



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail: [REDACTED]  
Mailing Date: March 25, 2019

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's Bureau of Human Services Licensing inspection on November 6, 2018, November 8, 2018 and November 29, 2018 of the above facility, the citations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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  
Violation Report



Violation Report: 20512 - 11/06/2018 - Dumas, Gerald  
 PCH Name: STABON MANOR PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.15(c) - The home shall immediately submit to the Department's personal care home regional office a plan of supervision or notice of suspension of the affected staff person.

**2a. DESCRIPTION OF VIOLATION**

On 10/31/18, an allegation of abuse against resident # 3 was reported to the home's Administrator. The home did not report the allegation to the the local Area Agency on Aging or the State Department of 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.

Resident # 3 was sent to his doctor appointment and from there was sent to hospital for panic attack and S.O.B. He told hospital employees that he was hit by [redacted]. There is no male employee named [redacted] at Stabon Manor. Resident # 3 then stated a "bald man" hit him. The only staff member resembling this description is our housekeeping supervisor. Administrator questioned supervisor who was not in, near, or around resident's room. Upon return from hospital, resident # 3 stated to our Maintenance Director that he "hallucinates" and did not know why he blamed the housekeeping supervisor. After investigation, Administrator felt there was no need for suspension of any employee. Going forward, Administrator will report a plan of supervision or notice of suspension of staff personnel as necessary since it is documented in RASP of such behaviour on Resident # 3, Administrator and Wellness Director saw no need to contact the department.

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 Admin.</i>	Date <i>2/20/19</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 2-27-19  
 (Date)

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

Plan of correction implementation status as of 2-27-19  
 (Date)

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

**Violation Report:** 20512 - 11/06/2018 - Dumas, Gerald  
**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**

On 10/20/18 resident #1 attempted to cut his/her wrists. The resident told staff that "she/he wanted to die" according to home's progress notes. 911 was called and resident # 1 was transported to the hospital. The resident was discharged within 24 hours back to the facility. The home did not submit a reportable incident to this Department regarding the attempted suicide.  
 On 10/31/18, an allegation of abuse against resident # 3 was reported to the Administrator of the home. The home did not submit and incident report of the allegation 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.*

On 10/20/18, Resident #1 stated she "wanted to harm herself." She stated she was trying to cut her wrist with a room key. She made a superficial scratch on her left wrist. She was sent to the hospital and returned within 24 hours.  
 Administrator reviewed this regulation (2600.16c) with Wellness Director and the importance of it.  
 Going forward, Wellness Director will report verbally any/all incidents to Administrator and will report any/all incidents to BHS within 24 hours. Wellness Director will attach documentation of faxed incident to report and give to Administrator for Compliance Book. In absence of Wellness Director Administrator will notify.  
 Please see pg. 2 for 10/31/18-allegation.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/21/2018
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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>2/20/19</i>
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**Violation Report:** 20512 - 11/06/2018 - Dumas, Gerald  
**PCH Name:** STABON MANOR PERSONAL CARE HOME

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

**2a. DESCRIPTION OF VIOLATION**  
 The financial record of resident #1 did not contain a written receipt from the resident for transactions for cab services on 6/7/18 for \$6.00 6/8/18 for \$15.00, 7/12/18 for \$11.75, 8/15/18 for \$8.00, 9/26/18 for \$70.00 and 10/2/18 for \$70.00.

**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, to be in compliance with regulation 2600.20(b)(3), staff members who issue vouchers for any cab service transaction will be responsible to get resident's signature or witnessed mark. Business office manager will be responsible to oversee before transactions are placed in resident's files. all staff will be uniserviced on this regulation at the next mandatory staff meeting*

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 *2/28/19*

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The above plan of correction is approved as of <u>3-14-19</u> (Date)	Plan of correction implementation status as of <u>3-14-19</u> (Date)
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Violation Report: 20512 - 11/06/2018 - Dumas, Gerald  
 PCH Name: STABON MANOR PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

**2a. DESCRIPTION OF VIOLATION**

While investigating the incident and death of resident # 1, the home's Administrator "A" informed Department representatives that on 11/4/18, police viewed a video recording of the home's staff and community emergency personnel responding to the death of the resident # 1 in room # 9. Department representatives reviewed the video while on site on 11/6/18. The home is prohibited from recording in the home's common area.

