



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]
MAILING DATE: August 1, 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 May 25, 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.

Sincerely,

Anne Graziano
Anne Graziano
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

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

Page 1 of 2

PCH Name: STABON MANOR PERSONAL CARE HOME		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 L&I		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 123	Waking Staff: 92
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 05/25/2017: Harvey, Jason; Rushin, Julienne		
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: 160 Number of Residents Served: 120 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 2		Number of Residents who: Receive Supplemental Security Income: 112 Are 60 Years of Age or Older: 52 Have Mental Illness: 89 Have an Intellectual Disability: 26 Have a Mobility Need: 3 Have a Physical Disability: 1

Darlene Price EO 7/26/2017

Violation Report: 20512 - 05/25/2017 - Harvey, Jason
PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.181(c) - A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

2a. DESCRIPTION OF VIOLATION

On 4/12/2017 resident #1 was given all their medications to self-medicate for a 7 day leave from the home. The resident has not been assessed by a physician, physician's assistant or certified registered nurse practitioner as being able to self-administer medication.

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 2600.181.C and Respect to Residents, Plan is in place that all self medication residents will be screened by their physician and or physician assistant. A current DME will be signed by doctor and RASP will be updated by the executive director. All medication technicians were retrained on self medicating residents. Medication technicians' were trained to look on residents MARs for self administering orders and follow self medication protocol. Resident will be educated on their medications and sign out there medications before leaving the community. Resident will hand in medications upon returning to the facility as per policy. A medication technician will give the residents responsible party the medications and education of distribution upon resident leaving the community.

Copies of sign out sheets.

*Home will retain
Administrator will oversee this in order to
attain and maintain compliance going
forward. C. 8-1-17*

Repeat Violation: Yes Date(s) of Previous Violation(s): 06/24/2016 12/07/2016

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *DARLENE PRICE Executive Director* Date *7-26-2017*

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

The above plan of correction is approved as of *8-17* (Date)

Plan of correction implementation status as of *8-17* (Date)

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

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