

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

September 25, 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 08/06/2025, 08/14/2025 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:** 04/21/2026  
**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:** 190      **Waking Staff:** 143

**Inspection Information**

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Incident, Interim      **Exit Conference Date:** 08/14/2025

**Inspection Dates and Department Representative**

08/06/2025 - On-Site: [REDACTED]  
 08/14/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 160      **Residents Served:** 95

**Secured Dementia Care Unit**

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

**Hospice**

**Current Residents:** 0

**Number of Residents Who:**

**Receive Supplemental Security Income:** 74      **Are 60 Years of Age or Older:** 71  
**Diagnosed with Mental Illness:** 69      **Diagnosed with Intellectual Disability:** 23  
**Have Mobility Need:** 95      **Have Physical Disability:** 6

**Inspections / Reviews**

08/06/2025 Partial

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 09/15/2025

09/22/2025 - POC Submission

**Submitted By:** [REDACTED]      **Date Submitted:** 09/22/2025  
**Reviewer:** [REDACTED]      **Follow-Up Type:** Document Submission      **Follow-Up Date:** 09/26/2025

Inspections / Reviews *(continued)*

09/25/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/22/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

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

On [redacted] at approximately 2:16 a.m., the home's dryer [redacted] had a malfunction which expelled smoke from the appliance unit. The home's dryer [redacted] needs to be repaired to be able to use all 5 drying cycles without any fire hazards. Dryer [redacted] must be repaired or replaced immediately to ensure safe operation of all drying cycles without fire risk.

Plan of Correction

Accept [redacted] - 09/22/2025)

On 8/9/25 at 2:16 am the Fire Alarm activated at the facility from a dryer that malfunctioned. The Med Tech and staff of duty, along with all residents, immediately began evacuating the facility as soon as the fire alarm activated, following established fire protocol and evacuated the building in under 5 minutes. All residents were safe and accounted for. The Fire Alarm Monitoring Company dispatched the City of Reading Fire Department and notified the Administrator. 3 staff who were off duty were notified and arrived at the facility within minutes. Administrator arrived onsite within 5 minutes of the dispatch call. The Med Tech on duty reported to the Administrator that all residents were evacuated and safe with evacuation completed in under 5 minutes. The Fire Department reported there was no fire and a dryer had malfunctioned setting off the fire alarm and cleared resident to return inside the building. Administrator notified owners of the incident and reported all residents were safe and unharmed. Administrator thanked staff on duty for quickly acting to ensure the safety of all residents and following established protocols. Dryer #2 was immediately taken out of service. On 8/9/25 the dryer repair company was contacted to arrange an onsite inspection. On 8/18/25 all three dryers were inspected. Dryer #1 and Dryer #2 were fully operable and exhibited no signs of fire, overheating, or mechanical failure. Notably, per the repair company, the built in fire suppression system within the dryers had not been activated, which further supports the absence of any fire-related event or malfunction. Dryer #3 is currently non-operational due to worn bearings. Replacement parts have been ordered from the supply house, and repairs will be completed upon receipt of the necessary components. The owner of Stabon Manor is in possession of the dryer equipment manual, including error code references, and has been instructed on proper reset procedures. The error code during the incident did not reference fire or overheating. The unit was reset by an employee after receiving instruction from the owner according to protocol, and 2 subsequent loads were monitored without issue. The dryers receive routine maintenance and inspection.

Licensee's Proposed Overall Completion Date: 09/19/2025

Implemented [redacted] - 09/25/2025)

183d - Prescription Current

2. Requirements

183d Prescription Current (*continued*)

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**

At approximately 10:00 A.M., resident [REDACTED] medication [REDACTED] 500-50 was located in the medication cart but was not listed on the resident's medication administration record and the medication was discontinued.

**Plan of Correction****Accept [REDACTED] 09/22/2025)***Immediate Action*

Resident [REDACTED] medication Fluticasone Propionate 500-50 was removed from the med cart at the time of the survey

*Ongoing Action*

The Director of Wellness is responsible for overseeing medication administration and medication compliance.

Beginning the week 9/1/25 a discontinued medication report is run from the eMAR system to identify medications that have been discontinued and used to ensure removed from the med cart. Beginning the week of 9/1/25 the Director of Wellness will complete weekly audits of the med carts to ensure discontinued medications have been removed from the cart. Documentation of the weekly med cart audits are maintained for the department review.

Licensee's Proposed Overall Completion Date: 09/30/2025

**Implemented [REDACTED] - 09/25/2025)**