

Department of Human Services
Bureau of Human Service Licensing

March 30, 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 02/16/2021, 02/17/2021, 02/22/2021, 02/23/2021, 02/24/2021, 02/25/2021 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 **Licence #:** 20512 **Licence 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:** 113 **Waking Staff:** 85

Inspection

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal, Complaint, Incident **Exit Conference Date:** 02/25/2021

Inspection Dates and Department Representative

02/16/2021 - Off-Site: [REDACTED]
02/17/2021 - On Site: [REDACTED]
02/22/2021 - On-Site: [REDACTED]
02/23/2021 - On-Site: [REDACTED]
02/24/2021 - On-Site: [REDACTED]
02/25/2021 - On Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 160 **Residents Served:** 113

Secured Dementia Care Unit

In Home: No **Area:** **Capacity:** **Resident Served:**

Hospice

Current Residents: 1

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

Number of Residents Who:

Receive Supplemental Security Income: 100

Are 60 Years of Age or Older: 69

Diagnosed with Mental Illness: 50

Diagnosed with Intellectual Disability: 17

Have Mobility Need: 0

Have Physical Disability: 1

Inspections / Reviews

02/16/2021 Full

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 03/22/2021

3/24/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: Document Submission

Follow-Up Date: 04/05/2021

3/30/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: Not Required

18 - Compliance With Laws

1. Requirements

2600.

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

Description of Repeat Violation

The home did not change and date the batteries in the homes CO2 monitor on an annual basis. The Homes carbon monoxide detector located in the kitchen was dated 1/6/20. The Pennsylvania care facility carbon monoxide alarm standard act indicated that carbon monoxide detector batteries are to be checked annually and dated when that occurs.

Plan of Correction

Accept

The Maintenance Director immediately replaced the batteries when [redacted] became aware they were outdated and prior to the surveyor leaving the community. Moving forward, the maintenance director will keep a ticker system as a reminder in [redacted] monthly maintenance paperwork to ensure compliance with this regulation. [redacted] will sign off on this procedure , show it to the administrator and also send [redacted] daily paperwork to the owner of Stabon Manor. Administrator will ensure compliance by noting all maintenance procedures in our facility report on a monthly basis.

Completion Date: 03/16/2021

Update - 03/24/2021

Please send/Attach picture of compliance.

Document Submission

Implemented

see attached picture

42m - Resident Leave/Return

1. Requirements

2600.

- 42.m. A resident has the right to leave and return to the home at times consistent with the home rules and the resident's support plan.

Description of Violation

Residents #1 through #6 stated they have been prohibited by administration from leaving the property. Residents stated this has been going on since October 2020 when the home went into "shut-down due to Covid".

42m - Resident Leave/Return (continued)

Plan of Correction

Accept

As a precaution due to Covid, residents were strongly encouraged to remain in the home if applicable. Residents were permitted to go to doctor's offices, out with caseworkers, family or friends. Of the 6 residents noted, not one of these residents came to office or staff and asked to go anywhere, thus administration did not prohibit them from leaving the property. Resident #1 told surveyor [redacted] wanted to go to Walmart, however [redacted] never told staff or daughter of this request. When surveyor informed administration, we spoke to resident and made arrangements for her to go on a shopping trip. Resident #2 has never asked administration or staff to go anywhere outside of the community other than to doctor appointments or activity outings. Resident #3 leaves the community continually to go to St Catherine's Church with [redacted] boyfriend who resides in another community. They also walk to a local store at east 3 times weekly. Unsure why [redacted] would say [redacted] is not permitted. Resident #4 continually leaves the community to visit with daughter or sister who takes [redacted] for days at a time. Unsure why [redacted] would say [redacted] was not permitted to leave. Resident #5 has never come to office requesting to go outside of community. Resident #6 leaves community with another resident on a daily basis to go to the store and ambulate throughout the neighborhood. Unsure why [redacted] would state [redacted] is not permitted. All residents who reside at Stabon Manor have the right to leave and return at will.

Completion Date: 03/16/2021

Update - 03/24/2021

Immediately and Ongoing:

A resident has the right to leave and return to the home at times consistent with the home rules and the resident's support plan.

The administrator shall monitor this weekly for the next 4 months.

Document Submission

Implemented

ongoing until July

65b - Rights/Abuse 40 Hours

1. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

Description of Violation

Staff person A completed [redacted] 40th scheduled work hour on 5/22/19 . However, this staff person did not complete training in the following topics: Emergency Medical Plan, Residents rights, Mandatory reporting of abuse, and reporting reportable incidents and conditions.

Plan of Correction

Accept

All staff at Stabon Manor receive the 40 hours of required training during orientation prior to any floor training. Since this employee self terminated then returned to Stabon, we were unable to immediately locate all paperwork. We have since found and confirmed the employee did indeed complete [redacted] training during orientation. Both the office manager and the administrator are responsible to do orientation/training and enter such in our Tabula system. As our practice has been and will continue to be, the administrator will ensure compliance with this regulation.

Completion Date: 03/18/2021

Update - 03/24/2021

Please send/Attach proof of Staff person A's 40 hour training.

65b - Rights/Abuse 40 Hours (continued)

Document Submission

Implemented

please see attached

85b - Infestation

1. Requirements

2600.

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

Description of Repeat Violation

On 2/24/21, mouse droppings were located in room [redacted] behind the totes closest to the door and below the window closest to the door.

