pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **STABON MANOR PERSONAL CARE HOME, INC.**
LEGAL ENTITY

To operate **STABON MANOR PERSONAL CARE HOME**
NAME OF FACILITY OR AGENCY

Located at **1555 HAAK STREET, READING, PA 19602**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE — ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE — ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE — ADDRESS OF SATELLITE SITE

To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **138** (MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: ______

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **April 21, 2017** until **April 21, 2018**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **205120**

Robert E. Robinson
ISSUING OFFICER

Ted Dallas
DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628 – 12/16

APR 2 1 2017

Mr. Stanley P. Pilat,
President/Administrator
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' annual licensing inspections on February 1, 2017 and February 8, 2017 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.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

Bureau of Human Services Licensing
625 Forster Street, Room 631 | Harrisburg, PA 17120 | 717.783.3670 | F 717.783.5662 | www.dhs.state.pa.us

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

Jacqueline L. Rowe
Director

Enclosures
License
License Inspection Summary

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

PCH Name: STABON MANOR	**License Number:** 20512
Address: 1555 HAAK STREET, READING, PA 19602	**County:** Berks
Administrator: DARLENE PRICE	**Region:** NORTHEAST
Legal Entity Name: STABON MANOR PERSONAL CARE HOME, INC.	
Legal Entity Address: 1555 HAAK STREET, READING, PA 19602	

Certificate(s) of Occupancy

C-2 LP
07/18/1991
LABOR AND INDUSTRY

Staffing Hours

Resident Support: 0	**Total Daily Staff:** 131	**Waking Staff:** 98
Type of Inspection: Full	**BHA Docket Number:**	**Notice:** Unannounced

Reason(s) for Inspection(s)

Renewal, Complaint, Incident

On-Site Inspections Dates and Department Representatives On-Site

02/01/2017: Dumas, Gerald; Novak, Ryan
02/08/2017: Dumas, Gerald; Novak, Ryan

Off-Site Inspection Dates and Inspectors, if Applicable

Other Details

Partial or Full Triggers:	**Random Indicators:**

Resident Demographic Data as of Inspection Dates

Licensed Capacity: 138	**Number of Residents who:**
Number of Residents Served: 131	**Receive Supplemental Security Income:** 114
Secured Dementia Care Unit in Home: No	**Are 60 Years of Age or Older:** 49
Area:	**Have Mental Illness:** 98
Secured Dementia Unit Capacity, if Applicable:	**Have an Intellectual Disability:** 27
Number of Residents Served in Secured Dementia Care Unit, if applicable:	**Have a Mobility Need:** 0
Number of Current Hospice Residents: 0	**Have a Physical Disability:** 0
Number of Hospice Residents in past year: 1	

Violation Report: 20512 - 02/01/2017 - Dumas, Gerald
PCH Name: STABON MANOR

1. REGULATION 55 Pa.Code §2600
2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

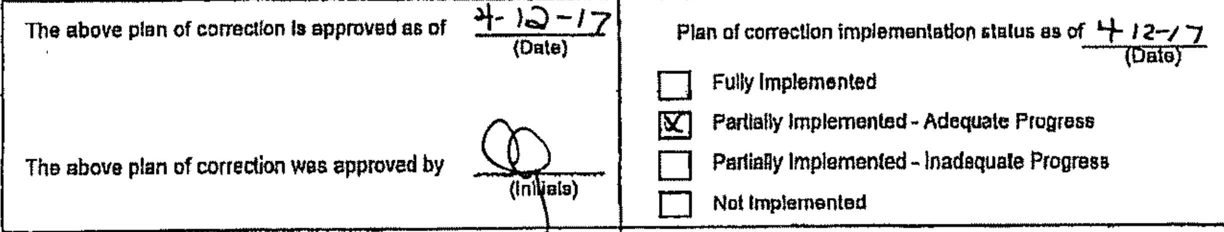
2a. DESCRIPTION OF VIOLATION
The licensing inspection summaries dated 6/24/16 & 6/30/16 posted in the office of the home contained the resident privacy coding documents. The privacy coding documents expose confidential information of the residents

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.

