



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: stabon@comcast.net
Mailing Date: October 29, 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 inspection on June 12, 2019 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, appearing to read "M. Moskalczyk".

Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report

Facility Information

Name: *STABON MANOR PERSONAL CARE HOME*

License Number: *20512*

Address: *1555 HAAK STREET,, READING, PA 19602*

County: *BERKS*

Region: *NORTHEAST*

Administrator

Name: *Suswan McClain*

Phone: *6103732272*

Email: *Stabon@comcast.net*

Legal Entity

Name: *STABON MANOR PERSONAL CARE HOME, INC.*

Address: *1555 HAAK STREET, READING, PA, 19602*

Certificate(s) of Occupancy

Type: *C-2 LP*

Date:

Issued By:

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *149*

Waking Staff: *112*

Inspection

Type: *Partial*

BHA Docket #:

Notice: *Unannounced*

Reason: *Complaint,Incident*

Inspection Dates and Department Representative

06/12/2019 - On-Site: Ann O'Haire, Gerald Dumas

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *160*

Residents Served: *149*

Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *22*

Are 60 Years of Age or Older: *62*

Diagnosed with Mental Illness: *70*

Diagnosed with Intellectual Disability: *22*

Have Mobility Need: *0*

Have Physical Disability: *1*

42c - Treatment of Residents

Regulations

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

Staff and resident interviews indicated that staff person "A" was rude and hurtful towards residents in the month of May 2019. On another occasion, a resident had food delivered to the home and staff person "A" came into the social room and "screamed on top of her lungs at residents using excessive profanity."

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 violation is not correct.
Please see attached
and remove from our violation
report.*

SEE ATTACHED

Legal Entity Representative

Susan McClain
Signature

Susan McClain Administrator
Printed Name and Title
9/13/19 Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 9-13-19
(Date)

Plan of correction implementation status as of 9-13-19
(Date)

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

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

POC for Regulation 2600.42.c

Staff person A had been spoken to by the Administrator and Assistant Administrator in the past. Staff person A was also given a Stress Management course in which she completed. However, at this current time, Administrator is not aware of staff person A being rude in the month of May. Administrator is aware that a resident ordered Chinese food from an outside vendor and had it delivered to the office. The resident did not include her name. When the Chinese food arrived, staff person A announced over the loud speaker that whoever ordered the food please come to the office. It was initially thought it to be a staff member's lunch. After several attempts to announce, and to no avail, staff member A went to the social room and asked if anyone ordered the Chinese food to come to the office for payment and pick up. When resident came to office, we requested that next time the resident give their name to make it easier not only for the office to locate them, but also the driver who was waiting to be paid. At NO time did staff person A use profanity in the social room.

*** Within 5 days of receipt of the plan of correction:

Staff person A shall be retrained in the proper treatment of resident. Training shall include, treating resident with dignity and respect and Resident Rights. Documentation of this training shall be maintained by the home and be made available for review upon request by the department.

The administrator shall monitor weekly for three months. 9-13-19

MM

60a - Staff/Support Plan

Regulations

2600.

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

Description of Violation

During the overnight schedule for 06-11-19 into 06-12-19 three direct care staff persons left the facility leaving one staff person on site for a period between the hours of 11:00PM to 1:00AM. The home had 149 residents on site at the time of this incident. The home did not have adequate staff on hand to meet the residents needs and would not be able to evacuate the facility safely in the event of an emergency.

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

Legal Entity Representative

Susan McClain
Signature

Susan McClain Administrator
Printed Name and Title
9/13/19
Date

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POC for Regulation 2600.60a

When the staff member left in the community saw that her co-workers were leaving the community, she immediately called the Administrator and Assistant Administrator. She had also placed a call to the schedulers. One of the schedulers and the Assistant Administrator, both of whom live 15 minutes away from the community, arrived within a half hour of the calls they received. They were present in the community until the Administrator arrived a short period later. When the staff members returned, all 3 were immediately terminated. Going forward, the schedule had been changed to reflect the vacant positions. An in-service was held on 6/20/2019 reminding all staff of the policy and procedures in place for employees who leave the community. The community did not have sufficient staff for less than one hour and this was communicated to the surveyors on site.

