



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**MAY 23 2018**

Mr. Stanley P. Pilat  
Chief Executive Officer  
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' (Department) annual licensing inspection on February 8, 2018, February 9, 2018 and March 30, 2018 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.

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](https://www.surveymonkey.com/r/BHSL_Inspection).

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,

A handwritten signature in black ink, appearing to read 'J. Rowe'.

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



Violation Report: 20512 - 02/08/2018 - Yellenic, Cindy  
 PCH Name: STABON MANOR PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**  
 2600.5(a)(1) - The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to: Agents of the Department.

**2a. DESCRIPTION OF VIOLATION**  
 On 2-8-18, from 9:00am until after lunch, the Department Representatives did not have immediate access to the home's employee records. Department Representatives picked 14 resident records to review at 9:30am and by lunch they had received 2 of the 14 resident records requested.

**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.

Going forward, every reasonable effort will be made to have all requested information immediately accessible to the Department. There were 3 agents present requesting 3 different types of records. The Administrator, Asst. Admin, and Business Office Manager, working with one printer, accommodated as quickly as possible. At one point, requested paperwork was brought into conference room for one agent, and returned by another. Paperwork was then placed into shredder. Agent who requested paperwork came into office not knowing the situation and had to wait until retrieved from shredder.

The administrator shall monitor and be responsible for ongoing compliance. *m* 3/26/18

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Susan McClain*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *SUSAN McClain-Admin.*      Date *3/9/18*

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The above plan of correction is approved as of 3/26/18  
 (Date)

Plan of correction implementation status as of 3/30/18  
 (Date)

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

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

Violation Report: 20512 - 02/08/2018 - Yellenic, Cindy  
 PCH Name: STABON MANOR PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

**2a. DESCRIPTION OF VIOLATION**

The following residents' contracts did not include signatures of the staff person who completed the contracts and or residents:  
 Resident #1, not signed by staff (date of admission [redacted]-17); Resident #2, not signed by resident or staff (contract revised 1-1-15);  
 Resident #3 (date of admission [redacted]-18), not signed by resident or staff; Resident #4, contract revised 1-1-15, resident or staff did not sign the contract; Resident #5, contract revised 1-1-15, not signed by resident or staff; and, Resident #6 (contract updated 1-1-15), not signed by resident or staff.

**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 contracts described in this violation was because the residents signed their contracts using only their initials - not a full signature.

Upon exiting from this survey, residents #1, 2, 3, 4, 5 & 6 along with Administrator signed & dated the contracts 2/9/18 as requested by inspectors.

Going forward, all contracts will be signed using a full signature if resident is able to do so. If the resident is unable to sign & can only make a mark then documentation of such will be noted in their record.

Administrator will conduct a random monthly audit with Business Office Manager to ensure compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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) <u>Bonnie Pilot</u>	Date <u>3/20/18</u>
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The above plan of correction is approved as of 3/26/18  
 (Date)

Plan of correction implementation status as of 3/30/18  
 (Date)

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

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

Violation Report: 20512 - 02/08/2018 - Yellenic, Cindy  
 PCH Name: STABON MANOR PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.28(f)(1) - Within 30 days of either the termination of service by the home or the resident's leaving the home, the resident shall receive an itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home.

**2a. DESCRIPTION OF VIOLATION**

Resident #7 was discharged from the home on [redacted] 2017. The home did not provide an itemized account of the resident's funds or notification of refund owed the resident. According to staff, statements are only issued if the resident requests one.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

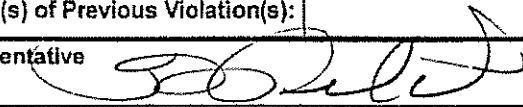
*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

Final Statements are sent out within 30 days of Discharge. However no proof of this is kept in the residents file. As a result, we will make a copy of the final Statement along with Proof of mailing from the Post Office. This will be filed into the residents file.

Office Manager will be responsible to include this procedure to the normal Discharge paperwork.

