

Department of Human Services
Bureau of Human Service Licensing

January 19, 2021

██████████, OWNER
STABON MANOR PERSONAL CARE HOME, INC.
1555 HAAK STREET
READING, PA 19602

RE: STABON MANOR PERSONAL CARE
HOME
1555 HAAK STREET
READING, PA, 19602
LICENSE/COC#: 20512

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/29/2020, 09/30/2020, 10/01/2020, 10/05/2020, 10/06/2020, 10/07/2020, 10/08/2020, 10/09/2020, 10/16/2020, 10/22/2020, 10/27/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY**

Facility Information

Name: *STABON MANOR PERSONAL CARE HOME* License #: *20512* License Expiration Date: *04/21/2021*
Address: *1555 HAAK STREET, READING, PA 19602*
County: *BERKS* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: *6103732272* Email: [REDACTED]

Legal Entity

Name: *STABON MANOR PERSONAL CARE HOME, INC.*
Address: *1555 HAAK STREET, READING, PA, 19602*
Phone: *6103732272* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *08/18/1991* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *135* Waking Staff: *101*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Incident* Exit Conference Date: *11/20/2020*

Inspection Dates and Department Representative

09/29/2020 - On-Site: [REDACTED]
09/30/2020 - On-Site: [REDACTED]
10/01/2020 - On-Site: [REDACTED]
10/05/2020 - On-Site: [REDACTED]
10/06/2020 - On-Site: [REDACTED]
10/07/2020 - On-Site: [REDACTED]
10/08/2020 - On-Site: [REDACTED]
10/09/2020 - On-Site: [REDACTED]
10/16/2020 - On-Site: [REDACTED]
10/22/2020 - On-Site: [REDACTED]
10/27/2020 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *160* Residents Served: *135*

Resident Demographic Data as of Inspection Dates (*continued*)

Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *82*Are 60 Years of Age or Older: *63*Diagnosed with Mental Illness: *57*Diagnosed with Intellectual Disability: *20*Have Mobility Need: *0*Have Physical Disability: *2*

Inspections / Reviews

09/29/2020 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *12/14/2020*

1/15/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *01/15/2021*

1/19/2021 - Document Submission

Lead Reviewer: *Mid* [REDACTED]Follow-Up Type: *Not Required*

20b1 - Financial Records

1. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

1. The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

Description of Violation

For Resident#5, there were not receipts maintained for purchases made with [REDACTED] PNA account for new clothes and shoes on 7/6/20 and phone charger from Wal-Mart on 8/18/20.

Resident #6 was charged on 7/6/20 for new clothes (\$48.72), 7/21/20 Cigarettes (59.20), 7/26/20 clothes (204.95), and 7/30/20 cigarettes (19.06). However, there are no receipts maintained to verify purchases.

Resident #8 was charged on 7/6/20 for personal care items (10.88), 7/21/20 Cigarettes (15.57), 7/30/20 Cigarettes (19.06), 8/9/20 glasses (9.99). There were no receipts maintained. Resident #8 was also charged \$100.65 on 7/26/20 for a cell phone. However the receipt shows 59.00 + tax.

Resident #9 was charged on 7/6/20 for new clothes (160.26), 7/21/20 cigarettes (15.57), 8/4/20 clothes (119.94). However the only receipt in [REDACTED] account is for 2 pair of jeans for \$19.99 each.

The Stimulus payment was received into the resident's bank accounts on 5/28/20. For Resident #5 and Resident #7, the stimulus was applied to their PNA accounts in 2 payments. Resident #10 received her stimulus in three payments. Resident #6, Resident #8, and Resident #9 received their stimulus in four payments.

Plan of Correction**Accept**

The office manager has always maintained a receipt for every transaction charged tot he residents. However, [REDACTED] did not think that [REDACTED] needed to produce receipts for the stimulus money. This was addressed with [REDACTED] and resulted in [REDACTED] employment being terminated. We were left with a huge stack of receipts many with no residents name. In light of this I would like to note that all financial purchases for the residents were at the residents request. Every purchase was approved by the resident and they signed for all purchases that were made for them in their PNA account. Resident #8 was not only charged for a cell phone. The balance was for minutes needed to make the phone work. After termination of the office manager, all office staff has been made aware that a receipt must be obtained for every purchase made on behalf of the resident in addition to a signature for each PNA funds distribution. The Administrator will oversee the office staff to ensure that these violations do not reoccur. As for the stimulus money, stimulus funds deposited into their checking accounts. upon request of the resident or need, the funds were transferred from their checking account and deposited into their PNA spending account to be distributed to the resident. THIS IS NOT A VIOLATION! Every resident that received a stimulus payment received it. The fact that it may have been in several disbursements from their checking account should not be an issue.