9-13-19

MM

92 - Windows

Regulations

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

During an interview and physical inspection of Resident #1's resident room it was observed that she had her window open and it had no screen. This would allow for the entry of pest and insects into her room.

Plan of Correction (POC)

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Please see attached

Legal Entity Representative

Susan McFain
Signature

Susan McFain Administrator
Printed Name and Title

9/13/19
Date

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POC for Regulation 2600.92

Resident had been spoken to about opening her window without using the screen several times. She had been requested to ask for staff assistance when opening her window so staff could put the screen in for her. With her noted cognitive impairment, she did not understand and continued to open her window and leave the screen standing alongside of her closet near the window. Resident had been given the option of having an air conditioning unit placed in her window, but refused. Staff has been monitoring her room for compliance as well as checking her window upon entering or leaving the community as her window sits off the employee entrance. Resident has been compliant thus far.

9-13-19

MM

141b1 - Annual Medical Evaluation

Regulations

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident # 2's annual medical evaluation (D.M.E.), was completed late on 4/1/19. Resident # 2's previous DME was completed on 2/15/19.

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

Legal Entity Representative

Susan McClain
signature

Susan McClain Administrator
Printed Name and Title
9/13/19
Date

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POC for Regulation 2600.141.b.1

Our Wellness Director has a tickler system he utilizes in our Tabula program. This triggers prior to due date giving ample time for paperwork to be in compliance. Our medical director, Dr. Pearlstein, has been contacted several times as he was in transition of getting a new nurse practitioner to our community when the prior one resigned. As this was an annual, the resident needed to be seen in person and the doctor was unable to accommodate. Our doctor is located out of our area and resident was unable to be transported to his office. Going forward, we will continue to use our current system and the doctor will be notified in advance of duration time. We have a new nurse practitioner who makes weekly visits to our community to ensure compliance.

9-13-19

MM

144c2 - Smoking Area Distance

Regulations

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

- 2. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following: 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.

Description of Violation

Upon arrival at the facility at 9:00AM and throughout the day residents were observed sitting on the front entrance steps smoking cigarettes. This area was adjacent to the main doorway allowing for infiltration of smoke into the facility. The porch and stairs had many discarded cigarette butts that were thrown on the ground along the main walkway into the facility.

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.

Legal Entity Representative

Susan McClain
Signature

Susan McClain Administrator
Printed Name and Title
9/13/19
Date

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POC for Regulation 2600.144c

Our maintenance director, housekeeping supervisor, and administrator make outside rounds of the community upon arrival to the community. Maintenance and/or housekeeping remove/sweep the visible cigarette butts from community as necessary. Periodic rounds are completed on each shift by staff members as well as prior to leaving community. The staff then sweeps and removes any cigarette butts from perimeter of building. Residents non-compliant at the time rounds are conducted are reminded individually of the smoking policy and designated area located on the side of the community. Residents are reminded each month at the Resident Council Meeting of the smoking policy and where the designated smoking area is. They are also reminded that a 30 day notice of non compliance will also be issued to those individuals who do not follow the smoking policy. At Stabon, we no longer sell cigarettes in our activity store and are moving to a non smoking community in the fact that we are screening our referrals to reflect non smokers.

9-13-19

MM

227d - Support Plan Medical/Dental

Regulations

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. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident's # 2 's assessment and support plan (R.A.S.P) completed on 8/7/18 was not updated to indicate the residents ongoing non- compliance regarding their refusal to cooperate with scheduled showers in preventing odors especially related to his cellulitis and leg care. Additionally, the resident refused home health in allowing ongoing preventative care to resident's leg thereby increasing the risk of progressive staged wounds. The resident had been diagnosed with venous stasis ulcers, wounds with granulated tissue base and has a history of sepsis.

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

Legal Entity Representative

Susan McClain
Signature

SUSAN McClain Administrators
Printed Name and Title
9/13/19 Date

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POC for Regulation 2600.227.d

Please see attached RASP completed on 8/5/19 by Wellness Director. Resident is under the care of Ziem Nop Williams wound care specialist from Suburban Geriatrics. Resident continues to be non-compliant with care and ADL's and has been given a 30 day notice for non-compliance. Going forward, Wellness Director will update all RASPs as changes occur. In his absence, Administrator will update. Administrator will monitor to ensure compliance going forward.

9-13-19

MM