



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]
Mailing Date: November 6, 2018

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's Bureau of Human Services Licensing inspection on August 21, 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.

Sincerely,

A handwritten signature in black ink that reads "Anne Graziano".

Anne Graziano
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

PCH Name: STABON MANOR PERSONAL CARE HOME		License Number: 20512
Address: 1555 HAAK STREET, READING, PA 19602		County: Berks
Administrator: Susan McClain		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: 153	Waking Staff: 115
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Complaint		
On-Site Inspections Dates and Department Representatives On-Site		
08/21/2018: Novak, Ryan		
Off-Site Inspection Dates and Inspectors, if Applicable		
08/27/2018: Novak, Ryan		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 160	Number of Residents who:	
Number of Residents Served: 153	Receive Supplemental Security Income: 103	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 77	
Area:	Have Mental Illness: 77	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 23	
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: 1	
Number of Hospice Residents in past year: 2		

Violation Report: 20512 - 08/21/2018 - Novak, Ryan
 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

It has been determined that on 8/15/18 Resident #2 hit Resident #3 with a cane. The resident abuse was not reported 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.

Administrators, Asst. Administrator, and staff were not made aware of this incident. It is the responsibility of the staff to report any and all incidents to management immediately upon receiving notification or witnessing any/all incidents. After hours, staff will call AAA and leave a message. Any/all incidents are then to be reported to Administrator or Asst. Admin. in order to investigate and do a reportable on paper. Procedure is to then place in Reportable Binder with fax copy attached. All staff have been inserviced on this regulation on 9/20/18 by administrator @ monthly mandatory all staff meeting. Administrator will follow up with any/all issues from 2nd and night shift in the morning upon arrival.

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</i>	Date <i>10/18/18</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>10-26-18</u> (Date)	Plan of correction implementation status as of <u>10-26-18</u> (Date)
The above plan of correction was approved by <u>AG</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 - 08/21/2018 - Novak, Ryan
 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

It has been determined that on 8/15/18 Resident #2 hit Resident #3 with a cane. The resident abuse was not reported to the Department.

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, Asst. Administrator, and staff were not aware of this incident. It is everyone's responsibility to report any/all incidents, immediately upon notification or witnessing, to the Administrator, Asst. Admin, or management team. An investigation is then conducted and a report sent via fax to the department. Fax verification and report is placed in Binder and kept in Admin. office. A call is also placed to AAA with report to follow. All staff have been unserved on this regulation at the mandatory All staff meeting 9/20/18. Residents had been reminded to report immediately of any/all incidents so they can be investigated. Administrator will follow up on the morning any and all issues from prior day upon arrival.

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* Date *10/18/18*

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 (Initials)

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- Not Implemented

Violation Report: 20512 - 08/21/2018 - Novak, Ryan
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
Licensing representative observed resident #1 ask direct care staff member A for a PRN Tylenol. The staff member responded only if you change. Resident #1 then walked away. The staff person did not treat the resident with dignity and respect.

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 was a new Medication Technician who received complaints by other residents of body odor from Resident #1. When administrators became aware and while injector was in community, called staff person into office regarding above and unserved staff person of regulation. Staff person was very apologetic and did apologize to resident. This regulation was also addressed by administrators at mandatory monthly staff meeting held on 9/20/18.

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

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(Required on EVERY Page) *Susan McClain*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *SUSAN McClain* Date *10/18/18*

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Violation Report: 20512 - 08/21/2018 - Novak, Ryan
 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 8/17/18 the home served 153 residents. The home is required to provide 153 hours of direct care for a 24 hour period, only 115.25 hours were available. On 8/18/18 the home served 153 residents. The home is required to provide 153 hours of direct care for a 24 hour period, only 89.75 hours were available. On 8/19/18 the home served 153 residents. The home is required to provide 153 hours of direct care for a 24 hour period, only 93.5 hours were 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.