Plan of Correction

Accept

Dragonfly Pest Control has been at Stabon Manor on March 4, 2021 and addressed the kitchen, med and social room on 1st floor as well as room [redacted] [redacted] baited and used Temprid. 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. 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 regulation is discussed with residents at the Resident Council meeting on a monthly basis. Stabon Manor will continual to monitor daily, weekly, and incorporate Dragonfly Pest Control monthly at a minimum as needed.

Completion Date: 03/17/2021

Update - 03/24/2021

Please send/Attach proof of extermination receipts by Dragonfly Peast Control.

Document Submission

Implemented

see attached picture

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

The window sill in the dining room closest to the kitchen had large chunks of paint peeling.

Plan of Correction

Accept

The Maintenance Director removed the chipped/peeling paint, repaired the surface and repainted the windowsill while the surveyor was still present in the community. [redacted] was unaware of the issue as there had been a tray on top of the windowsill. All items have been removed by the dietary staff. Going forward, dietary staff will not use the windowsill to store any items. Dietary staff will do daily rounds and report any maintenance issues either to the Dietary or Maintenance Director for repair. Administrator will also spot check and repairs will be made accordingly.

Completion Date: 03/16/2021

88a - Surfaces (continued)

Update - 03/24/2021

Please send/Attach picture of compliance.

Document Submission

Implemented

see attached picture

101j6 - Mirror

1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

6. A mirror.

Description of Violation

There is no mirror in the bedroom of resident #7

Plan of Correction

Accept

We believe this violation should be removed. There are actually 2 mirrors in this room. Each mirror is located on the inside of the closet doors. Staff would have assisted and/or shown the surveyor where they were located if questioned about this regulation.

Completion Date: 03/16/2021

Update - 03/24/2021

Please send/Attach picture of compliance.

Document Submission

Implemented

see attached picture

101j7 - Lighting/Operable Lamp

1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident #7 does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept

Resident #8 refuses to have a lamp placed on [redacted] bedside table area. Staff and maintenance director had placed a lamp there numerous times explaining this regulation to [redacted]. Resident repeatedly took the lamp from the table and placed it on the floor or under [redacted] bed. Wellness director and Administrator spoke to the resident and explained the benefit of this regulation. Resident stated [redacted] did not want or need one. We care planned this on the resident's RASP as she asks, "why are you forcing me to do things I don't want to?"

Completion Date: 03/16/2021

Update - 03/24/2021

Within 10 days of receipt of this regulation:

An operable bedside lamp will be added to the identified bedroom. The administrator will check all bedside lamps at least once per week to ensure that they are operable.

Please send/Attach proof of compliance.

101j7 - Lighting/Operable Lamp (continued)

Document Submission

Implemented

see attached picture

144c1 - Smoking Area Guidelines

1. Requirements

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 Repeat Violation

Cigarette butts were located on the wooden side porch, the steps leading to the wooden porch, and in the bushes at the base of the steps. These areas are not designated smoking areas.

Plan of Correction

Accept

Every month at the Resident Council Meeting residents are reminded of Stabon Manors smoking policy. They are reminded exactly where smoking is permitted and where the cigarette receptacles are located. A reminder is also given where smoking is prohibited Administration has issued 30 day notices of eviction due to non compliance of this policy. Wellness Director has encouraged residents to speak with the physician about cessation materials. Cigarettes are no longer sold at the community. Staff does rounds frequently which includes all non designated smoking areas. If a resident is not in the permitted area, they are asked to relocate themselves to the smoking area. Maintenance director and Administration do daily rounds of the community which includes the outside premises. Some of our smoking residents have even reminded other smokers of the designated areas. Going forward, we will continue to monitor non designated smoking areas, do frequent rounds, remind residents both daily as well as monthly at the Resident Council meetings, and encourage physician assistance.

Completion Date: 03/17/2021

Update - 03/24/2021

Within 10 days of receipt of this plan of correction and ongoing thereafter:

Staff will monitor the premises 1x per shift at the beginning and end of each shift for cigarette butts daily over the next 4 months.

The home shall document each time the premises is checked for cigarette butts.

Staff and residents will be retrained on the homes smoking policies and procedures.

Documentation shall be maintained by the home and available for the department to review upon request.

Document Submission

Implemented

see attached

183d - Prescription Current

1. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 2/24/21, Advair Diskus prescribed for individual #8, was in the home's medication cart; however, the medication expired on 2/21/21

183d - Prescription Current (*continued*)**Plan of Correction****Accept**

Our Medication technicians will be in-serviced on this regulation on Friday March 19th at the Mandatory monthly staff in-service by our Wellness Director. Medication cart audits are conducted daily by our med techs. Weekly med carts audits are conducted by our Senior Med tech as well as our Wellness Director. When the 3rd floor med cart was audited by Wellness Director this inhaler was not outdated. Our medication technicians will audit daily on all 3 shifts by the med tech on each med cart. They will report any soon to be expired medication to the senior med tech, pharmacy, or Wellness Director accordingly. Wellness Director will be responsible to see that this regulation is met during █ weekly audit. The outdated inhaler was immediately removed while the inspector was present.

Completion Date: 03/18/2021

Update - 03/24/2021

Please send/Attach proof of staff training.

Document Submission**Implemented**

see attached picture