Completion Date: 12/10/2020

20b1 - Financial Records (continued)

Document Submission

Implemented

see above

Update - 01/19/2021

On site verification 12-30-20

20b2 - Access to Money

1. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

2. Resident funds shall be disbursed during normal business hours within 24 hours of the resident's request.

Description of Violation

On 10/5/20 resident # 8, 11, and 12 stated during an interview that their personal needs allowance was given to them in store credit. They can only buy products sold by Stabon Manor.

Plan of Correction

Accept

2600.20b2---POC---Access to Money

Stabon Manor was at the beginning of Covid. Governor Wolfe had issued a "stay at home" order for all counties including ours. Some stores and businesses alike were closed. Therefore the residents did not even have places to spend their money. An internal decision was made in an attempt to keep residents safe as well as the community safe from our residents. Administrator received several calls from local vendors as well as residents from across the street—namely [redacted] who spoke on behalf of all neighbors across the street—requesting Stabon residents do not come on their properties. [redacted] stated that our residents go on [redacted] porch and take food items such as pizza slices still in the box which [redacted] children eat outside. The manager from a local business requested that our residents do not go into the store. [redacted] stated they were touching hot food items, coffee cups, and pan handling [redacted] customers all without wearing masks or gloves. We had a Resident Council Meeting and asked all attendees what they would like to see in the store in order to protect them and Stabon employees from contracting Covid. They gave us a list of items to purchase. We honored their requests. Going forward, residents have been and will be given PNA money requested during normal business hours on a daily basis Monday through Friday.

Completion Date: 12/10/2020

Document Submission

Implemented

see above

Update - 01/19/2021

On site verification 12-30-20

20b10 - Review of Account

1. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

10. The home shall provide the resident the opportunity to review his own financial record upon request during normal business hours.

20b10 - Review of Account (continued)

Description of Violation

On 10/27/20, at approximately 9:45am, resident #7 asked staff to review his/her financial records. Staff did not provide the resident an opportunity to review the record and referred █████ to DHS staff, who was onsite at the time, to give █████ the information █████ requested.

Plan of Correction

Accept

2600.20b10---POC---Review Of Account

Resident #7 came to the office and requested █████ financial billing statements as █████ wanted more PNA money. Resident was told that we would get the billing statements and call █████ to the office for █████ review. At the time of █████ request, █████ was also told that we would give █████ a copy as soon as we got them. We were not aware that █████ went to the DHS employees and told them we told █████ to get the information from them. Understanding that DHS would not have this information, it would be to no avail to send our residents to them for this type of assistance. As is our policy, when a resident requests statements from us, we will provide them with a paper copy of their own. The information is given to them within a 24 hour period or less. All residents can review financials within our normal business hours of 8am to 4pm.

Completion Date: 12/10/2020

Document Submission

Implemented

see above

Update - 01/19/2021

On site verification 12-30-20

27a - SSI Benefits

1. Requirements

2600.

27.a. If a home agrees to admit a resident eligible for SSI benefits, the home's charges for actual rent and other services may not exceed the SSI resident's actual current monthly income reduced by the current personal needs allowance.

Description of Violation

On █████, the home admitted Resident #4, who receives SSI. Upon admission, Resident #4 presented a rent check from █████ previous personal care home in the amount of \$521.58 and a separate check for the remainder of █████ rent rebate for 321.88. The amount to cover █████ rent for the remainder of August 2020 was 492.83. The home applied all checks to █████ account and posted \$50.00 to █████ PNA account instead of the entire amount of 321.88. Resident did not have access to █████ half of █████ rent rebate.

Resident 5, Resident 7, Resident 8, and Resident 9, did not receive PNA deposits for June, July, August, or September as is required.

Resident 6 did not receive PNA deposit for June, July, or August 2020 as is required.

27a - SSI Benefits (continued)