Staff schedules have changed to include over time as needed. Incentives have been put into place for those picking up extra time, referring a family member or friend, or changing entire schedules in order to meet above regulation. Administrator is recruiting from Indeed, B.T.d, and Albright College. A hand crafted "Living within" sign was placed on community property for recruitment. Schedules have changed to include 12 hour shifts in order to meet regulation. Department managers have also been incorporated into schedule to provide personal care services. Administrator to monitor.

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

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 (Required on EVERY Page) *Susan McClain*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Susan McClain* Date *10/18/18*

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Violation Report: 20512 - 08/21/2018 - Novak, Ryan
 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

On 8/17/18 the home served 153 residents. The home is required to provide 114.75 hours of direct care from 7a-11p, only 115.25 hours were available. On 8/18/18 the home served 153 residents. The home is required to provide 114.75 hours of direct care from 7a-11p, only 69.75 hours were available. On 8/19/18 the home served 153 residents. The home is required to provide 114.75 hours of direct care from 7a-11p, only 66.75 hours were 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.

Moving forward, incentives have been initiated for staff to pick up additional shifts, 12 hour shifts, refer a friend or family member or change days or shifts to meet regulation. Department managers will also be utilized on weekends to meet staffing needs until recruitment is complete. We are recruiting from Indeed, B.T.C., Allegheny College and word of mouth. A sign advertising "hiring within" has been placed on property. Interviews are done immediately up completion of application and candidates attend orientation every Wednesday followed by additional training on the floor. The scheduler will be responsible to upkeep this regulation and inform administrators immediately if requirement is not met or will not be met for any reason. Administrators will monitor 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) *Susan McClain*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>SUSAN McClain</i>	Date <i>10/18/18</i>
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Violation Report: 20512 - 08/21/2018 - Novak, Ryan
 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

On 8/18/18 only 2 staff persons worked from 10p-6a and on 8/19/18 only 3 staff persons worked from 10p-6a. The home serves 153 residents. The building has 4 floors and a basement where the residents live. In the event of an emergency from 10p-6a the home would not be able to meet the residents needs.

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.

Moving forward, all incentives such as utilizing Indeed recruiting from B.T.C. and Allrights College, internal employee incentives, incorporating a help wanted sign on Community property, enabled us to recruit and hire, orient and train 14 new employees. This method of recruitment will continue until all shifts are filled. Schedulers will maintain a 2 week in advance schedule and post in advance any additional open shifts. Schedulers will inform administrator if staffing does not meet resident needs in advance of schedule and administrator will incorporate additional staffing to meet this regulation with department managers. Administrator will monitor to ensure compliance is met for this regulation.

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

Date 10/18/18

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Violation Report: 20512 - 08/21/2018 - Novak, Ryan
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

The inside of the microwave located in the kitchen was caked with dried food on the inside as well as the outside of the door.

The cover located on the mattress and boxspring of Resident #4's bed is torn and has a brown substance all over it as well as blood.

Resident #5's fitted sheet is completely soaked with urine.

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 All dietary staff had been interviewed on this regulation 8/28/18. Going forward, dietary staff will immediately clean interior/exterior of microwave as spills occur. Each shift will be monitored by cook on duty to be sure microwave is clean and free of debris for next shift. (Dietary director to monitor with weekly cleaning)

② Resident #4's mattress cover was immediately removed. Staff did room rounds and removed/replaced as needed all torn mattress covers. New mattress covers had been ordered and to be used as needed to replace torn covers. Administrator monitors daily during room rounds and will continue to order and replace as necessary.

③ Room rounds are completed daily by staff and administrator. Resident #5's sheet was replaced immediately while inspector was in community by 2nd shift. Rm. rounds are also completed shift to shift during report. All linens are changed per protocol and as needed. All staff to monitor for residents with incontinent issues.

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* Date *10/18/18*

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Violation Report: 20512 - 08/21/2018 - Novak, Ryan
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.101(j)(3) - Each resident shall have the following in the bedroom: Pillows, bed linens and blankets that are clean and in good repair.