The new Director was unaware of this regulation. The privacy coding sheet was removed in front of the inspector upon them finding the sheet attached to the violation report.

The Director reviewed the regulation and understands the purpose of preserving the privacy of all residents.

Upon receipt of all future violation reports the Administrator/Director will remove the privacy coding sheet prior to hanging on the bulletin board.



Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)	[signature]		
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 4-12-17 (Date)

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

Plan of correction implementation status as of 4-12-17 (Date)

- [ ] Fully Implemented
- [x] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

Violation Report: 20512 - 02/01/2017 - Dumas, Gerald
PCH Name: STABON MANOR

1. REGULATION 55 Pa.Code §2600
2600.20(b)(3) - The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.

2a. DESCRIPTION OF VIOLATION
The home's Business Office Manager, A, acknowledged that some residents voluntarily give him/her their debit/credit card to make rent payments to the home with the residents PIN number voluntarily. The home does not make a practice of giving residents a ATM receipt for monies withdrawn from the resident's bank. On 1/10/17 the secretary withdrew $800.00 and then again on 1/12/17 withdrew $200.00. Resident # 1 did not receive a receipt of either transaction.

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.

Currently all bank receipts are filed into their financial folder and as per the regulations they are reviewed on a quarterly basis with the Resident. During the quarterly review, all bills and receipts are reviewed by the resident and then signed by the resident as proof of review. During the interim period the resident is given access to review their bills and/or receipts upon request and make copies.

The Inspector felt as though the resident should be given their receipts at the time of each occurrence.

On the day of survey the inspector witnessed the receipt being given to the resident and a signed copy was placed in their financial file.

Because of this violation, we have updated our procedures in regards to assisting residents with their banking needs. See a copy of the new procedure attached to this page.

The Office Manager will follow each step in the procedures. The Administrator/Director will review all associated forms, receipts and financial files to ensure the procedures are being followed.

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

Signature of Legal Entity Representative (Required on EVERY Page) [signature]

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 4-12-17 (Date)

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

Plan of correction implementation status as of 4-12-17 (Date)

- [ ] Fully Implemented
- [x] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

Violation Report: 20512 - 02/01/2017 - Dumas, Gerald
PCH Name: STABON MANOR

1. REGULATION 55 Pa.Code §2600
2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION
The bedside lamp located in Room # [redacted] was not operable.
The lamp used for Resident # 2 and Resident # 3 was inoperable due to an electrical outlet not being available.

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 lamp was in working order. The Resident moved the lamp and could not be plugged in at its new location.

The lamp has since been placed bedside. The resident was counseled on the need for the lamp to be accessible for use during the night time hours.

The housekeeping staff will monitor lamp placements in all residents' rooms to ensure that they are all functional and are kept bedside.

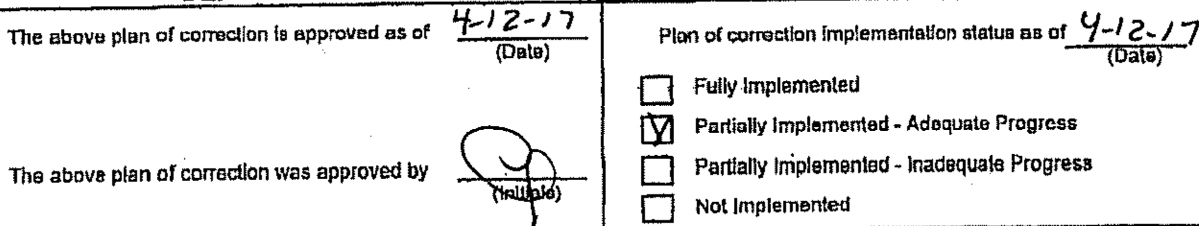
The Administrator/Director will make rounds through the facility weekly to ensure compliance.