Administrator will do periodic random Checks to ensure future compliance.


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 3/20/18

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The above plan of correction is approved as of 3/26/18 (Date)

The above plan of correction was approved by  (Initials)

Plan of correction implementation status as of 3/30/18 (Date)

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

Violation Report: 20512 - 02/08/2018 - Yellenic, Cindy  
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION

Interviews with several residents indicated that Staff Person A was disrespectful to residents when they went to the office with a question on several occasions. They were told in a loud voice to "go away...don't bother me." A Berks County Representative confirmed that on at least one occasion of hearing the same staff person in a loud, disrespectful tone, responding to 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.

Administrator spoke with Staff Person "A" regarding Regulation 2600.42c - A resident shall be treated with dignity and respect. Administrator to monitor and in-service all staff on stress management on 3/20/18 at mandatory monthly meeting (see attached in-service.) Should any employee violate Regulation 2600.42c disciplinary process will be followed per policy. All Department Directors will speak to staff person that violates code 2600.42c as soon as it is heard then bring it to attention of Administrator for which disciplinary action will be initiated.

The administrator shall monitor and be responsible for ongoing compliance. M- 3/26/18

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Susan McClain*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Susan McClain - Admin.* Date *3/9/18*

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The above plan of correction is approved as of 3/26/18  
 (Date)

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

Plan of correction implementation status as of 3/30/18  
 (Date)

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

Violation Report: 20512 - 02/08/2018 - Yellenic, Cindy  
 PCH Name: STABON MANOR PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.57(b) - Direct care staff persons shall be available to provide at least 1 hour per day of personal care services to each mobile resident.

**2a. DESCRIPTION OF VIOLATION**

On 1-24-18, there were 136 residents in the home. On this day, only 95.25 hours of direct care staffing was provided.  
 On 1-27-18, there were 136 residents in the home. On this day, only 77.5 hours of direct care staffing was provided.  
 On 2-4-18, there were 136 residents in the home. On this day, only 95.25 hours of direct care staffing was provided.

**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.

Community will continue to post/recruit for more staffing both internally and externally in order to meet Regulation 2600.57b Overtime shifts were scheduled to add additional staffing. Schedule was re-visited to add staff members who worked full or partial shifts not normally scheduled for that day.

Going forward, ongoing interviews will continue and staff persons will be hired which will ensure sufficient staff hours are provided to meet residents basic personal care needs.

Administrators and community schedulers will check schedule on daily/weekly basis.

Consideration for 12 hour shifts were granted to ensure compliance. Daily monitoring will be performed by Wellness Director and/or Administrator.

The administrator shall monitor and be responsible for ongoing compliance. M 3/26/18

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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Susan McClain*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *SUSAN McClain-Admin.*      Date *3/9/18*

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The above plan of correction is approved as of <u>3/26/18</u> (Date)	Plan of correction implementation status as of <u>4/23/18</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 20512 - 02/08/2018 - Yellenic, Cindy  
 PCH Name: STABON MANOR PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.57(d) - At least 75% of the personal care service hours specified in § 2600.57(b) and § 2600.57(c) shall be available during waking hours.

**2a. DESCRIPTION OF VIOLATION**

The home did not provide at least 75% of the required personal care hours during the waking hours on the following days: on 1/24/18 the home required 102 hours of personal care and the home only provided 72 hours on that date; on 1/27/18 the home required 102 hours of personal care and the home only provided 62 hours on that date; and, on 2/4/18 the home required 102 hours of personal care and the home only provided 72 hours on that date.

**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.

Community will continue to recruit staff through internal and external postings to ensure this regulation is met. Overtime shifts were added to provide additional staffing. Staff were encouraged to pick up additional full or partial shifts for additional hours. 12 hour shifts were scheduled for those staff members requesting additional time. Schedules have been re-visited and updated reflecting those employees who had worked full or partial shifts, extra days and/or hours. Administrator and Asst. Administrator will perform ongoing audits of staffing, and schedules ensuring that staffing hours meet personal care needs supplied during waking hours.