2a. DESCRIPTION OF VIOLATION

Resident #4's pillowcase and bedsheets have multiple brown stains on them.

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.

Resident #4 rolls his own cigarettes on his bed. He places all tobacco and equipment on his unmade bed causing staining. Several suggestions for alternative solutions have been made to no avail. Bed linens are changed regularly on shower days and as needed when visibly soiled or stained. Beds are made and unmade daily and administrator does daily room rounds each morning bringing attention to details per room. It is the responsibility of all nursing staff to remove and replace linens so they are clean and in good repair. Administrator will continue to monitor daily. Weekend room rounds are completed by staff and returned to Administrator.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *SUSAN McClain* Date *10/18/18*

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Violation Report: 20512 - 08/21/2018 - Novak, Ryan
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.103(d) - Food shall be stored off the floor.

2a. DESCRIPTION OF VIOLATION
 A 5lb bag of rice was located directly on the floor in the kitchen.

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.

while inspector was still present in Community administrator went into the kitchen and spoke with the cook on duty about above regulation. She immediately placed the rice in a plastic container and put on the shelf. Dietary Director was made aware on the following day and purchased an additional 5 new plastic containers. Dietary Director had an interview on 8/28/18 regarding above regulation. (See attached.) All dietary personnel will be responsible to see that food is placed in containers and containers will be placed on the shelves. Dietary Director and/or Administrator will monitor routinely 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) *Susan McClain*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Susan McClain</i>	Date <i>10/18/18</i>
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Violation Report: 20512 - 08/21/2018 - Novak, Ryan
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION

17 bowls of cereal left over from lunch were located on the counter not labeled or dated.

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.

While inspector was present in the community administrator interviewed cook and dietary staff on this regulation. Staff over anticipated amount needed and did not have opportunity to discard, label or date prior to inspection. Cook on duty immediately discarded leftover food. Dietary Director was made aware of this regulation and conducted an interview on 8/28/18. (See attached). Going forward, all dietary staff will label and date leftovers in a timely fashion. Cook on duty will monitor routinely throughout the day. Dietary staff, director, and cooks will monitor prior to leaving their shift daily. Administrator will randomly check for compliance.

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

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Violation Report: 20512 - 08/21/2018 - Novak, Ryan
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

103g- Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION

17 bowls of cereal left over from lunch were located on the counter not sealed. A bag of macaroni located on the shelf in the kitchen was not sealed.

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.

While the inspectors remained present in Community, both the cereal and macaroni were immediately discarded by the cook on duty. Dietary Director was made aware by administrator the following day upon scheduled return to work. Dietary Director ordered 5 new plastic containers all of which are placed on shelving in the kitchen. All dry goods will be placed in containers, as needed, by dietary staff. An inservice was conducted by Dietary Director on 8/28/18 regarding above. All dietary personnel will be responsible for this regulation. Administrator will monitor routinely as she makes Community rounds.

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</i>	Date <i>10/8/18</i>
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Violation Report: 20512 - 08/21/2018 - Novak, Ryan
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION
 3 sweet potato's were located in a box in the kitchen. The potatoes were black, soft and rotting.

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.

While the inspector was present in the community, the cook on duty immediately removed and discarded the sweet potatoes and the box which was located on the shelf. An immediate uniservice was conducted by administrator. Dietary Director did an uniservice on 8/28/18 regarding this regulation. Moving forward, all food items will be stored in a plastic container on shelf with all spoiled items discarded immediately. All dented cans are placed in a separate area to be returned to vendors. All dietary staff are responsible for compliance of this regulation. Dietary Director and Administrator will routinely monitor.

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* Date *10/18/18*

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Violation Report: 20512 - 08/21/2018 - Novak, Ryan
 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

Over 100 extinguished cigarette butts were located around the entire perimeter of the building and on the front porch.

