



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]  
MAILING DATE: August 24, 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 May 19, 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,

*Michele Moskalczyk*  
Michele Moskalczyk  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary



Violation Report: 20512 - 05/19/2016 - Rushin, Julianne  
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 did not receive the prescribed oxycodone HCL ER 20mg twice daily from 5/16-5/18/16. The home did not submit an incident report regarding the medication error.

**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.*

All med techs were re-trained to report all missed medications to the Director of Wellness so an incident report can be completed. Administrator will monitor to ensure compliance.

Large empty rectangular box for Plan of Correction details.

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 Pilat      Date 7/23/16

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

The above plan of correction is approved as of 8/23/16  
(Date)

The above plan of correction was approved by m  
(Initials)

Plan of correction implementation status as of 8/23/16  
(Date)

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

Violation Report: 20512 - 05/19/2016 - Rushin, Julianne  
PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 65 Pa.Code §2600

2600.20(b)(1) - The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

2a. DESCRIPTION OF VIOLATION

Resident 2's account record indicates a balance of 30\$. It has been determined the balance is incorrect and should be zero dollars.

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.

At no time was the accounting incorrect. Funds were made available to the resident for personal spending. The resident spent \$20.00 of those funds and when the staff became aware that the resident owed bills the remaining funds were transferred back into his checking account so those bills could be paid.

After review of this violation the staff is aware that no money should be given to the resident without making sure all bills owed are paid first. The facility is representative payee and it is the responsibility of the representative payee to perform these tasks on behalf of the resident. All steps taken were in the best interest of the resident and within the duties of the representative payee.

The administrator is responsible for ongoing compliance.

8/23/16

Repeat Violation: No

Date(s) of Previous Violation(s):

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Bonnie Pilat

Date

7/23/16

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(Initials)

<p><b>Violation Report:</b> 20512 - 05/19/2016 - Rushin, Julianne  <b>PCH Name:</b> STABON MANOR PERSONAL CARE HOME</p>
<p><b>1. REGULATION 55 Pa.Code §2600</b>                  2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.</p>
<p><b>2a. DESCRIPTION OF VIOLATION</b>                  Resident 1's miconazole nitrate 2% was unlocked and accessible in the resident's room.</p>
<p><b>3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)</b>                  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.</p>

This medication was given to the resident to apply on own in private because this is a cream and wanted privacy. It just happened that had just applied the cream, set it down on nightstand when the inspector walked into the room. The resident did not have a chance to return it to the medication cart as usually happened. Staff has been informed that due to this violation they will now follow these procedures; Give the medication to the resident at the assigned time, stay with the resident allowing to apply in private, collect the cream immediately after application and place it back into the locked medication cart. The Director of Wellness will monitor the med tech for compliance.

*The administrator shall be responsible for ongoing compliance*

*8/23/16*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>[Signature]</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Bonnie Pilat</i>	<i>9/23/16</i>

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<p><b>Violation Report:</b> 20512 - 05/19/2016 - Rushin, Julienne  <b>PCH Name:</b> STABON MANOR PERSONAL CARE HOME</p>
<p><b>1. REGULATION 55 Pa.Code §2600</b>                  2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home</p>
<p><b>2a. DESCRIPTION OF VIOLATION</b>                  Resident 1's Lantus solo star 100u pen was not dated when the insulin was opened.</p>
<p><b>3. PLAN OF CORRECTION (POC)</b> (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.</p>

The Director of Wellness has educated the Med Techs on the necessity of writing dates opened on all insulins and discarding according to the manufacturers recommendations. The Director of Wellness will check all insulins daily for compliance.

The administrator shall monitor for ongoing compliance.  
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 8/23/16

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Violation Report: 20512 - 05/19/2016 - Rushin, Julienne  
 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 did not receive the prescribed oxycodone HCL ER 20mg twice daily from 5/16-5/18/16.

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.

There was a delay in receiving the refill order from the physician causing the medication to not be in the cart for distribution to the resident. As a result, the Administrator and the pharmacy staff have instituted new procedures to ensure refill orders are received in a timely manner. Nursing staff have been re trained to report any missing medications and to alert the Director of Wellness when a medication supply is running low. Administrator and the Director of Wellness will monitor all medications and ensure procedures are being followed to avoid any future missed medications.

*(Empty space for attachments or additional notes)*

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Violation Report: 20512 - 05/19/2016 - Rushin, Julianne  
 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 did not receive the prescribed oxycodone HCL ER 20mg twice daily from 5/16-5/18/16. The prescriber was not notified regarding the medication error.

**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 prescriber was aware of the missing medications because a refill request was required by the doctor. The prescriber caused the delay in getting the script needed to the pharmacy. The Administrator contacted the pharmacy to come up with an acceptable plan to avoid this happening in the future. Pharmacy has agreed to notify the prescriber 30 days in advance to send in the scripts needed so a current order is on file at all times and available to fill. Administrator and Director of Wellness will stay in contact with pharmacy to ensure all medications are available when needed.

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