\* Administrator will continue to monitor. Staffing did not include receptionist who spends 2 hrs. per day with mail and banking not activities in which residents enjoy daily. \* The administrator shall monitor and be

Repeat Violation: No      Date(s) of Previous Violation(s):      responsible for ongoing compliance

Signature of Legal Entity Representative (Required on EVERY Page) *Susan McClain*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *SUSAN McClain - Admin.*

Date *3/9/18*      *3/26/18*

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The above plan of correction is approved as of 3/26/18 (Date)

Plan of correction implementation status as of 4/23/18 (Date)

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

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

Violation Report: 20512 - 02/08/2018 - Yellenic, Cindy  
 PCH Name: STABON MANOR PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.60(a) - Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

**2a. DESCRIPTION OF VIOLATION**

The home had two staff working from 9:45pm to 6:00am on the following dates: 1/30/18, 1/31/18, 2/1/18, and 2/2/18. The home did not provide enough staff hours on the overnight to meet the needs of 136 residents 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.

Immediately community started and will continue to recruit with postings (internally and externally) for night shift until full. Overtime shifts were scheduled to add additional staffing and to encourage staff to pick-up additional hours. Ongoing interviews will continue and staff persons will be hired to meet the needs of residents. Ongoing audits of residents activity will be conducted by Administrator and Asst. Administrator ensuring care needs are met and staffing will be monitored to ensure adequate staffing is maintained daily. Administrator and Assistant Administrator always worked on night shifts to cover needs of residents and will continue until residents staffing needs are met.

\* The administrator shall monitor and be responsible for ongoing compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):	3/26/18
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Signature of Legal Entity Representative (Required on EVERY Page) *Susan McClain*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
SUSAN McClain-Admin	3/9/18

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The above plan of correction is approved as of <u>3/26/18</u> (Date)	Plan of correction implementation status as of <u>3-30-18</u> (Date)
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The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented
	<input checked="" type="checkbox"/> Partially Implemented - Adequate Progress
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	<input type="checkbox"/> Not Implemented

Violation Report: 20512 - 02/08/2018 - Yellenic, Cindy  
 PCH Name: STABON MANOR PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

**2a. DESCRIPTION OF VIOLATION**

The home has 136 residents which requires 3 staff on every shift trained in First Aid / CPR. On the following dates and shifts the home did not provide the necessary staff to meet this requirement: 2-1-18, 2 trained staff persons on 2nd shift and 1 trained staff person on 3rd shift; 2-2-18, 1 trained staff person on 3rd shift; 2-3-18, 2 trained staff persons on 2nd shift and 2 trained staff persons on 3rd shift; 2-4-18, 2 trained staff persons on 2nd shift and 2 trained staff persons on 3rd shift; 2-5-18, 1 trained staff person on 3rd shift; 2-6-18, 2 trained staff persons on 2nd shift and 2 trained staff persons on 3rd shift; and, 2-7-18, 2 trained staff persons on 3rd shift.

**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.

Going forward, all staff - internal and newly hired - will be required to be CPR/First Aid/AED trained. New staff will have 90 days to be trained. An audit was conducted and a sign-up sheet hung for staff to complete CPR/First Aid/AED. First class started on 2/26/18 and will continue until completed by CPR instructor [redacted].

Assistant Administrator. A Keller system was put into place for renewal dates both current and in future. Administrator, Business Office Manager, and Asst. Administrator's CPR certification was not counted in Regulation 2600.63(a). Administrator will monitor.

