



**Sent via e-mail to: stabon@comcast.net**  
**Mailing Date: April 20, 2020**

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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on February 13, 2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Anne Graziano". The signature is written in a cursive style with a large, looped initial "A".

Anne Graziano  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

# 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: *Susan 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: *08/18/1991*

Issued By: *Labor & Industry*

## Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *146*

Waking Staff: *110*

## Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal, Complaint*

## Inspection Dates and Department Representative

*02/13/2020 - On-Site: Gerald Dumas, Jason Harvey, Ann O'Haire*

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: *160*

Residents Served: *146*

### Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

### Hospice

Current Residents: *0*

### Number of Residents Who:

Receive Supplemental Security Income: *110*

Are 60 Years of Age or Older: *65*

Diagnosed with Mental Illness: *65*

Diagnosed with Intellectual Disability: *22*

Have Mobility Need: *0*

Have Physical Disability: *2*

18 - Compliance With Laws

Regulations

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The home did not have a current boiler certificate that was issued by the State of Pennsylvania Bureau of Labor and Industry. Only employees of the Pa. Department of Labor and Industry Inspectors of Vessels and Boilers or state authorized inspection companies who submit their findings to the Pa. Department of Labor and Industry Vessel and Boiler Inspections Department are recognized. The home must have a state issued certificate of compliance.

REPEAT VIOLATION 2/6/19

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

Administrator  
SUSAN McClain  
Printed Name and Title

3/13/20  
Date

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The above plan of correction is approved as of 4-13-20  
(Date)

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(Date)

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(Initials)

- Implemented
- Not Implemented

## Regulation 2600.18 POC

Please note that this is NOT a repeat violation of 2/6/19. Our inspection was good until 5/19. Noted, *ag*

Please see attached. FM Global inspected and signed off on the certificate on 3/11/20. We have contacted the labor and Industry as well as the insurance company several times to no avail. However, the inspector from FM Global did inform us the error was on his part. He stated, "We fell off their list." Going forward, both FM Global and Stabon Manor will keep a tickler system notifying each other 30 days in advance of upcoming certificate inspection. Maintenance Director will notify FM Global in advance of expiration and will follow up with administrator to ensure compliance of this regulation is met.

4-13-20

*ag*

57b - 1 Hour/Day

Regulations

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.

Description of Violation

On 2/6/20 the home's census was 136 residents. The total direct minimum staff hours required is 102. The home provided 78.5 hours of care from 7:00 a.m. to 11:00 p.m.

On 2/7/20 and 2/8/20 the home's census was 138 residents with a minimum of 103.5 hours required. On both 2/7/20 and 2/8/20 the home provided 78.5 direct care hours.

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

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Signature

Administrator  
SUSAN McClain  
Printed Name and Title

3/13/20  
Date

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## Regulation 2600.57.b POC

While Stabon Manor remains in a hiring process, community will continue to recruit/post for more staff both internally and externally in order to meet compliance. We scheduled overtime and are utilizing 12-16 hour shifts for additional staffing. Staff members who work partial shifts/hours and are not normally scheduled have been added to the staffing schedule. Ads are placed on Indeed, in Albright College, and a sign is posted on community property for help wanted. We are offering incentives for staff if we hire a "friend of a friend" in order to increase staffing needs. Administrator and Wellness Director have been added to schedule in order to provide personal care services to residents. Wellness Director, community schedulers, and administrator will monitor schedule daily to ensure compliance is met.

4-13-20

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

On 2/6/20 at 5:45 a.m. there were 5 staff working on 1st shift, from 1:45 p.m. - 10:00 p.m. There were 5 staff working from 1:45 p.m. to 10:00 p.m. The amount of staff working during these time periods was insufficient to meet the needs of the 136 residents in the home. The home provided 78.5 hrs of direct care and not the minimum 102 direct care hours was required. Additionally on 2/7/20 there was a census of 138 residents in the home - 5 staff worked 5:45 a.m. until 2:00 p.m. and 5 staff worked from 1:45 p.m. - 10:00 p.m. Based on the census, a minimum of 103.5 direct care service hours were needed. On 2/8/20 5 direct care staff worked from 5:45 a.m. - 2:00 p.m. and 5 staff from 1:45 - 10:00 p.m. The two overnight staff on all three days each provided 1 hour of the required direct care from 10:00 p.m. to 11:00 p.m.

