



July 2, 2019

Ms. Susan McClain  
Administrator  
Stabon Manor Personal Care Home, Inc.  
1555 Haak Street  
Reading, Pennsylvania 19602

RE: Stabon Manor Personal Care Home  
License # 205120

Dear Ms. McClain:

As a result of the Department's Bureau of Human Services Licensing annual inspection on February 6, 2019 of the above facility, the violations 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.

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 that reads "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
Violation Report



Violation Report: 20512 - 02/06/2019 - Harvey, Jason  
 PCH Name: STABON MANOR PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

**2a. DESCRIPTION OF VIOLATION**

The Carbon monoxide monitor found outside the home's boiler room in the basement was equipped with batteries dated 11/2016. The batteries were not replaced annually as required by the Care Facility Carbon Monoxide Act.

**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.*

Maintenance Director changed the batteries while inspectors were still present. He also labeled the outside compartment of the monitor with the date batteries were changed. Going forward maintenance Director will check on a monthly basis while checking the emergency lighting. He will change Carbon Monoxide Batteries every 6 months and label accordingly. Administrator will check the outside label to ensure compliance of this regulation is met.

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 *3/14/19*

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

The above plan of correction is approved as of 4-11-19  
 (Date)

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

Plan of correction implementation status as of 4-11-19  
 (Date)

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

Violation Report: 20512 - 02/06/2019 - Harvey, Jason  
 PCH Name: STABON MANOR PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

**2a. DESCRIPTION OF VIOLATION**

On 01/27/19, Staff Person A grabbed resident #1's ankles and pulled resident approximately 10-15 ft down the hallway on the third floor of the facility causing resident #1 to endure physical abuse.

**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 and Wellness Director spoke to resident #1 about above allegation and resident was unable to confirm or deny this happened. Administrator and Wellness Director spoke to staff person A who stated resident threw himself on the floor, kicked a chair in hallway, and began throwing things at staff and another resident. Person A stated he took the resident's ankles to remove him from the area for safety purposes. Administrator explained other options for control of the situation, however Administrator and Wellness Director terminated staff person's employment with Stabon Manor. Administrator will do an in-service and speak of this violation at next mandatory meeting. A residents rights in-service was held 1/18/19.

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 *3/13/19*

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

The above plan of correction is approved as of 4-11-19  
 (Date)

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

Plan of correction implementation status as of 5-14-19  
 (Date)

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

Violation Report: 20512 - 02/06/2019 - Harvey, Jason  
 PCH Name: STABON MANOR PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.93(a) - Each ramp, interior stairway and outside steps must have a well-secured handrail.

**2a. DESCRIPTION OF VIOLATION**

The rear porch door leading out to the driveway area of the home has a ramp; the home does not have a well-secured handrail for the step-down.

**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.*

Please see attached  
 by City of Reading  
 Property Maintenance  
 Code Enforcement.  
 I believe we will  
 apply for a waiver  
 if this does not  
 suffice.

While awaiting a waiver approval, the home must comply with the regulation. As noted in the RCG, a securely placed handle next to the steps is an acceptable Plan of Correction. Within 5 days of receipt of this approved Plan of Correction, the home will send a digital photo to the Northeastern Regional Office to demonstrate compliance. 4-11-19

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 3/14/19

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

The above plan of correction is approved as of 4-11-19  
 (Date)

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

Plan of correction implementation status as of 4-11-19  
 (Date)

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

Violation Report: 20512 - 02/06/2019 - Harvey, Jason  
 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  
 There were 3 dented cans of Bean Salad found in the home's 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.

A new employee was helping to unpack and store recent food order. Although the cans were dated, employee failed to see they were dented. Kitchen supervisor removed them and placed them in the dented can area. She immediately inserviced employees in the dietary area. An in-service was conducted on 2/6/19 and this regulation was discussed. Going forward, all kitchen employees will be responsible to check food order and place in appropriate areas. The area for dented cans is on the left side of the refrigerator. Dietary supervisor will be responsible to notify vendors and send such items back. Administrator or Asst. Administrator will spot check for compliance.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

08/21/2018

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 3/14/19

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

The above plan of correction is approved as of 4-11-19  
 (Date)

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

Plan of correction implementation status as of 4-11-19  
 (Date)

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

Violation Report: 20512 - 02/06/2019 - Harvey, Jason  
 PCH Name: STABON MANOR PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

**2a. DESCRIPTION OF VIOLATION**

A large pile of lint was found behind the dryer located in the home's basement laundry room.

**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 inspectors were still present in community, Maintenance Director removed lint, swept and mopped behind dryers. Going forward, laundry staff person will monitor behind dryers daily before leaving her shift. She will remove any/all lint found. Maintenance Director will check on a weekly basis to ensure compliance. Administrator will do random checks in order to meet and ensure 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) <i>SUSAN McClain Admin</i>	Date <i>3/14/19</i>
--	---------------------

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

The above plan of correction is approved as of <u>4-11-19</u> (Date)  The above plan of correction was approved by <u><i>AG</i></u> (Initials)	Plan of correction implementation status as of <u>4-11-19</u> (Date)  <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 - 02/06/2019 - Harvey, Jason  
 PCH Name: STABON MANOR PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

**2a. DESCRIPTION OF VIOLATION**

During the fire drill on 5/17/18 at 5:27am and 10/25/18 at 5:37am, 11 staff people participated in the drill. According to staff records, the average number of staff people on duty at this time of day is 3.

