



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]  
MAILING DATE: February 21, 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 December 7, 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**  
**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 PA L&I		
<b>Staffing Hours</b>		
<b>Resident Support:</b> 0	<b>Total Daily Staff:</b> 128	<b>Waking Staff:</b> 96
<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> 12/07/2016: OHaire, Anne; Yellenic, Cindy		
<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> 128 <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> 1 <b>Number of Hospice Residents in past year:</b> 0	<b>Number of Residents who:</b> <b>Receive Supplemental Security Income:</b> 95 <b>Are 60 Years of Age or Older:</b> 61 <b>Have Mental Illness:</b> 90 <b>Have an Intellectual Disability:</b> 2 <b>Have a Mobility Need:</b> 0 <b>Have a Physical Disability:</b> 0	

Violation Report: 20512 - 12/07/2016 - O'Haire, Anne  
PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

Resident #1 and Resident #2 got into a physical altercation on 11-26-16 where Resident #1 was pushed and he/she suffered a fall resulting in a fractured hip. The home did not conduct a thorough investigation into this incident which resulted in physical harm to resident #1. The home didn't report this resident to resident altercation to the local Area Agency on Aging.

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.

With Respect to Regulation 2600.15(a) and Respect to Residents #1 and #2

An inquiry was performed by staff at the time of incident. Resident #1 was asked if he fell or was pushed and stated that he fell. Resident #2 has dementia and did not provide any other information leading staff to believe otherwise.

This incident was not reported to AAA because staff believed it was an accidental fall thereby not being a case of abuse and we were not required to send the report to AAA.

\* Staff received training yearly by AAA and upon hire. So everyone is aware of the abuse reporting.

Cont →

see page 2A

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Darlene Price*

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

DARLENE PRICE ED

Date

1-18-2017

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

The above plan of correction is approved as of

2/18/17  
(Date)

Plan of correction implementation status as of

2/18/16  
(Date)

The above plan of correction was approved by

*m*  
(Initials)

Fully Implemented

\*  Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

With Respect to Regulation 2600.15(a) and Respect to Resident #1 , #2 and all other Residents, this home will immediately rectify the problem of reporting within 24 hours and to the proper authority's. The home will ensure this does not occur again by the following steps:

Conducting an in-service with all appropriate staff to ensure the steps of the regulation 2600.15 and 2600.16(C) are followed. This in-service will cover the steps in incident reporting and highlight area such as: Reporting within 24 hours and then additional information will be gather. It is not our initial job to determine if it is report worthy.

Executive Director will ensure that any and all incidents are reported immediately to the Departments as per regulation 2600.15 and 2600.16

The Resident Director will be responsible for reporting and the Executive Director will be responsible for monitoring and ensuring each incident is reported within time frame specified by the department.

This will be completed by 1/10/2016

\* The Executive Director will be responsible for monitoring any and all incidents within the home.

Reading Area Agency on Aging will be conducting an in house in-service for staff 1/20/2017 on Residents Rights and Abuse

2/18/17  
m

Darlene Prile  
DARLENE PRILE 1-18-2017  
Executive Director

Violation Report: 20512 - 12/07/2016 - O'Haire, Anne  
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 was pushed by resident #2 and suffered a fall which resulted in a fractured hip on 11-26-16. The home did not file a report with the Department until 11-28-16.

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.

This incident was not considered late because when the incident occurred the staff was unaware that resident #1 fractured hip. Upon receiving a call the following day from the hospital we then became aware of injuries and a report was completed with 24 hours.

Cont. →

see page 3A

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)	DARlene PRICE	<i>Darlene Price</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	DARlene PRICE ED	Date	1-18-2017
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(Date)

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(Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented

2600.15(a) and respect to resident #1, #2 and all other Residents, this

home will immediately rectify the problem of reporting within 24 hours and to the proper authority's.

The home will ensure this does not occur again by the following steps:

Conducting an in-service with all appropriate staff to ensure the steps of the regulation 2600.15 and 2600.16(C) are followed. This in-service will cover the steps in incident reporting and highlight area such as: Reporting within 24 hours and then additional information will be gather. It is not our initial job to determine if it is report worthy.

Executive Director will ensure that any and all incidents are reported immediately to the Departments as per regulation 2600.15 and 2600.16

The Resident Director will be responsible for reporting and the Executive Director will be responsible for monitoring and ensuring each incident is reported within time frame specified by the department.

This will be completed by 1/10/2016

The Executive Director will be responsible for monitoring any and all incidents within the home.

Reading Area Agency on Aging will be conducting an in house in-service for staff 1/20/2017 on Residents Rights and Abuse

2/18/17  
m

Darlene Price  
DARLENE PRICE ED  
1-18-2017

Violation Report: 20512 - 12/07/2016 - O'Haire, Anne  
 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**

Resident #2 pushed Resident #1 as he/she attempted to take resident #1's new coat. This incident resulted in Resident #1 fracturing his/her hip.

**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.

With Respect to Regulation 2600.42.(b) and Respect to Resident #1, #2 and all other Residents, this home will immediately rectify the problem of reporting within 24 hours and to the proper authority's.