The administrator shall monitor schedule daily and be responsible for ongoing compliance. /w 3/26/18

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

Signature of Legal Entity Representative (Required on EVERY Page) *Susan McClain*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *SUSAN McClain - Admin.*      Date *3/9/18*

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The above plan of correction is approved as of 3/26/18 (Date)

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

Plan of correction implementation status as of 4/23/18 (Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

Violation Report: 20512 - 02/08/2018 - Yellenic, Cindy  
 PCH Name: STABON MANOR PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
  - (i) Safe management techniques.
  - (ii) ADLs and IADLs.
  - (iii) Personal hygiene.
  - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
  - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
  - (vi) Implementation of the initial assessment, annual assessment and support plan.
  - (vii) Nutrition, food handling and sanitation.
  - (viii) Recreation, socialization, community resources, social services and activities in the community.
  - (ix) Gerontology.
  - (x) Staff person supervision, if applicable.
  - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
  - (xii) Safety management and hazard prevention.
  - (xiii) Universal precautions.
  - (xiv) The requirements of this chapter.
  - (xv) Infection control.
  - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

**2a. DESCRIPTION OF VIOLATION**

Staff Person C, date of hire 1-29-18, has not completed the department-approved on-line direct care training course and competency test.

**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.*

Staff Person "C" completed department-approved online direct care training course and competency test on 2/11/18. See attached. Moving forward, all new staff will complete approved training course during orientation process and prior to providing ADL services. Audit will be conducted by Business Office Manager to ensure copy of training is obtained during orientation. Administration will audit randomly to ensure compliance.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Susan McClain*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *SU SAN McClain-Admin.* Date *3/9/18*

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The above plan of correction is approved as of 3/26/17  
 (Date)

Plan of correction implementation status as of 3/30/18  
 (Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress
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Violation Report: 20512 - 02/08/2018 - Yellenic, Cindy  
PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
2600.B5(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

Resident #9 and Resident #10 have doctor's orders to have a blood glucose (BG) test administered 4 x daily. On 2-2-18 at 7:00pm, Resident #9's glucometer was used to administer a BG test on Resident #10, and again on 2-5-18 at 3:00pm and 7:00pm.

On 2/8/18, at approximately 1:30 p.m., dry fecal matter was observed on the underside of the toilet seat in the common bathroom closest to the office.

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.

#1. PCP was notified on 2/8/18 requesting bloodwork for infectious disease. Labs were drawn for both residents on 2/16/18. Results obtained and on file in Community Staff will be trained by Assistant Administrator on 3/20/18 on Infectious Diseases and having one glucometer for each resident who require one. Assistant Administrator/Wellness Director will audit and monitor 2 times weekly per protocol all accu/1's. This was a [redacted] glucometer issue. Each has their own machine. All machines have been marked with a label making inscripting resident names. All residents have their own glucometer.  
#2. Housekeeping performs daily checks on all bathrooms in common areas each morning upon arrival. Throughout the day, checks are performed by nursing staff as well as housekeeping. When notified by supervisor, staff immediately cleaned common bathroom. Common bathroom areas will be cleaned by housekeeping in morning and prior to leaving at end of day. Staff to perform random checks throughout all shifts and clean as necessary. Administrator and Maintenance Director will conduct random checks for compliance

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Susan McClain*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *SUSAN McClain-Admin.*      Date *3/9/18*

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The above plan of correction is approved as of 3/26/18  
(Date)

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

Plan of correction implementation status as of 3/30/18  
(Date)

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

Violation Report: 20512 - 02/08/2018 - Yellenic, Cindy  
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.100(b) - The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

2a. DESCRIPTION OF VIOLATION

On 2/8/18 at approximately 10:15 a.m., a thin layer of snow and ice was observed from the 2nd floor emergency exit along the pathway of the blacktop to the fire escape. The maintenance person "B" stated that the area had not had inclement weather for at least the last 8 to 12 hours.

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.

Stabon Manor's procedure is - upon arrival and departure of maintenance staff to ensure ice, snow, obstructions are removed from pathways, walkways, ramps, steps, recreational areas and fire escapes. On 2/8/18 when staff arrived at work all main level walkways, ramps, steps were clear and safe. This was thought to be true of 2nd floor. Going forward, maintenance staff will do routine checks of all floors exterior exit routes to ensure compliance and help to minimize the risk of injury to residents when they are using outside areas for evacuation or recreation. All staff will spot check for safety on the floor they are assigned to work on and inform maintenance of issues. Administration will do random checks to ensure compliance with this regulation.

