

Department of Human Services
Bureau of Human Service Licensing

May 11, 2022

[REDACTED], ADMINISTRATOR
[REDACTED]
[REDACTED]

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/01/2022, 03/02/2022, 03/08/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]
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: *04/21/2023*
Address: *1555 HAAK STREET, READING, PA 19602*
County: *BERKS* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *08/18/1991* Issued By: *PALI*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *87* Waking Staff: *65*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Complaint* Exit Conference Date: *03/08/2022*

Inspection Dates and Department Representative

03/01/2022 - On-Site: [REDACTED]
03/02/2022 - On-Site: [REDACTED]
03/08/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *160* Residents Served: *87*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *66* Are 60 Years of Age or Older: *60*
Diagnosed with Mental Illness: *38* Diagnosed with Intellectual Disability: *16*
Have Mobility Need: *0* Have Physical Disability: *1*

Inspections / Reviews

03/01/2022 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *05/07/2022*

05/10/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *05/16/2022*

05/10/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *05/16/2022*

05/11/2022 - Document Submission

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 Violation

The Care Facility Carbon Monoxide Alarms Standard Act requires that all fossil fuel burning devices have a CO2 detector installed within close proximity. The home's gas fireplace in the administrator's office did not have a CO2 detector installed within close proximity of the unit.

Plan of Correction

Do Not Accept

A CO2 detector was installed the next day, please see the picture attached.

Completion Date: 03/02/2022

Update: 05/10/2022

Please include in plan of correction:

Who is responsible for fixing the problem and what immediate action they did to fix the issue?

What action that person will take, (training etc..) and when that action will happen - (date).

Who will monitor and be responsible for ongoing compliance?

All POC's at a minimum must include the above information.

5-10-2022 MM

Plan of Correction

Accept

Please include in plan of correction:

Who is responsible for fixing the problem and what immediate action they did to fix the issue?

What action that person will take, (training etc..) and when that action will happen - (date).

Who will monitor and be responsible for ongoing compliance?

All POC's at a minimum must include the above information.

5-10-2022 MM

The Administrator will work with Maintenance Director to make sure that all CO2 is placed when needed.



Completion Date: 05/10/2022

Document Submission

Implemented

Implemented

57b - 1 Hour/Day

1. Requirements

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 2/12/2022 and 2/13/2022, the home had an in-house census of 85 residents which requires 85 direct care hours to be staffed. The home only staffed 74 direct care hours on 2/12/2022 and 81.5 direct care staff hours on 2/13/2022.

57b - 1 Hour/Day (continued)

Plan of Correction

Accept

Some staff members were calling sick and some and about 2 more were terminated for that particular date, however, we hired new staff members and also asked current staff to work extra hours to cover care hours. The administrator and Office Manager are also working on the weekends to cover the hours needed until we can get full staff to meet care hours. (Please schedules attached).

In the future administrator will continue working to hire and train new staff. and will continue working on weekends and weekdays to cover any hours needed.

Completion Date: 03/03/2022

Document Submission

Implemented

Implemented

57d - Waking Hours

1. Requirements

2600.

57.d. At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

Description of Violation

On 2/12/2022, the home and an in-house census of 85 residents and was required to staff 63.75 waking hour direct care staff hours but only scheduled 59.5 direct care staff hours during waking hours.

Plan of Correction

Do Not Accept

Same as correction use for previous 57 B

Completion Date: 03/03/2022

Update: 05/10/2022

Please include in plan of correction:

Who is responsible for fixing the problem and what immediate action they did to fix the issue?

What action that person will take, (training etc..) and when that action will happen - (date).

Who will monitor and be responsible for ongoing compliance?

All POC's at a minimum must include the above information.

5-10-2022 MM

Plan of Correction

Accept

Please include in plan of correction:

Who is responsible for fixing the problem and what immediate action they did to fix the issue?

What action that person will take, (training etc..) and when that action will happen - (date).

Who will monitor and be responsible for ongoing compliance?

All POC's at a minimum must include the above information.

5-10-2022 MM

The Administrator took immediate action to cover for staff shortages, working on the floor providing care hours during the weekend and when it is needed, while she is making all efforts to hire new staff.