The home has 4 floor levels. There were only two staff scheduled for the overnight hours on 2/6/20, 2/7/20 and 2/8/20. Based on the number of 136 residents in the entire building on 2/6/20 and 138 residents on 2/7/20 and 2/8/20 there are insufficient staff to assure residents can respond and safely evacuate from the building and be correctly and quickly be accounted for in the event of a fire or emergency.

Plan of Correction (POC)

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*Please see attached.*

Legal Entity Representative

*Susan McClain*  
Signature

Administrator  
*SUSAN McClain*  
Printed Name and Title

*3/13/20*  
Date

## Regulation 2600.60.a POC

Community continues to recruit internally and externally. Community utilizes 12 and 16 hour shifts in order to meet compliance. Overtime shifts were added to schedule to encourage staff to pick up additional time. Ongoing audits of resident's activity will be conducted by Wellness Director and Administrator ensuring care needs are met and staffing is maintained daily. Wellness director and administrator have picked up additional hours to cover resident needs and will continue until staffing needs are met.

4-13-20 *ag*

60a - Staff/Support Plan *(continued)*

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88a - Surfaces

Regulations

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

The hallway floor outside of room # 215 and the area nearest to the door and window was extremely sticky on the date of inspection.

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 McCain*  
Signature

Administrator  
*Susan McCain*  
Printed Name and Title

*3/13/20*  
Date

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## Regulation 2600.88.a POC

A resident of room 215 spilled her can of soda on the floor upon entering her room and failed to notify the Med tech or float on that hallway. Room rounds are completed daily Monday through Friday by the administrator each morning and by senior med techs over the weekend. These rounds are sent to our corporate office and copies made for staffing on a daily basis. Staff review and complete any necessary tasks listed. At the time room rounds were conducted, there was no sticky substances noted. When staff was made aware, they notified housekeeping and the issue was cleaned and resolved. Residents were reminded at the resident council Meeting on 3/10/20 to notify staffing of any/all spills. Daily rounds will continue daily by all staffing.

3-13-20 *ag*

103g - Storing Food

Regulations

2600.  
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

The following food items were not properly sealed:  
A large box of boneless rib shape pork bites located in the home's walk-in freezer  
A large box of Sysco California vegetable blend located in the home's stand-alone freezer

Plan of Correction (POC)

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*Please see attached.*

Legal Entity Representative

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Signature

*Administrator*  
*Susan McClain*  
Printed Name and Title

*3/13/20*  
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## Regulation 2600.103.g POC

Administrator had a meeting on 3/10/20 with all kitchen personnel. Going forward, kitchen staff placing any open food items in refrigerator or freezer will be responsible for properly sealing, including labeling and dating. Cook will oversee that all food items used for the day are properly sealed prior to leaving at the end of shift. Dietary manager will do weekly checks to ensure compliance of both refrigerator and freezers. She will also review any items used-based on menu-that were not properly sealed and will speak with staff members who were present and re-educate them on this regulation. Administrator will do routine checks to ensure compliance is met.

3-13-20

*ag*

144c1 - Smoking Area Guidelines

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:

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.

Description of Violation

Resident # 3 was observed smoking in an undesignated smoking area located in the rear of the building on stairs near the loading dock.

At 9am on 2/13/2020, approximately 30 cigarette butts were found littered all over the home's front porch.

REPEAT VIOLATION 2/6/19

Plan of Correction (POC)

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*Please see attached*

Legal Entity Representative

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Signature

*Administrator*  
*SUSAN McClain*  
Printed Name and Title

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## Regulation 2600.144.c POC

This regulation is discussed every month at the Resident Council meeting. Wellness Director and Administrator encourage residents at the meeting to consider using a nicotine patch. They are advised to see the Wellness Director and can be added to the list to see the physician. Residents are monitored throughout each day by staff on all shifts. Those residents that are non compliant at the time rounds are conducted are reminded individually of the smoking policy and the designated area. They are then asked immediately to go to the assigned area. Residents are also reminded that a 30 day eviction notice of non compliance will also be issued to those individuals who insist on not following Stabon Manor's policies and procedures. Our maintenance director, housekeeping supervisor, and administrator make outside rounds of the community on a daily basis upon arrival to the community and at the end of our shifts. All staff, maintenance director, and housekeeping remove/sweep the visible cigarette butts from community as necessary. Periodic rounds are completed by each shift. Our staff on 2<sup>nd</sup> and 3<sup>rd</sup> shifts is responsible to make more frequent rounds and sweep perimeter of cigarette butts. We screen our new referrals to reflect non smokers for admittance.