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page) <i>Susan McClain</i>		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Susan McClain - Admin.</i>		Date <i>3/9/18</i>

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

The above plan of correction is approved as of <u>3/26/18</u> (Date)	Plan of correction implementation status as of <u>3/30/18</u> (Date)
The above plan of correction was approved by <u><i>M</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 20512 - 02/08/2018 - Yellenic, Cindy  
 PCH Name: STABON MANOR PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

**2a. DESCRIPTION OF VIOLATION**

Resident #11 was admitted to the facility [redacted] 2017. The medical evaluation for the resident was completed [redacted] 2017, more than 60 days prior to the resident's admission date.

Resident #9 was admitted to the facility on [redacted] 2016. A medical evaluation for the resident was not completed until 4/13/2017.

**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.

Going forward, Wellness Director will use tickler system that is set up in place in our TABULA Computer program to ensure compliance. All DME's will be completed 60 days prior or within 30 days following admission by Wellness Director. Administrator will randomly check to ensure compliance. Resident #11 came from another facility that closed. There was difficulty getting Med. Eval. completed timely due to waiting for doctor to complete. Med. Eval. completed 2/15/18.

Resident #9 - see DME - attached. Resident has a paper file in receptionist office and paper DME as our new Tabula system came into place at the end of 2016. This had been done at hospital then put in place in our tickler system on Tabula.

\* The administrator shall monitor and be responsible for

Repeat Violation: No      Date(s) of Previous Violation(s):      *ongoing compliance*

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Susan McClain*

Printed Name and Title of Legal Entity Representative      Date *3/9/18*  
 (Required on EVERY Page) *SUSAN McClain-Admin.*      *3/26/18*

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

The above plan of correction is approved as of 3/26/18  
 (Date)

Plan of correction implementation status as of 3/30/18  
 (Date)

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

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

Violation Report: 20512 - 02/08/2018 - Yelenc, Cindy  
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

The medical evaluation for Resident #11 dated 5/26/2017 does not include the resident's weight or temperature.

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.

Stabon Manor's system does require all information to be filled out according to Regulation 2600.141(a)(2). The issue in question was inherited from a closing facility for an emergency placement of said resident. Wellness Director does random audits and will continue to ensure Stabon's system remains in compliance. We would not alter another facility's paperwork.

The administrator shall monitor and be responsible for ongoing compliance.

*[Signature]*  
 3/26/18

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Susan McClain*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *SUSAN McClain - Admin.* Date *3/9/18*

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

The above plan of correction is approved as of 3/26/18  
 (Date)

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

Plan of correction implementation status as of 3/30/18  
 (Date)

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

Violation Report: 20512 - 02/08/2018 - Yellenic, Cindy  
 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 home has a designated smoking area located away from the porches on the back left side of the building. During the initial walk through at approximately 10:00am a resident was observed smoking on the back porch directly outside the exit door. This area is not part of the designated smoking area. Several cigarette butts were noted on the ground directly outside the basement exit of the west wing.

**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.

Residents are reminded monthly of this Regulation monthly at Resident Council meeting. Next meeting 3/22/18. Fire proof receptacles are provided at the designated smoking area. Signs are posted on the doors of the porches reflecting No Smoking Area. Maintenance staff monitor grounds several times daily for cigarette butt removal. All staff have been advised on this regulation and will continue to monitor and spot check for cigarette smokers. Smokers will be requested to smoke at designated area immediately if in violation. All staff will continue to randomly check porches to ensure compliance and reduce risk of fire associated with unsafe smoking. We had instituted a schedule for staff and maintenance to follow and monitor. If a resident abuses the privilege of smoking, they will be issued a 30 day eviction notice after 3 warnings.