Completion Date: 05/10/2022

Document Submission

Implemented

Implemented

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

Water was observed to be leaking into the mechanical room that houses the homes heat and hot water heaters. The water was observed immediately after a toilet was heard flushing from the 1st floor bathroom above the mechanical room.

On 3/2/2022, there were new floorboards being installed in front of room 102. Some of these boards were stacked and lying-in front of the entry way to an occupied room #102. There was no staff person observed in the area actively working on the floor. The stacked boards posed as a possible tripping hazard.

On the 3rd floor hallway there was a ceiling tile and partially unattached cross bar hanging down from the drop ceiling. On 3/1/2022, the 2nd floor was observed to be under construction. Numerous tools and power equipment were observed lying out in the open with no one around them. These tools and equipment pose as a possible hazard to residents that could access the floor.

Plan of Correction

Accept

The issue was reported to Maintenance and it was fixed while the inspector was still on site.

In the future, The administrator will supervise Maintenance closely to make sure that he completes required maintenance rounds and take care of any repair.

Completion Date: 03/02/2022

Update: 05/10/2022

Please include in plan of correction:

Who is responsible for fixing the problem and what immediate action they did to fix the issue?

What action that person will take, (training etc..) and when that action will happen - (date).

Who will monitor and be responsible for ongoing compliance?

All POC's at a minimum must include the above information.

5-10-2022 MM

Document Submission

Implemented

Please include in plan of correction:

Who is responsible for fixing the problem and what immediate action they did to fix the issue?

What action that person will take, (training etc..) and when that action will happen - (date).

Who will monitor and be responsible for ongoing compliance?

All POC's at a minimum must include the above information.

5-10-2022 MM

The administrator will be responsible for the implementation

95 - Furniture and Equipment

1. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

There is a vending machine located on the lower level that has been taken apart and left in a common area hallway.

95 - Furniture and Equipment (continued)

Due to the vending machine being opened there are numerous sharp edges that are exposed including access to the internal workings of the machine which pose a hazard to residents.

Plan of Correction

Do Not Accept

We are still in the process of moving that vending machine, we schedule pick up but we are still waiting to get that picked up. A picture will be sent as soon as it gets picked up.

Completion Date: 05/06/2022

Update: 05/10/2022

Please include in plan of correction:

Who is responsible for fixing the problem and what immediate action they did to fix the issue?

What action that person will take, (training etc..) and when that action will happen - (date).

Who will monitor and be responsible for ongoing compliance?

All POC's at a minimum must include the above information.

5-10-2022 MM

Plan of Correction

Accept

Please include in the plan of correction:

Who is responsible for fixing the problem and what immediate action they did to fix the issue?

What action that person will take, (training, etc..) and when that action will happen - (date).

Who will monitor and be responsible for ongoing compliance?

All POC's at a minimum must include the above information.

5-10-2022 MM

Under The administrator's Supervision, The Maintenance Director will make sure that vending machine will get picked up and until then he will wrap it with duct tape to protect sharp edges.

Completion Date: 05/10/2022

Document Submission

Implemented

implemented

96c - First Aid Accessible

1. Requirements

2600.

96.c. The first aid kit must be in a location that is easily accessible to staff persons.

Description of Violation

The home's 1st aide kit was zip tied and unable to be opened by hand. Staff had to get scissors from another room to cut the zip tie and open the 1st aide kit.

Plan of Correction

Accept

The zip-tied was replaced with the self-locking tamper seal ones which can be opened by hand. (picture attached).

In the future, Wellness Director needs to make sure that all 1st kits are using de appropriate zip-tied.

Completion Date: 03/03/2022

Document Submission

Implemented

Implemented

100a - Exterior - Free of Hazards

1. Requirements

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

The exit leading to the outside from the 2nd floor has several wooden shims extending approximately 3 inches from the lower door jam that are a tripping hazard. There was also broken glass from a repaired window on the ground outside of the 2nd floor exit.

Plan of Correction

Accept

The issue was reported to maintenance immediately and the glass was removed from the surface the same day. (picture attached).

