the facility from 3/1/16 through 3/30/16 and it was therefore not administered to the resident as prescribed.

Resident #1 is prescribed Methylphenidate 20mg tablet - 1 tablet three times daily. This medication was not on hand at the facility from 3/14/16 through 3/26/16 and it was therefore not administered to the resident as prescribed.

Resident #1 is prescribed Morphine Sulfate ER 15mg tablet - 1 tablet every twelve hours. This medication was not on hand at the facility from 3/17/16 through 3/30/16 and it was therefore not administered to the resident as prescribed.

Resident #1 is prescribed Hydrocodone APAP 5/325 - take one tablet every four hours as needed for pain. This medication was not on hand at the facility from 3/8/16 through 3/26/16 and it was therefore not administered to the resident as prescribed.

Resident #2 is prescribed Lactulose 10gm/15ml syrup - take 30mls by mouth 3 times per day. This medication was not on hand at the facility from 3/11/16 through 3/27/16 and was therefore not administered to the resident as prescribed.

The facility did not notify the physician of these medication errors as required.

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.

Please see attached: E (POC)

omission of medication notification

medication notification change form

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 5/15/16

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

The above plan of correction is approved as of 12-14-16 (Date)

Plan of correction implementation status as of 12-14-16 (Date)

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

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