Repeat Violation: No Date(s) of Previous Violation(s): \*The administrator shall

Signature of Legal Entity Representative (Required on EVERY Page) Susan McClain

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) SUSAN McClain-Admin. Date 3/9/18 3/26/18

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The above plan of correction is approved as of 3/26/18 (Date)

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

Plan of correction implementation status as of 4/23/18 (Date)

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

Violation Report: 20512 - 02/08/2018 - Yellenic, Cindy  
 PCH Name: STABON MANOR PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
- (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
- (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
- (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

**2a. DESCRIPTION OF VIOLATION**

The following staff administer medications to the residents of the home. The Medication Administration training documents were missing these required elements: Staff Person(s) B, D, & E only had one observation; Staff Person(s) F & G's annual practicums were not dated or signed; and, Staff Person J's, medication administration training annual practicum expired 1-19-18.

**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 requirements have changed for annual practicums and observations from 1 to 2 per year.  
 Medication Trainer will review all medication records to ensure all are current & compliant with this regulation  
 Administrator will make periodic reviews to ensure compliance.*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Susan McChain*

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

*SUSAN McChain - Admin.*

Date *3/9/18*

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The above plan of correction is approved as of 3/26/18  
 (Date)

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

Plan of correction implementation status as of 3/30/18  
 (Date)

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

Violation Report: 20512 - 02/08/2018 - Yellenic, Cindy  
 PCH Name: STABON MANOR PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

**2a. DESCRIPTION OF VIOLATION**

Resident #10 has a physician's order for a blood glucose(BG) test to be administered 4x daily. On 2-1-18 the BG# 190 was transcribed in the MAR as 170. On 2-2-18 there was no BG# located in the resident's glucometer, however, the MAR had #167 recorded.

**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.*

Going forward, all diabetic trained staff will be inserviced on proper usage and documentation of Glucometers. Wellness Director will address this regulation and inservice staff at monthly Mandatory meeting scheduled for 3/20/18. Wellness Director will perform audits 3 times per week per protocol to ensure compliance and accuracy of Glucose machines. Med Techs will also be trained to audit daily for compliance.

The administrator shall monitor and be responsible for ongoing compliance.

*[Signature]*  
3/26/18

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Susan McClain*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *SUSAN McClain Admin.* Date *3/9/18*

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

The above plan of correction is approved as of 3/26/18  
 (Date)

Plan of correction implementation status as of 3/30/18  
 (Date)

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

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

Violation Report: 20512 - 02/08/2018 - Yellenic, Cindy  
 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

The following residents have physician's orders for a blood glucose (BG) test to be administered daily. On the following dates and times the home did not follow the prescribers' orders: Resident #9 did not have a BG test administered on 2-2-18 at 2:00pm, 2-3-18 at 2:00pm and 8:00pm, 2-4-18 at 2:00pm, and 2-7-18 at 2:00pm; Resident #10 did not have a BG test administered on 2-2-18 at 2:00pm, 2-5-18 at 4:00pm and 8:00pm; and, Resident #14 did not have a BG test administered on 2-4-18 at 4:00pm.

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.

Going forward, all med. techs and diabetic trained staff will be serviced on Regulation 2600.187(d) by Wellness Director at mandatory monthly meetings scheduled for 3/20/18. Staff to be serviced on proper documentation of this regulation as well. This comes up automatically on our computer system for staff to acknowledge. Wellness Director does a "variance and exception" report daily to ensure compliance. Staff will be required to document reasons why resident did not have blood glucose performed. Random audits will be conducted by Administrator to ensure compliance of Regulation. Med Techs will be restrained to monitor themselves daily for compliance. Wellness Director will continue to monitor.