The home will ensure this does not occur again by the following steps:

Conducting an in-service with all appropriate staff and Residents to ensure the steps of the regulation 2600.42 and Residents Rights are followed. This in-service will cover the steps in incident reporting and highlight area such as: Residents reporting immediately to staff, training with residents on their rights and respect to other residents rights.

Executive Director will ensure that any and all incidents are reported immediately to the Departments as per regulation 2600.42

Residents whom show increase or uncontrolled behaviors will be seen by doctor, sent to ER or seen by SAM.

The Resident Director will be responsible for follow through and the Executive Director will be responsible for monitoring and ensuring each incident is reported within time frame specified by the department.

Reading Area Agency on Aging will be conducting an in house in-service for staff 1/20/2017 on Residents Rights and Abuse

Repeat Violation: Yes	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page) Darlene Price

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>DARLENE PRICE ED</u>	Date <u>1-18-2017</u>
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 (Date)

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 (Initials)

Violation Report: 20512 - 12/07/2016 - OHaire, Anne  
PCH Name: STABON MANOR PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

**2a. DESCRIPTION OF VIOLATION**

The facility's designated smoking area is located outside the facility at the benches toward the parking lot. Evidence of smoking in a non-smoking area was observed by the presence of 30 to 40 cigarette butts located on the front steps and walk area leading to the main entrance of the home.

**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.

**SMOKING VIOLATION**

The management has placed procedures in place to prevent residents from smoking in unauthorized areas. This continues to be a challenge due to the mental capabilities of our cliental. As a result of this violation we will institute the following:

- 1) Another meeting will be held with all residents so they are again made aware of the smoking rules, designated smoking areas and consequences for violating the facilities smoking rules.
- 2) Maintenance and Housekeeping will check and clean the areas at the start and end of each of their shifts, also making sure lids are secure on all smoking containers.
- 3) 1<sup>st</sup>, 2<sup>nd</sup> & 3<sup>rd</sup> shift will make periodic checks during each shift.
- 4) Volunteer resident reporters have been instructed to report to the administrative office any violators of the smoking rules.
- 5) Written notices will be given to first time violators and eviction notices will be given to residents with multiple violations. Families, case managers and AAA will be notified for assistance with placement.
- 6) An umbrella stand with umbrellas will be placed by the door for residents use when raining.

For the residents that continue to be non-compliant, the staff will keep their cigarette locked in the medication room and will escort them to the designated smoking area in order to keep them compliant with the rules until placement can be secured at another location.

*The administrator shall monitor for ongoing compliance.*  
*[Signature]*  
*2/18/17*

Repeat Violation: Yes      Date(s) of Previous Violation(s): 06/24/2016

Signature of Legal Entity Representative (Required on EVERY Page) *Darlene Price*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *DARLENE PRICE ED*      Date *1-18-2017*

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Violation Report: 20512 - 12/07/2016 - O'Haire, Anne  
PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

144(c)(2) Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

2a. DESCRIPTION OF VIOLATION

Upon arrival at the facility at 9:00AM on 12-07-16 several residents were observed standing and sitting on the front entrance steps smoking cigarettes. This area is not a designated smoking area and is the common walkway leading into the main entrance of the facility.

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.

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- 1) Another meeting will be held with all residents so they are again made aware of the smoking rules, designated smoking areas and consequences for violating the facilities smoking rules.
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- 5) Written notices will be given to first time violators and eviction notices will be given to residents with multiple violations. Families, case managers and AAA will be notified for assistance with placement.
- 6) An umbrella stand with umbrellas will be placed by the door for residents use when raining.

For the residents that continue to be non-compliant, the staff will keep their cigarette locked in the medication room and will escort them to the designated smoking area in order to keep them compliant with the rules until placement can be secured at another location.

*The administrator shall monitor for ongoing compliance*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Darlene Price*

*M*  
*2/18/17*

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

*DARLENE PRICE ED*

Date

*1-18-2017*

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(Date)

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*M*  
(Initials)

Violation Report: 20512 - 12/07/2016 - O'Haire, Anne  
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

Resident #2, date of admission [redacted] 2005, was the alleged perpetrator of an incident on 11/26/16. The resident's Assessment and Support Plan was not updated to reflect the incident on 11/26/16, which resulted in physical harm to another resident, and how the home will manage the care or behaviors of this individual going forward.

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.

With Respect to Regulation 2600.227 (d) and Respect to Resident #2 and the understanding of importance of an updated care plan. The residents care pan was updated to reflect changes in [redacted] behavior and noted as such on 12/09/2016. [redacted] was monitored in the community and family took [redacted] home for a weekend after the incident occurred. [redacted] son has now stepped up and is an advocate for his [redacted] healthcare. [redacted] PA assessed and added new orders. [redacted] care is being followed by resident director and will be ongoing. [redacted] has had no further occurrences.

The administrator shall monitor for ongoing compliance

*[Signature]*  
2/18/17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Darlene Price*

Printed Name and Title of Legal Entity Representative  
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DARLENE PRICE ED

Date 1-18-2017

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