

Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY - PUBLIC

February 15, 2024

[REDACTED]  
STABON MANOR PERSONAL CARE HOME, INC.  
[REDACTED]  
[REDACTED]

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

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/06/2024 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: *STABON MANOR PERSONAL CARE HOME* License #: *20512* License Expiration: *04/21/2024*  
 Address: *1555 HAAK STREET, READING, PA 19602*  
 County: *BERKS* Region: *NORTHEAST*

**Administrator**

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

**Legal Entity**

Name: *STABON MANOR PERSONAL CARE HOME, INC.*  
 Address: *1555 HAAK STREET, READING, PA, 19602*  
 Phone: *6103732272* Email: *stabon@comcast.net*

**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 Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint, Incident* Exit Conference Date: *02/06/2024*

**Inspection Dates and Department Representative**

*02/06/2024 - 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: Residents Served:

**Hospice**  
 Current Residents: *1*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *87* Are 60 Years of Age or Older: *78*  
 Diagnosed with Mental Illness: *47* Diagnosed with Intellectual Disability: *20*  
 Have Mobility Need: *0* Have Physical Disability: *2*

**Inspections / Reviews**

**02/06/2024 - Partial**  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/23/2024*

**02/14/2024 - POC Submission**  
 Submitted By: [REDACTED] Date Submitted: *02/14/2024*  
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *02/19/2024*

Inspections / Reviews *(continued)*

02/15/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/14/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

127a - Portable Space Heaters

1. Requirements

2600.  
127.a. Portable space heaters are prohibited.

Description of Violation

*Upon entering the first floor administrator's office a space heater was observed on the floor next to the door.*

Plan of Correction

Accept [redacted] - 02/14/2024)

*The Administrator immediately removed the space heater that was the Administrator's office. Going forward, the Administrator shall check all offices for space heaters every week and remove if any are around. The Administrator also reviewed and had Office Staff review the regulations concerning space heaters.*

Licensee's Proposed Overall Completion Date: 02/13/2024

Implemented [redacted] - 02/15/2024)

201 - Positive Interventions

2. Requirements

2600.  
201. Safe Management Techniques - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

Description of Violation

*On [redacted] resident [redacted] became agitated with resident [redacted] because resident [redacted] turned on a nightlight in the room they shared. Resident [redacted] hit and scratched resident [redacted] in the face.*

*On [redacted] resident [redacted] was in the dining room when they started hitting resident [redacted] in the face because resident [redacted] was in a seat that resident [redacted] wanted to sit in. Resident [redacted] also threw a glass at resident [redacted] that hit resident [redacted] in the head. The home has not implemented positive interventions to modify or eliminate the behavior of resident [redacted].*

Plan of Correction

Accept [redacted] - 02/14/2024)

*On [redacted], Resident [redacted] and Resident [redacted] were separated by giving Resident [redacted] a new bedroom on a different floor. Resident [redacted] was verbally counseled by the Administrator and staff about that incident.*

*On [redacted] Resident [redacted] was encouraged to eat in a different dining room on a different floor to alleviate the tension that Resident [redacted] may have experienced in the bigger dining room. Resident [redacted] complied without incident. On [redacted], Resident [redacted] was given a written warning that laid out a clear path to either change behavior or other housing options. Resident [redacted] verbalized understanding and signed the document. Resident [redacted] was contacted by a friend who is an Administrator of another PCH and was offered housing there, to which Resident [redacted] readily agreed. Resident [redacted] moved on [redacted]. From [redacted], Resident [redacted] did not have any other altercations with any resident. Prior to the move-out, the Administrator worked to get extra services for Resident [redacted] to potentially help the resident have more purpose and a plan for each day. Resident [redacted] moved out before those services could be implemented.*

*The Administrator and staff reviewed de-escalation techniques with positive interventions and have a formal training planned for April 2024 as part of the annual DHS training. The Administrator shall ensure that all staff receive de-escalation technique training on a yearly basis.*

201 - Positive Interventions (continued)

Licensee's Proposed Overall Completion Date: 02/13/2024

Implemented [REDACTED] - 02/15/2024)