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

April 8, 2025

[redacted]
STABON MANOR PERSONAL CARE HOME, INC.
[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 02/19/2025, 02/28/2025 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**: *04/21/2025*

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: [redacted]

Phone: [redacted] **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**: *107* **Waking Staff**: *80*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Complaint, Incident* **Exit Conference Date**: *02/28/2025*

Inspection Dates and Department Representative

02/19/2025 - On-Site: [redacted]

02/28/2025 - Off-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *160* **Residents Served**: *107*

Secured Dementia Care Unit

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

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *84* **Are 60 Years of Age or Older**: *71*

Diagnosed with Mental Illness: *76* **Diagnosed with Intellectual Disability**: *24*

Have Mobility Need: *0* **Have Physical Disability**: *1*

Inspections / Reviews

02/19/2025 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *03/14/2025*

03/20/2025 - POC Submission

Submitted By: [redacted] **Date Submitted**: *04/04/2025*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *03/27/2025*

Inspections / Reviews *(continued)*

03/27/2025 POC Submission

Submitted By: [redacted] **Date Submitted:** *04/04/2025*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *04/04/2025*

04/08/2025 Document Submission

Submitted By: [redacted] **Date Submitted:** *04/04/2025*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

15a Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701 10225.707) and 6 Pa. Code § 15.21 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [redacted] during lunch, resident [redacted] began yelling at another resident in the dining area. When staff person A attempted to address the resident's behavior resident [redacted] aggressively attempted to strike staff person A and staff person A moved a food cart between them to prevent the attack. Resident [redacted] and staff person A both subsequently fell to the floor during the scuffle and the food cart was overturned. The home did not report the incident as potential staff to resident abuse to adult protective services.

Plan of Correction ***Directed [redacted] - 03/27/2025)***

The employee did not show any signs of abusing a resident, [redacted] was only trying to protect [redacted] from being attacked by a resident. There were several witnesses to the incident that verified it for me. When any situation that could be considered abuse, the employee will be suspended or supervised and not allowed to be alone with a resident until an investigation is completed (these are the actions that were taken). The employee will be terminated if the investigation determines the employee was abusive. In the future I, the Administrator and any future Administrator or Department supervisor will follow this plan and will submit a report within the required time limits.

Proposed Overall Completion Date: 03/23/2025

Directed: The administrator or designee will provide training in regulation 15a to all staff. All potential resident abuse incidents will be immediately reported in accordance with the Older Adults Protective Services Act.

Directed Completion Date: *04/04/2025*

Implemented [redacted] - 04/04/2025)

16c Written Incident Report

2. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted] during lunch, resident [redacted] began yelling at another resident in the dining area. When staff person A attempted to address the resident's behavior resident [redacted] aggressively attempted to strike staff person A and staff person A moved a food cart between them to prevent the attack. Resident [redacted] and staff person A both subsequently fell to the floor during the scuffle and the food cart was overturned. The home did not report the incident to the department's regional office.

Resident [redacted] has an order for [redacted], 10 units once daily. On [redacted] and [redacted] resident [redacted] did not

16c Written Incident Report (continued)

receive this medication because the medication was unavailable in the home to administer. The home did not report the medication error to the department's regional office.

Plan of Correction ***Directed [redacted] - 03/27/2025)***

The previous Administrator did not complete the reports being requested. [redacted] has since left our employment. The employees that were involved with these actions were educated to report any interaction that could be viewed as abusive and missed medications and report it immediately to their supervisor or Administrator for them to take the appropriate actions and file the report as required by DHS within 24 hours. In the future I as the owner will follow up to make sure reports are completed in a timely manner.

Proposed Overall Completion Date: 03/23/2025

Directed: The administrator or designee will provide training in regulation 16c to all staff members.

Directed Completion Date: *04/04/2025*

Implemented [redacted] - 04/04/2025)

20b1 - Financial Records

3. 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

The home manages the secondary insurance debit card for resident [redacted]. The home acknowledged that money from the card was used to purchase personal care items for the resident but was unable to provide receipts for the transactions indicating date, items purchased, and cost of purchases.

Plan of Correction ***Directed [redacted] - 03/27/2025)***

The home does not manage ANY insurance benefits received for any resident. The insurance card that was used belonged to the resident. The facility does not have any receipts for these transaction and the resident didn't keep them. This does not require financial management from the facility. My staff person was given the card to make the purchases for the resident. At the time of purchase the resident did not have any money left on the card to make the purchase. As a result, the staff person put the items on [redacted] own credit card and simply gave [redacted] the items.

Proposed Overall Completion Date: 03/23/2025

Directed: Any transfer of a resident card to staff person to make any purchases will be documented with a date and time that the card was given to a staff person and signed by the staff person and the resident. This will also be signed by both parties once the card is returned to the resident. The home will also provide the resident with an itemized receipt of all purchases made on the card by the staff person. A copy of this receipt and log will be kept by the home.

Directed Completion Date: *03/31/2025*

Implemented [redacted] - 04/04/2025)

187d - Follow Prescriber's Orders

4. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [redacted] had an order for [redacted], [redacted] once daily. The resident did not receive this medication as prescribed on [redacted] and [redacted] due to the medication being unavailable in the home to administer.

Plan of Correction ***Directed [redacted] 03/27/2025)***

The insulin was available on those dates however it was not given because the staff person thought it was an error. After bringing it to the physician's attention the insulin was discontinued. The surveyors were given that discontinue order the day they came in to address the complaint. In the future I was informed by the surveyors that we are obligated to give any medication that was ordered to the resident, even if we know it is not correct. Next time, I have instructed my staff to report any missing medication immediately so the Wellness Director can get a more timely response from the physician and the Administrator can file a timely report to DHS.

Proposed Overall Completion Date: 03/23/2025

Directed: All medication will be given to residents as ordered. If staff feel that an order is incorrect, they will immediately contact the prescriber and reconcile any differences or verify correctness of the order. Documentation of any corrected order will be obtained and kept with the record. The administrator or designee will provide training on regulation 187d to all staff that are trained to pass medications. Documentation of this training will be kept and provided to the department. The administrator or designee will complete weekly audits for 3 months of all medication carts to ensure all medications are available. This audit will be documented with date audit completed, staff completing the audit, and any issues identified.

Directed Completion Date: *04/04/2025*

Implemented ([redacted] - 04/08/2025)

188b - Medication Error Reporting

5. Requirements

2600.
188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

Description of Violation

Resident [redacted] has an order for [redacted], [redacted] once daily. The resident did not receive this medication as prescribed on [redacted] and [redacted]. The home did not report the missed medications to the prescriber as required.

Plan of Correction ***Directed [redacted] - 03/27/2025)***

The missed medication was reported to Office of Aging that the medication was not given by the resident [redacted] so we did not have to notify [redacted] The physician was notified as required because [redacted] discontinued the medication. That discontinue order was given to the surveyors when they came out for the complaint. If this situation happens again, all persons listed within the regulation above will be notified by the wellness director and or Administrator in the future.

188b - Medication Error Reporting (continued)

Proposed Overall Completion Date: 03/23/2025

Directed: The administrator or designee will provide training on regulation 188b to all staff that pass medications.

Directed Completion Date: *04/04/2025*

Implemented [redacted] - 04/04/2025)