Repeat Violation: Yes      Date(s) of Previous Violation(s): 02/01/2017

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Susan McClain*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) SUSAN McClain-Admin.      Date 3/9/18

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The above plan of correction is approved as of 3/26/18  
 (Date)

Plan of correction implementation status as of 3/30/18  
 (Date)

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

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

Violation Report: 20512 - 02/08/2018 - Yellenic, Cindy  
 PCH Name: STABON MANOR PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.190(b) - A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

**2a. DESCRIPTION OF VIOLATION**

Staff Person B has taken and passed the Department -approved diabetes patient education program within the past 12 months. Staff Person B however has not received the medication administration training and therefore cannot administer any insulin. On 2-1-18 Staff Person B administered insulin to Resident #15 at 7:25pm. Staff Person E failed the Department-approved diabetes patient education program and has not repeated the class or test.

**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.*

*Staff person E - did not pass her Diabetic training - She hasn't given any Diabetic services to residents therefore - This is not a violation.*

*Staff person B Completed & passed both Diabetic & Med Training as required. The error occurred when the observer completed all three required observations with the employee but only signed it off once.*

*Medication Trainer will review all employee files to ensure paperwork is completed as required.*

*Staff person E will be Scheduled for the next available Diabetic training Class.*

*The administrator shall monitor and be responsible for ongoing*

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]* *3/26/18*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Bonnie Pilat*      Date *3/20/18*

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

The above plan of correction is approved as of 3/26/18 (Date)

Plan of correction implementation status as of 3/30/18 (Date)

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

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

Violation Report: 20512 - 02/08/2018 - Yellenic, Cindy  
 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 #12 was discharged from the home on [redacted] 17. The home did not update the resident's assessment and support plan indicating that the resident had a sudden decline. It was determined that the resident needed a higher level of care due to lethargy, not eating well and wanting to stay in bed all the time.

**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.

Going forward, Wellness Director will update residents support plan ensuring that residents needs are met as those needs change. Wellness Director will ensure accountability for this Regulation and Administrator will do random checks. The RASP is on a tickler system in our computer program which is monitored and overseen by our Wellness Director. Resident #12's Behavior and decline had been noted in 2016. It was not carried over in 2017 because it was in nurses notes and became part of normal behavior.

The administrator shall monitor and be responsible for ongoing compliance.

Repeat Violation: No      Date(s) of Previous Violation(s):      3/26/18

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Susan McClain*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *SUSAN McClain-Admin*      Date *3/9/18*

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

The above plan of correction is approved as of <u>3/26/18</u> (Date)	Plan of correction implementation status as of <u>3/30/18</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 20512 - 02/08/2018 - Yellenic, Cindy  
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION

The Resident Assessment and Support Plan (RASP) for Resident #11, dated 12/21/2017 was not signed by the resident.

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.

Assistant Administrator did a complete audit of all R.A.S.P.'s on 2/10/18. At present, all RASPs are signed or marked as refused to sign dependent on resident choice to sign or not at the time they were asked. Going forward, residents will be asked to sign upon completion by the Assistant Administrator. Random audit will be conducted by Administrator to ensure continuing compliance. (Resident #11 declined to attend and the box got missed.)

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Susan McClain*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *SUSAN McClain Admin.* Date *3/9/18*

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

The above plan of correction is approved as of 3/26/18  
 (Date) Plan of correction implementation status as of 3/30/18  
 (Date)

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

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





Violation Report: 20512 - 03/30/2018 - Yellenic, Cindy  
 PCH Name: STABON MANOR PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.57(d) - At least 75% of the personal care service hours specified in § 2600.57(b) and § 2600.57(c) shall be available during waking hours.

**2a. DESCRIPTION OF VIOLATION**

The home did not provide at least 75% of the required personal care hours during the waking hours on the following days: on 3-19-18 the home required 108.75 hours of personal care and the home only provided 108.6 hours on that date; on 3-25-18 the home required 108.75 hours of personal care and the home only provided 59.25 hours on that date; and, on 3-31-18 the home required 108.75 hours of personal care and the home only provided 69.75 hours on that date.