**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.

*These drills had been performed while day shift staff were beginning to come to work. Going forward, we will be sure to adjust our times so only staff members on shift are present and only that shifts staff members participate. Administrators will be responsible to re-visit yearly fire drill schedule and make changes accordingly.*

The Administrator will review the home's monthly fire drill log on a monthly basis to ensure ongoing compliance. 4-11-19

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 *3/14/19*

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

The above plan of correction is approved as of 4-11-19  
 (Date)

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

Plan of correction implementation status as of 4-11-19  
 (Date)

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

Violation Report: 20512 - 02/06/2019 - Harvey, Jason  
 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**

Approximately 2 dozen cigarette butts were observed at base of the concrete steps directly outside the east end ground floor exit door adjacent to the home's hair salon.

**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 at each Resident Council meeting of designated smoking area. Our maintenance director and housekeeping supervisor make outside rounds of the community on a daily basis and remove (sweep) cigarette butts as necessary. All staff make frequent rounds of front and back porches and remind residents smoking of the designated smoking area. Each shift, prior to leaving community, is responsible to check the community perimeter and remove / sweep any cigarette butts found. Residents found in violation of the smoking policy and not in the designated area when smoking will be given a 30 day notice of non-compliance.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/21/2018	03/30/2018	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 *3/14/19*

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

The above plan of correction is approved as of <u>4-11-19</u> (Date)	Plan of correction implementation status as of <u>4-11-19</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 - 02/06/2019 - Harvey, Jason  
 PCH Name: STABON MANOR PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

**2a. DESCRIPTION OF VIOLATION**

Resident #2 is prescribed Stiolto Respimat Inhaler. The manufacturer directions indicate the inhaler is to be used within 30 days of the inhaler being opened. The home did not have documentation when the inhaler was opened.

**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 was in the hospital and inhaler was missed from being removed. Inhaler was immediately removed while inspectors were present.  
 Going forward, Med. tech on each medication cart will be responsible to label and date any/all medications they open. A senior med. tech will monitor med carts for compliance each week. Wellness Director will monitor all medication carts monthly and do frequent spot checks to ensure compliance (medication carts are audited monthly by our pharmacy partners). Wellness Director and Administrator will review this regulation at monthly mandatory meetings.

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

3/14/19

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

The above plan of correction is approved as of

4-11-19

(Date)

Plan of correction implementation status as of

4-11-19

(Date)

The above plan of correction was approved by

*AG*  
 (Initials)

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

Violation Report: 20512 - 02/06/2019 - Harvey, Jason  
 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**

The glucometer for resident #3 was not calibrated correctly. The glucometer was dated as 02/05/19 when the date was 02/06/19.

**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.*

all of our new glucometers are calibrated by our Wellness Director prior to being placed in med cart which is procedure. This particular glucometer was recently placed in cart after calibration. One of our med techs was reviewing glucose numbers and accidentally changed the date. Going forward, each med tech using any glucometer will be responsible to check for accuracy prior to use and if incorrect, bring it to Wellness Director's attention. Our senior med techs will monitor weekly during med cart checks to ensure compliance. Wellness Director will do random checks. Wellness Director conducted a verbal inservice on this regulation with all med techs. Administrators will inservice the nursing team on this regulation at the monthly meeting.

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) <i>SUSAN McClain Admin</i>	Date <i>3/14/19</i>
--	---------------------

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

The above plan of correction is approved as of 4-11-19  
 (Date)

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

Plan of correction implementation status as of 4-11-19  
 (Date)

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

Violation Report: 20512 - 02/06/2019 - Harvey, Jason  
 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 #4 has a PRN order for Tramadol to be taken for pain every six hours as needed. On 2/5/19 staff administered the medication at 9:44am and then again at 11:07am, less than six hours later. Staff did not follow the prescriber's order.

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.

Med tech gave medication upon request. When resident came back with continual complaint of pain, med tech reacted by giving pain medication instead of alternate. Wellness Director inservice med tech on this regulation. Wellness Director will monitor MARSON on a daily basis and inservice accordingly. Wellness Director will do an inservice on proper medication orders being followed by prescriber and proper documentation of such orders at monthly staff meeting. Administrator will monitor routinely to ensure nursing team is compliant with this regulation.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/21/2018	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 *3/14/19*

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

The above plan of correction is approved as of 4-11-19  
 (Date)

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

Plan of correction implementation status as of 4-11-19  
 (Date)

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

Violation Report: 20512 - 02/06/2019 - Harvey, Jason  
 PCH Name: STABON MANOR PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

**2a. DESCRIPTION OF VIOLATION**

Resident #5 was admitted to the home on 01/09/18 and resident's initial Resident Assessment Support Plan was assessed on 01/29/18. Assessment was not completed within 15 days of admission.  
 Resident #6 was admitted on 03/02/18 and resident's initial Resident Assessment Support Plan was assessed on 03/27/18. Assessment was not completed within 15 days of admission.

**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 explained to inspectors upon discovery of this violation that he believed he had 30 days for this assessment form.  
 Going forward, Administrator will document new admissions date on calendar and remind Wellness Director within a 15 day period.  
 Wellness Director's goal is to have initial assessment completed within a 7-10 day window - Wellness Director will also use tickler system from our computer program as a back-up. Administrator will spot check all new admissions to ensure compliance is met.

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 *3/14/19*

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

The above plan of correction is approved as of 4-11-19  
 (Date)

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

Plan of correction implementation status as of 4-11-19  
 (Date)

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