In the future, the maintenance supervisor will make sure that any broken glass will be removed after any repair.

Completion Date: 03/03/2022

Update: 05/10/2022

Who will monitor and be responsible for ongoing compliance?

5-10-2022 MM

Document Submission

Implemented

Who will monitor and be responsible for ongoing compliance?

5-10-2022 MM

The Maintenance Director will be responsible to monitor under the supervision of the Administrator.

101j2 - Bedroom Chairs

1. Requirements

2600.

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

Description of Violation

Resident 1 does not have a chair available in their room.

Plan of Correction

Accept

A folding chair is placed under each bead but the resident and the residents are aware that they need to keep the chair inside of the room. However, they keep moving the chairs away. After inspection, we checked all rooms and make sure that they all had chairs. (see picture attached for room 302).

In the future, we will check rooms on daily basis to make sure that chairs are kept inside the rooms.

Completion Date: 03/04/2022

Update: 05/10/2022

Who will monitor and be responsible for ongoing compliance?

5-10-2022 MM

101j2 - Bedroom Chairs (continued)

Document Submission

Implemented

Who will monitor and be responsible for ongoing compliance?

5-10-2022 MM

The Maintenance Director will be responsible to monitor under the supervision of the Administrator.

107c - Food/Water 3 Day Supply

1. Requirements

2600.

107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

The home has a letter that emergency water will be supplied within 24 hours but does not have a 1-day emergency supply of water on hand to last the 24-hour delivery time frame. In the event of an emergency, they planned to drain water from their hot water heaters.

Plan of Correction

Accept

An order was placed for 95 gallons of water to have on hand for 1 day's supply in case of emergency (see order attached).

In the future administrator will make sure that the home will keep a 1-day water supply for each resident.

Completion Date: 05/06/2022

Update: 05/10/2022

Who will monitor and be responsible for ongoing compliance?

5-10-2022 MM

Document Submission

Implemented

Who will monitor and be responsible for ongoing compliance?

The Maintenance Director will be responsible to monitor under the supervision of the Administrator.

5-10-2022 MM

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

141a 1-10 Medical Evaluation Information (continued)

- 141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
 1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
 4. Special health or dietary needs of the resident.
 5. Allergies.
 6. Immunization history.
 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
 8. Body positioning and movement stimulation for residents, if appropriate.
 9. Health status.
 10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

The Documentation of Medical Evaluation for Resident 3 dated 10/1/2021 and for Resident 4 dated 2/18/2022, had section 10 which is the mobility assessment left blank.

Plan of Correction

Accept

The DME was revised and all boxes were checked, (copy Attached)

In the future the administrator will make sure that all resident's forms are complete, checking all indicated items and providing all information required.

Completion Date: 03/03/2022

Update: 05/10/2022

Please include in plan of correction:

Who is responsible for fixing the problem and what immediate action they did to fix the issue?

What action that person will take, (training etc..) and when that action will happen - (date).

Who will monitor and be responsible for ongoing compliance?

All POC's at a minimum must include the above information.

5-10-2022 MM

Document Submission

Implemented

Please include in plan of correction:

Who is responsible for fixing the problem and what immediate action they did to fix the issue?

What action that person will take, (training etc..) and when that action will happen - (date).

Who will monitor and be responsible for ongoing compliance?

All POC's at a minimum must include the above information.

5-10-2022 MM

The administrator will be responsible for ongoing compliance.

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:

Description of Violation

There were numerous cigarette butts found on the ground and around the bushes directly in front of the front porch on

144c1 - Smoking Area Guidelines (continued)

3/1/2022. Repeat violation from 2/16/2021.

Plan of Correction

Accept

Staff will work together with the maintenance supervisor to keep cigarette butts away from the ground and maintain areas clean.

The administrator created a form to keep a log and make all staff sign to take responsibility to pick up cigarette butts. (See attached)

Completion Date: 03/07/2022

Update: 05/10/2022

Who will monitor and be responsible for ongoing compliance?

5-10-2022 MM

Document Submission

Implemented

Who will monitor and be responsible for ongoing compliance?