4-13-20

*ag*

162c - Menus Posted

Regulations

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

At 9:50am, on 2/13/2020, the breakfast menu for the week of 2/16/20 was not posted.

Plan of Correction (POC)

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Regulation 2600.162.c POC

Menus are posted for a 2 week period in our community. Cooks check the menu board prior to entering kitchen and dining entrance at the start of their shift and throughout the day. Administrator performs checks during daily rounds to ensure compliance. Our business office manager checks menu board prior to 9am daily to incorporate menu onto our stand up report which is sent to our corporate office. A resident must have removed the breakfast menu prior to survey and in between checks.

Going forward, a keyed glass cork board enclosure was purchased which will hold all menus. Dietary manager and cooks will be responsible to change menus and lock the enclosure to ensure compliance is met. Administrator will continue to check on a daily basis during rounds. Business office manager will also check prior to our daily stand up meeting.

4-13-20 *ag*

183e - Storing Medications

Regulations

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident 1 #'s medication of Humalog insulin pen was not dated when opened. The manufacturer directions indicate the insulin is to be used within 28 days of the insulin being opened.

Resident #2's Advair Diskus was not dated when opened. The manufacturer directions indicate the Advair inhaler is to be used within 30 days of the being opened.

Plan of Correction (POC)

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SUSAN McClain  
Printed Name and Title

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### Regulation 2600.183.e POC

Prior to the surveyors exit, both the Humalog and Advair were removed from the cart and placed in the pharmacy bin for pick-up and destruction. New medication was ordered at that time. Going forward, on 3/19/20 all Medication Technicians will be re-in-serviced on this regulation. They will be trained to be more alert and efficient ensuring medications are dated prior to using as well as doing daily audits of their med carts. Wellness Director will spot check randomly and audit on a weekly basis then report to the Administrator when audit is complete. Administrator will also audit randomly. Quarterly audits will be performed by our pharmacy.

Audits will be retained by the home, along with findings, and actions taken, if warranted. 3-13-20

*ag*

187a - Medication Record

Regulations

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

2 vials of NovoLog Insulin that was prescribed for resident # 4 was opened and not dated.  
2 vials of Lantus insulin prescribed for resident # 4 was opened on 01/02/20, which was beyond the 30 days as stated by the pharmaceutical manufacturer.

Plan of Correction (POC)

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Please see attached.

Legal Entity Representative

*Susan McClain*  
Signature

Administrator  
SUSAN McClain  
Printed Name and Title

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## Regulation 2600.187.a POC

Prior to the surveyors exit, both the Novolog Insulin and the Lantus Insulin were removed from the cart. Following procedure, they were placed in the pharmacy bin for pick-up and destruction. New medication was ordered at that time. All Medication Technicians will be re-in-serviced on this regulation on 3/19/20. They will also be reminded of this procedure for returns to the pharmacy if outdated. The Medication Technician who opens any new insulin vials/packages prior to usage will be responsible for dating. They will also conduct daily audits of the medications in their med carts to be sure they are within the 30 days as stated by the pharmaceutical manufacturer. Senior medication technicians will do random cart checks throughout the day to be assured procedures are followed. Wellness Director will conduct weekly audits to ensure compliance is met and inform Administrator when audit is complete. Our pharmacy will perform quarterly audits and inform us of any issues. Issues will be addressed with Medication Technicians by our pharmacist and wellness director prior to exiting community.

The home will retain copies of the audits performed by their Pharmacy, as well as the findings, and corrective steps taken. If training resulted from the Pharmacy training, copies of Training Outlines and Sign-In sheets will also be retained by the home.  
3-13-2020.

*ag*