Plan of Correction

Accept

Resident#4 The previous office manager did not distribute the funds appropriately. The resident never brought this to anyone's attention. This has since been corrected by the Administrator. The inspector never asked why the residents did not receive their PNA funds allowing us to give an explanation. As a result, I am giving an itemization of bills paid out of their \$85.00 for each resident in question. You will see that most of the months in question their bills paid out exceeded their \$85.00 allowance. Resident#5 Each of the months cited in the violation report show the bills paid exceeded the monthly allowance. Resident#6 June bills exceeded the \$85.00 allowance. July was owed a balance of \$5.37 PNA. \$231.45 stimulus and \$250.00 Rent Rebate funds were deposited into PNA spending account. The \$5.37 was left in [redacted] checking account. August was owed a balance of \$5.95 PNA. [redacted] had a remaining balance available in [redacted] PNA spending account of \$101.10. The \$5.95 balance owed remained in [redacted] checking account for future use because there was adequate funds available. Resident #7 The balance owed to [redacted] after bills were paid remained in [redacted] checking account for later use because [redacted] had ample funds remaining in [redacted] PNA spending account. June there was a deposit of \$432.75. July there was a deposit of \$767.25 plus \$325.00 rent rebate. The starting balance for August was \$604.51 and September starting balance was \$524.52. No additional funds were needed or requested by the resident during these months. Resident #8. he exceeded [redacted] \$85.00 allowance for the months of June, August and September. [redacted] was owed a balance of \$40.00 PNA for July. Those funds remained in [redacted] checking account. [redacted] had an available balance in his PNA spending account of \$138.64 the beginning of July plus an additional deposit of \$592.96 made on 07/19/2020. Resident #9 [redacted] June bills exceeded the \$85.00 balance. July [redacted] had a remaining balance owed to [redacted] of \$64.00. this remained in [redacted] checking account. \$816.84 was deposited into [redacted] PNA spending account plus \$325.00 rent rebate in July. No additional PNA was needed. August bills exceeded the \$85.00 allowance. September she was owed a balance of \$20.45. This remained in [redacted] checking account. [redacted] had a remaining available balance in her PNA spending account at the beginning of September of \$832.16. No additional funds were needed. As representative payee we will continue to provide the residents their PNA funds within the regulations.

Completion Date: 12/10/2020

Document Submission

Implemented

see above

Update - 01/19/2021

On site verification 12-30-20

42c - Treatment of Residents

1. Requirements

2600.

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

Description of Violation

Interviews with staff revealed that Staff B was disrespectful to residents and would yell at them.

DHS staff witnessed Staff B cursing at residents outside while trying to make them be quiet to listen to instructions.

Interviews with Residents #2 and #3 revealed that Staff B called Resident 2 names while engaging in an argument.

42c - Treatment of Residents (continued)

Plan of Correction

Accept

2600.42.c---POC---Treatment of Residents

Staff person B is temporarily not employed at Stabon Manor. Administrator spoke with resident #2 and [REDACTED] was unable to give any information and could not recall being yelled at specifically. Resident #3 no longer resides at Stabon. If DHS witnessed Staff person B "cursing" at residents, at that immediate point, Administrator should have been made aware so steps could have been taken to rectify the situation as it transpired. It was a surprise to learn DHS heard abusive language from an employee, stood by and did nothing. Although Staff person B's tone is loud in nature, office personnel had never been made aware of Staff person B calling resident's names or yelling at residents. Neither residents nor staff informed Administrator or Assistant Administrator of this. Resident's continually praised Staff person B and called [REDACTED] by [REDACTED] nickname [REDACTED]. Going forward, all staff will be reminded of this regulation at the staff meeting on December 21st. All residents will be and are treated with dignity and respect at Stabon Manor.

Completion Date: 12/10/2020

Document Submission

Implemented

see above

Update - 01/19/2021

On site verification 12-30-20

85b - Infestation

1. Requirements

2600.

85.b. There may be no evidence of infestation of insects or rodents in the home.

Description of Violation

On 9/24/20 mouse feces were found throughout the home's kitchen on food storage containers and in residents rooms #301 and #307. The home has mouse traps throughout the facility and is infested with mice.

Plan of Correction

Accept

2600.85.b---POC---Infestation

Since 9/24/2020, Dragonfly Pest Control has been at Stabon Manor 7 times. On 9/22/ and 9/29, general pest control service was preformed. The kitchen was also serviced in September. Rodent bait stations are located on the exterior of the building and filled on a biweekly basis. Glue boards and/or bait stations are located in resident rooms, closets, storage areas, kitchen and lower level for control of rodents. Insect control is performed on a biweekly basis with occasional treatments 2-3 times per month as directed. All rooms are serviced at least once a month. Continual inspections are done daily by staff and during Pest Control monthly visits. Dietary manager disinfected the entire kitchen and has created a routine cleaning schedule for dietary staff to follow. Residents are reminded frequently about storing food especially uncovered or leaving leftovers in their rooms. They are reminded to throw away all outside food containers when they are finished with them. This was discussed again with residents at the Resident Council meeting on November 17, 2020. Stabon Manor will continual to monitor daily, weekly, and incorporate Dragonfly Pest Control monthly at a minimum as needed.