**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.*

Community will continue to recruit staff through both internal and external sources and postings. Incentives in place for staff to pick up additional full or partial shifts. Overtime shifts added to help provide additional staffing. Some staff have changed shifts in order to meet regulation. Orientation continues on a weekly basis for all new employees. Ongoing audits will be performed by all schedules to ensure staffing hours meet personal care needs supplied during waking hours. Staffing hours did not include activities staff where residents spend time with daily, not receptionist who does daily banking and mail with them.

Repeat Violation: No Date(s) of Previous Violation(s): The administrator shall be

Signature of Legal Entity Representative (Required on EVERY Page) Susan McClain

responsible for ongoing compliance. M

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) SUSAN McClain - Administrator

Date 4/18/18

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

The above plan of correction is approved as of 4/21/18 (Date)

Plan of correction implementation status as of 4/21/18 (Date)

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

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

Violation Report: 20512 - 03/30/2018 - Yellenic, Cindy  
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 65 Pa.Code §2600  
 2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION

The home has 145 residents which requires 3 staff on every shift trained in First Aid / CPR. On the following dates and shifts the home did not provide the necessary staff to meet this requirement: 3-26-18, there was 1 trained staff person on the 2nd shift; and, on 3-31-18, there were 2 trained staff persons on the 3rd shift.

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.

Assistant Administrator/Wellness Director will certify all new hires within 2 weeks of employment. Community goal is to have all direct care staff trained in CPR-1st Aid. At present, Wellness Director has 7 more direct care staff to train and all will be completely trained prior to April 27, 2018. Wellness Director will keep an ongoing tickler system for employees to be re-certified prior to approaching expiration. (All attached.)

The administrator shall monitor and be responsible for ongoing compliance -

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

Signature of Legal Entity Representative (Required on EVERY Page) *Susan McClain*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *SUSAN McClain-Administrator*      Date *4/8/18*

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

The above plan of correction is approved as of 4/23/18  
 (Date)

The above plan of correction was approved by *M*  
 (Initials)

Plan of correction implementation status as of 4/23/18  
 (Date)

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

Violation Report: 20512 - 03/30/2018 - Yellenic, Cindy  
 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 home has a designated smoking area located away from the porches on the back left side of the building. When arriving at the home, at 11:15am, there were two residents smoking right by the front door. This area is not part of the designated smoking area. There was an abundance of cigarette butts on both sides of the steps leading to the front door.

**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.*

Residents have been reminded each month at Resident Council meetings - Last documented meeting 4/18/18 - and by staff who frequently spot check the outside areas for smokers. All staff routinely check the outside community and remove cigarettes as necessary. Administrator and staff initiated and started using a color-coded 1st, 2nd, and 3rd warning violation system. After 3rd violation per resident, procedures will be implemented for a 30 day notice of eviction. Administrator will be responsible to keep track of violators.

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative (Required on EVERY Page) *Susan McClain*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>SUSAN McClain - Administrator</i>	Date <i>4/18/18</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>4/23/18</u> (Date)	Plan of correction implementation status as of <u>4/23/18</u> (Date)
The above plan of correction was approved by <u>M</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 20512 - 03/30/2018 - Yellenic, Cindy  
 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

The home's smoking area is located away from the porches on the back left side of the building. When approaching the front steps, one resident was reminded the area was not a designated smoking area so the resident threw the lit cigarette into the garbage can located on the front porch. The garbage can is not an ashtray or an approved receptacle to extinguish cigarettes in.

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 garbage can was removed from the front porch while inspectors were present. The designated smoking areas and location of all approved receptacles was discussed with residents at monthly Resident Council mtg.

Community implemented a 3 color-code warning/violation system which will be followed by a 30 day notice of eviction.

Administrator will keep records of violators in her office.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Susan McClain*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *SUSAN McClain - Administrator*      Date *4/18/18*

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

The above plan of correction is approved as of 4/23/18 (Date)

Plan of correction implementation status as of 4/23/18 (Date)

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

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