5-10-2022 MM

The Maintenance Director will be responsible for a monitor under The Administrator supervision

185a - Implement Storage Procedures

1. Requirements

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.

Description of Violation

Resident 5 is prescribed a controlled medication of [redacted] every morning. On 3/8/2022, Staff Member B gave the medication to Resident 5 but did not document the log. The log was showing 24 pills on hand but there were only 23 pills on the medication cart. The home's policy is to document the narcotics log immediately after passing the controlled narcotic.

Plan of Correction

Do Not Accept

The protocol has been reinforced with all medicine technician to make sure that they sign for every change of shift and make sure that all Narcs has been documented, (see record attached)

In the future, the administrator will be training staff to keep Narc's inventory in the computer system and it will allow doing med count electronically.

Completion Date: 03/04/2022

Update: 05/10/2022

Please include in plan of correction:

Who is responsible for fixing the problem and what immediate action they did to fix the issue?

What action that person will take, (training etc..) and when that action will happen - (date).

Who will monitor and be responsible for ongoing compliance?

All POC's at a minimum must include the above information.

5-10-2022 MM

185a - Implement Storage Procedures (continued)

Plan of Correction

Accept

Please include in plan of correction:

Who is responsible for fixing the problem and what immediate action they did to fix the issue?

What action that person will take, (training etc..) and when that action will happen - (date).

Who will monitor and be responsible for ongoing compliance?

All POC's at a minimum must include the above information.

5-10-2022 MM

The Wellness Director is currently working with Staff to make sure that they are doing narcs count in all shift changes. The administrator is working with Health Direct pharmacy to Schedule staff training.

Completion Date: 05/10/2022

Document Submission

Implemented

Implemented

224a - Preadmission Screen Form

1. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

The pre-admission screening forms for Resident 3 dated [redacted] and Resident 4 dated [redacted] was incomplete and did not make a determination if the residents needs could be met by the home.

Plan of Correction

Do Not Accept

The Pre-admission form was revised and all boxes were checked, (copy Attached)

In the future the administrator will make sure that all resident's forms are complete, checking all indicated items and providing all information required.

Completion Date: 03/03/2022

Update: 05/10/2022

Please include in plan of correction:

Who is responsible for fixing the problem and what immediate action they did to fix the issue?

What action that person will take, (training etc..) and when that action will happen - (date).

Who will monitor and be responsible for ongoing compliance?

All POC's at a minimum must include the above information.

5-10-2022 MM

Plan of Correction

Accept

Please include in plan of correction:

Who is responsible for fixing the problem and what immediate action they did to fix the issue?

What action that person will take, (training etc..) and when that action will happen - (date).

Who will monitor and be responsible for ongoing compliance?

All POC's at a minimum must include the above information.

5-10-2022 MM

The administrator is responsible to review all documentation and activating a feature in the computer program

224a - Preadmission Screen Form (continued)

(tabula) that will not allow the submission of any incomplete form.

Deysi Ynoa

Completion Date: 05/10/2022

Document Submission

Implemented

Implemented, documented attached

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

Direct Care Staff Member A, was hired [REDACTED]. The home was unable to provide verification that they were provided with an orientation that included resident rights, emergency medical plan, mandated reporting, or reportable incidents within their first 40 hours worked. Repeat violation from 2/16/2021.

Plan of Correction

Accept

The training was done on the first day of employment of Staff A, however, the administrator did not sign for it. The document was handed to Inspector but it was missing the signature.

In the future, The Administration will make sure that all training documents are properly signed at the time of completion.

Completion Date: 03/04/2022

Document Submission

Implemented

Implemented (document attached)

101j7 - Lighting/Operable Lamp**1. Requirements**

2600.

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

Description of Violation

Resident 2 does not have a lamp that is assessable from their bedside. The lamp was located near the window several feet from the foot of the bed. Repeat violation from 2/16/2021.

Plan of Correction

Accept

The resident was having a serious mental crisis and was moving the lamp and everything else around his room. A lamp was placed the next day at his bedside. (Picture attached)

In the future, the Administrator will make sure that all rooms are in compliance with this regulation.

Completion Date: 03/04/2022

Document Submission

Implemented

implemented