Completion Date: 12/10/2020

Document Submission

Implemented

see above

85b - Infestation (*continued*)

Update - 01/19/2021

On site verification 12-30-20

88a - Surfaces

1. Requirements

2600.

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

Description of Violation*On 9/24/20 the home's kitchen floors under the kitchens stand alone coolers, freezers and steam tables were heavily soiled with dirt and grime.***Plan of Correction****Accept***2600.88a---POC---Surfaces**Our new dietary manager came to work on the night of 9/24 into the morning of 9/25 and scrubbed the entire kitchen floor using Ecolabs degreaser product which is used in our community. [REDACTED] also set up a routine cleaning schedule that [REDACTED] and [REDACTED] staff follow daily, weekly, and monthly. We showed [REDACTED] ---DHS--- on [REDACTED] next visit that the entire kitchen floor had been cleaned and all dirt/grime removed. [REDACTED] took pictures showing completion. Dietary will continue with the new cleaning schedule going forward. Dietary Manager/cook on duty will monitor daily. Administrator will check the kitchen daily during rounds and report any uncleanliness to the dietary manager and staff.*

Completion Date: 12/10/2020

Document Submission**Implemented***see above*

Update - 01/19/2021

On site verification 12-30-20

103i - Outdated Food

1. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation*On 9/24/20 located in the home's walk-in freezer was a box containing pastry dough that contained mold.*

103i - Outdated Food (continued)

Plan of Correction**Accept**

2600.103.j---POC---Outdated Foods

The new dietary manager immediately removed the box of pastry from the freezer---in front of DHS employees--- and disposed of it in the trash container. ■ held a training meeting for dietary staff and reviewed this regulation. ■ informed staff of the importance of proper food rotation. The dietary manager had also inspected all food items in the freezer to be sure each were labeled and dated in an effort to place older food to the front which will be used first. Accordingly the staff had been instructed to utilize this procedure going forward. Dietary manager/cook on duty will be responsible to check this procedure is followed as food is delivered. Dietary manager will check food rotation on a weekly basis going forward.

Completion Date: 12/10/2020**Document Submission****Implemented**

see above

Update - 01/19/2021

On site verification 12-30-20

162a - Hours Between Meals

1. Requirements

2600.

162.a. There may not be more than 15 hours between the evening meal and the first meal of the next day. There may not be more than 6 hours between breakfast and lunch, and between lunch and supper. This requirement does not apply if a resident's physician has prescribed otherwise.

Description of Violation

The home serves breakfast at 7:00 am. On 10/1/20, breakfast service began at 7:00 am. However, residents on the 3rd floor and 4th were not served until 10:45 am.

Plan of Correction**Accept**

2600.162.a---POC---Hours between meals

Although not an excuse, we had many challenges through this particular time period. Several of our staff quit without notice as well as other staff was out due to Covid. We incorporated additional staffing from the National Guard who helped in our dining department. This must have been an oversight as residents were moved to different floors and locations on a daily basis requested by Jefferson Healthcare. Every best effort was attempted in order to have all residents served their meals in the regulated timeframe. Also during this time, we hired and were in the mist of training a new dietary manager. Going forward, we have alleviated this violation from reoccurring as residents on the 3rd and 4th floor are served first prior to the dining room opening for all meals. The new procedure which is working quite well is---after food is brought to these residents, 1st seating is then called for all meals. Dining staff has been trained to follow this procedure.

Completion Date: 12/10/2020**Document Submission****Implemented**

see above

Update - 01/19/2021

On site verification 12-30-20

183b - Meds and Syringes Locked

1. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On 9/27/20 resident #13's medication package containing Aripiprazole 2mg, Donepezil 10mg, Memantine 14mg, and Vitamin C 500mh were found in the home's parking lot.

Plan of Correction**Accept**

2600.183.b ---POC---Meds and Syringes Locked

This violation had been reported and previously addressed with DHS and should be removed. Our Assistant administrator was informed that resident #13's medications were found in the parking lot. The medications were from Saturday 9/27 at 8 pm. Asst. Admin reviewed the MARS and it appears that resident refused [REDACTED] medications. [REDACTED]—signed that medications were in fact refused. However, [REDACTED] went to the parking lot in an attempt to find resident #13 and see if [REDACTED] would like to take [REDACTED] meds. When [REDACTED] refused, [REDACTED] apparently placed the medication in [REDACTED] pocket {or thought [REDACTED] did} and they may have fallen out of [REDACTED] pocket. A medication review was performed by [REDACTED] and [REDACTED] with [REDACTED] on medication safety.

Completion Date: 12/10/2020

Document Submission**Implemented**

see above

Update - 01/19/2021

On site verification 12-30-20