Resident #5 was observed smoking in the 3rd floor bathroom by other residents while this writer was on site.

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.

(Page 1 of 2)
 This regulation is addressed with each new resident moving into Stabon upon the signing of the contract. It is addressed monthly at the Resident Council meeting. It is the responsibility of all staff members to monitor community for smoking in areas other than the designated spot. A staff member from each shift is responsible to sweep porches and perimeter of community in order to minimize cigarette butts and re-educate smokers who are not in the designated area. When administrator is made aware of smoking within the community, she speaks to those individuals as a reminder and in some cases a 30 day eviction notice is given. Consideration is being given to a timed and staff monitored smoking schedule. All staff will continue to monitor in order to meet compliance of this regulation.

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* Date *10/18/18*

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 PLEASE SEE PAGE 14 A OF 17
 The above plan of correction was approved by _____ (Initials)

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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

Over 100 extinguished cigarette butts were located around the entire perimeter of the building and on the front porch.

Resident #5 was observed smoking in the 3rd floor bathroom by other residents while this writer was on site.

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.

Page 2 of 2. -

On weekends, all staff will be responsible to walk both interior/exterior and remove/discard cigarette butts.

Maintenance Director will report any issues to Administrator during morning rounds of exterior and will follow up with administrator to ensure compliance is met.

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* Date *10/18/18*

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

The above plan of correction is approved as of 10-26-18
(Date)

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

Plan of correction implementation status as of 10-26-18
(Date)

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

Violation Report: 20512 - 08/21/2018 - Novak, Ryan
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.162(e) - A change to a menu shall be posted in a conspicuous and public place in the home and shall be accessible to a resident in advance of the meal. Meal substitutions shall be made in accordance with § 2600.161 (relating to nutritional adequacy).

2a. DESCRIPTION OF VIOLATION

The lunch menu for 8/21/18 indicates chicken casserole, brocolli, bread & chocolate cream pie. The residents were served chicken casserole, salad and cherry pie. Changes to the menu were not made.

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 inserviced Cook on duty of this regulation while inspectors was present in the community. Cook on duty did not hand write the change to the lunch menu, however, unfortunately forgot to post it. Dietary Director made aware and inserviced all dietary staff on 8/28/18. Going forward, cook or designee will be responsible to see that menu changes are posted prior to meal serving. This will be monitored daily by all dietary staff and dietary director. Administrator will monitor to be sure posted menu is the food being served on a daily basis.

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Violation Report: 20512 - 08/21/2018 - Novak, Ryan
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident #6's descovy and prezcobix did not have a diagnosis or purpose listed on the MAR.

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 is an HIV medication ordered through a 3rd party due to expense. Our pharmacy only profiled information for medication administration. Wellness Director spoke with the pharmacist on 8/22/18 to ensure diagnosis was entered. Wellness Director and pharmacist audited and completed all diagnosis on MARs on 8/23/18. In the future, Wellness Director will continue to audit MARs on weekly basis to ensure diagnosis are current. Pharmacy sends diagnosis during profile. Admin. will check periodically.

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 (Required on EVERY Page) *Susan McClain*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Susan McClain</i>	Date <i>10/18/18</i>
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Violation Report: 20512 - 08/21/2018 - Novak, Ryan
 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

Resident #7 has an order for metoprolol succ ER once daily, hold for systolic blood pressure less than 110 or heart rate less than 60. On 8/13/18 the residents blood pressure was 100/59 and the medication was administered.

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.

Wellness Director audits all MARs on a weekly basis to ensure staff are withholding medications correctly per physicians orders. Wellness Director completed medication training regarding all proper documentation and medication orders are being followed by doctors orders. An inservice was conducted by Wellness Director on 9/20/18 to ensure med techs understood all parameters on both insulin and blood pressure medications and that they are following the directions of the prescriber. Wellness Director will continue to monitor on a weekly basis and inservice individually as necessary. Administrators will monitor routinely to also ensure compliance.

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