



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to [REDACTED]  
MAILING DATE: April 11, 2017

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 1, 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**  
**PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

<b>PCH Name:</b> STABON MANOR PERSONAL CARE HOME		<b>License Number:</b> 20512
<b>Address:</b> 1555 HAAK STREET, READING, PA 19602		<b>County:</b> Berks
<b>Administrator:</b> DARLENE PRICE		<b>Region:</b> NORTHEAST
<b>Legal Entity Name:</b> STABON MANOR PERSONAL CARE HOME, INC.		
<b>Legal Entity Address:</b> 1555 HAAK STREET, READING, PA 19602		
<b>Certificate(s) of Occupancy</b> C-2 LP 07/18/1991 LABOR AND INDUSTRY		
<b>Staffing Hours</b>		
<b>Resident Support:</b> 0	<b>Total Daily Staff:</b> 115	<b>Waking Staff:</b> 86
<b>Type of Inspection:</b> Partial	<b>BHA Docket Number:</b>	<b>Notice:</b> Unannounced
<b>Reason(s) for Inspection(s)</b> Complaint		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 09/01/2016: Dumas, Gerald		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
<b>Partial or Full Triggers:</b>		<b>Random Indicators:</b>
<b>Resident Demographic Data as of Inspection Dates</b>		
<b>Licensed Capacity:</b> 138 <b>Number of Residents Served:</b> 115 <b>Secured Dementia Care Unit in Home:</b> No <b>Area:</b> <b>Secured Dementia Unit Capacity, if Applicable:</b> <b>Number of Residents Served in Secured Dementia Care Unit, if applicable:</b> <b>Number of Current Hospice Residents:</b> 0 <b>Number of Hospice Residents in past year:</b> 0	<b>Number of Residents who:</b> <b>Receive Supplemental Security Income:</b> 97 <b>Are 60 Years of Age or Older:</b> 56 <b>Have Mental Illness:</b> 96 <b>Have an Intellectual Disability:</b> 30 <b>Have a Mobility Need:</b> 0 <b>Have a Physical Disability:</b> 1	

Violation Report: 20512 - 09/01/2016 - Dumas, Gerald  
 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**

On 07/16/16 Resident # 1 Intentionally took a shaver and cut [redacted] on [redacted] forearm. The home failed to report this attempt (either successful or otherwise) to commit suicide to the Northeastern Regional Office as required. As a result of this action the resident was admitted to a local behavioral health in-patient unit.

**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 necessary to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

The description of the violation is inaccurate. It occurred as follows:

The resident was found taking a shaver to [redacted] forearm. The aide observed scratch marks on [redacted] arm. There were no cuts or blood. The resident was asked if [redacted] was trying to commit suicide. [redacted] stated that [redacted] was not. The care coordinator was notified and made the decision to send [redacted] the emergency room for evaluation. [redacted] went voluntarily and again stated that [redacted] was not trying to commit suicide and the hospital staff document on the discharge papers "no suicidal ideations" and returned [redacted] the same day. NO HOSPITALIZATION OCCURRED FOR THIS INCIDENT.

On page 239 Appendix B states that Suicidal ideation or threats to commit suicide are not a reportable. As a result, no report was sent to DHS.

I also believe that the delayed time to address this violation report by the inspector was unacceptable.

The incident occurred 7/16/2016. The department inspector came out on the complaint 9/1/2016. The violation report was mailed 3/8/2017.

I am forwarding this violation report to Harrisburg for review.

In the meantime staff has been informed to continue procedures to send out any resident that appears to show any sign of potential self-harming behavior and report all incidents to DHS.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/24/2016	05/19/2016	03/31/2016
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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 Date 3/29/17

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

The above plan of correction is approved as of 4-3-17  
 (Date)

Plan of correction implementation status as of 4-3-17  
 (Date)

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

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