On 11/6/18, the home had two cameras in the hallway on the 3rd floor that was recording an interior area accessed by residents.

The home had two cameras in the hallway on the 3rd floor that was recording an interior area accessed by 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.*

Our system has the capability to monitor for 10 days on an electronic hard drive that writes over itself after its full. The Maintenance Director will disable the video surveillance so it no longer enables recording in areas accessible to residents. This will ascertain that compliance is met with this regulation and the camera works on "real time" only in permitted areas.

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

*2/28/19*

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(Date)

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*AG*  
(Initials)

**Violation Report:** 20512 - 11/06/2018 - Dumas, Gerald  
**PCH Name:** STABON MANOR PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

**2a. DESCRIPTION OF VIOLATION**

In reviewing resident # 1's record on 11/6/18, The home's Administrator and Wellness Director stated that the enclosed reports and a summary faxed from the a hospital / psychiatric facility prior to admission to the home was not known about until recently. The enclosed report was dated 5/14/18 (33 pages) and time stamped 12:24:42 P.M. The report included a comprehensive summary (dated 4/4/18) of the residents social and behavioral history. Additionally, the summary indicated suicidal ideation, feelings of depression, increased anxiety, chronic knee pain with limited mobility. Finally, the summary also included important family dynamics which would have been additionally helpful in determining if resident # 1 was appropriate for this home and whether the home was able to meet and provide support for the resident's needs.

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

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Prior to a resident moving into Stabon Manor, a 21 page application is sent to referral source to be completed in entirety. Paperwork received on application dated 5/14/18 from Pinnacle Health reflects "No" under suicidal ideations. See attached p. 2 Administrator and Wellness Director review and make a decision to accept or decline a resident based on needs and services we provide. The above report in question was accidentally scanned into our computer system (Tabula) by a former receptionist no longer employed at Stabon. Going forward, all paperwork will go to Wellness Director for review. Wellness Director will then inform Business Office mgr that there is paperwork to be scanned in scan in. Business Office Manager will be responsible to scan reviewed papers into our computer system.

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 Admin.* Date *2/20/19*

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**Violation Report:** 20512 - 11/06/2018 - Dumas, Gerald  
**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 # 1 had multiple discharges from hospitals for psychiatric, medical complaints and one follow up medical visit which include the following dates: 6/28/18, 7/12/18, 8/9/18, 8/16/18 (suicidal ideation) 9/8/18, 10/20/18, (suicidal ideation), 10/30/18 (suicidal ideation) and 11/1/18 (suicidal ideation). None of these medical or psychiatric events were noted in the resident 1's assessment or support plan - R.A.S.P. There was no notation of any formal psych consults, referrals or recommendations or crisis interventions noted in resident # 1's RASP.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
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Administrator reviewed Regulation 2600.227(d) with Wellness Director and the importance of this regulation as it ensures residents needs are met as conditions change. Also expressing importance of updating so staff can review old computer systems (Tabula) any/all changes in order to safely care for each individual resident.  
 Wellness Director will verbally inform Administrator and nursing staff of any changes that take place to ensure communication is transferred. Wellness Director will update the computer system to reflect such changes. An inservice is scheduled for 2/21/19 on DME's prescreen and R.A.S.P.S. In absence of Wellness Director, Administrator will note any changes. The Home will retain the sign in sheet for the training about Support Plan Updates and Changes.

Repeat Violation: Yes      Date(s) of Previous Violation(s): 02/08/2018

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 2/20/19

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