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

Signature of Legal Entity Representative (Required on EVERY Page) [signature]

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 4-12-17 (Date)

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

Plan of correction implementation status as of 4-12-17 (Date)

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

Violation Report: 20512 - 02/01/2017 - Dumas, Gerald
PCH Name: STABON MANOR

1. REGULATION 55 Pa.Code §2600
2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION
The thermometer located in the home's walk in freezer measured 10 degrees Fahrenheit.
The thermometer located in the home's walk in refrigerator measured 46 degrees Fahrenheit.

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 occuring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

As of this writing the refrigeration company made some adjustments and replaced some parts. For the last several weeks the freezer/ refrigerator unit has maintained the required temps.

The Cook Supervisor will make daily checks of all refrigerators and freezers to ensure temps are maintained per regulations. They will report any temps that may be out of parameters to the acting Administrator/Director. The Administrator/Director will make periodic checks of the temps to ensure compliance and will contact the Refrigeration company if further repairs are required.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/30/2016		

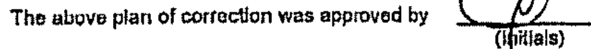
Signature of Legal Entity Representative (Required on EVERY Page) [signature]

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 4-12-17 (Date)

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



Plan of correction implementation status as of 4-12-17 (Date)

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

Violation Report: 20512 - 02/01/2017 - Dumas, Gerald
PCH Name: STABON MANOR

1. REGULATION 55 Pa.Code §2600
2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION
The fire exit located next to Room #215 would not immediately open when pushed upon, preventing immediate egress in the event of an emergency.

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 doorway does open allowing egress but was sticking causing it to open with some effort. At the time of this writing the doors have been realigned. The fire Dept. was out for their inspection and the door passes their inspection.

The maintenance Dept. will make daily checks during their morning walk through to ensure all fire exit doors are in proper working order.

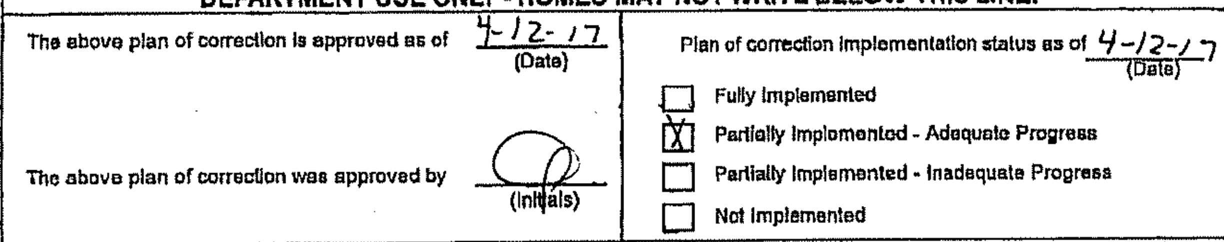
The Administrator/Director will make periodic checks through the facility to ensure compliance. If any doors are found to be inoperable maintenance dept. will be instructed to make the needed repairs.

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 3/29/17

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



The above plan of correction is approved as of 4-12-17 (Date)

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

Plan of correction implementation status as of 4-12-17 (Date)

- [ ] Fully Implemented
- [x] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

Violation Report: 20512 - 02/01/2017 - Dumas, Gerald
PCH Name: STABON MANOR

1. REGULATION 55 Pa.Code §2600
2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2a. DESCRIPTION OF VIOLATION
A pair of cotton socks were found behind the home's Kenmore Dryer which is located in the basement laundry room. The cotton socks found behind the dryer presents a potential fire hazard.

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 occuring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The pair of socks the inspector found were not in any area that would have allowed them to be combustible. However they were immediately removed and the laundry aide was instructed to make daily checks behind all dryers to ensure compliance and safety.

The Administrator /Director will make periodic checks to ensure compliance.

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

Signature of Legal Entity Representative [signature]
(Required on EVERY Page)

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

Date 3/29/17

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

The above plan of correction is approved as of 4-12-17 (Date)

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

Plan of correction implementation status as of 4-12-17 (Date)

- [ ] Fully Implemented
- [x] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

Violation Report: 20512 - 02/01/2017 - Dumas, Gerald
PCH Name: STABON MANOR

1. REGULATION 55 Pa.Code §2600

2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION

The home's fire drill log indicated that on 12/15/16 at 10:05 a.m. a fire drill was conducted in which residents did not fully evacuate or go to the home's fire safe area. The home's administrator B, acknowledged that the temperature outside was 28 degrees and residents gathered at the inside front entrance of the home instead of completely evacuating to the fire safe area or to the designated meeting location outside 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.

The Administrator/Director had the fire drill as scheduled but due to the extreme weather and noticing that many of the residents were coming down to the exit without coats on she made the decision to have them stand inside the exiting area.

A second fire drill was done that month where all residents exited out of the building as required.

The Department representative would not acknowledge the second fire drill. - correct -

In the future, the Administrator/Director will reschedule the fire drill in the event of extreme cold/ harsh weather reports.

any drill where residents fail to fully evacuate or relocate to a fire safe area is a failed drill and will result in a violation cited under this regulation number. ep 4-12-17

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

Signature of Legal Entity Representative (Required on EVERY Page) [signature]

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 4-12-17 (Date)

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

Plan of correction implementation status as of 4-12-17 (Date)

- [ ] Fully Implemented
- [x] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

Violation Report: 20512 - 02/01/2017 - Dumas, Gerald
PCH Name: STABON MANOR

1. REGULATION 55 Pa.Code §2600
2600.183(a)(1) - Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration.

2a. DESCRIPTION OF VIOLATION
Resident # 4's 8am medications for 2/9/17 were located in the medication cart in a soufflé cup.

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 aide on staff pulled the correct medications but the wrong day.

The medication aide was retrained to be more attentive and complete all checks to make sure the medications, date, and resident are correct prior to administering the medication to the resident.

The care coordinator will make cart checks and observe med techs distribution of medications to ensure that all procedures are being followed. Retraining will occur as needed by the authorized medication trainer to ensure compliance with safe medication procedures. Any Med Tech making multiple errors after receiving retraining will be re assigned to another position.

Adm will oversee to ensure ongoing compliance. [initials]
4-12-17

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

Signature of Legal Entity Representative (Required on EVERY Page): [signature]

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 4-12-17 (Date)

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

Plan of correction implementation status as of 4-12-17 (Date)

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

Violation Report: 20512 - 02/01/2017 - Dumas, Gerald
PCH Name: STABON MANOR

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

2a. DESCRIPTION OF VIOLATION
Resident # 7 has an order for blood glucose readings twice daily per a sliding scale of insulin. On 1/19/17 at 3:30pm the blood glucose reading was 204, according to the sliding scale two units of insulin should have been administered. The home did not administer any insulin per the sliding scale.
Resident # 8 has an order blood glucose readings four times daily. On 1/31/17 at 8pm the blood glucose reading was not completed.
Resident # 8 has an order blood glucose readings four times daily. On 1/28/17 at 5pm the blood glucose reading was not completed.

Resident # 8 has an order blood glucose readings four times daily. Insulin is to be administer per a sliding scale with meals. On 1/28/17 at 5pm there was no blood glucose reading noted in the resident's glucometer. A blood glucose reading of 569 was noted at 8pm. The home administer 6 units of insulin at 5pm based on the 8pm reading.

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 occuring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The Care Coordinator completed a retraining for all Med Techs.

The Care Coordinator makes MAR checks to monitor that all med techs are completing the MARs appropriately and the proper dose of medicines are being administered to the resident.

Any med techs that make any errors in the future will be retrained by the Care Coordinator or medication trainer. Any Med Tech making multiple errors after receiving retraining will be re assigned to another position.

Adm will oversee to ensure ongoing compliance
Op. 4-12-17

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/30/2016	05/19/2016	03/31/2016

Signature of Legal Entity Representative (Required on EVERY Page) [signature]

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 4-12-17 (Date)
training docs. submitted.

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

Plan of correction implementation status as of 4-12-17 (Date)

- [ ] Fully Implemented
- [x] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented