

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

March 31, 2026

[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 02/26/2026 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]  
Human Services Licensing Supervisor

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:** Dept L&I

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 111      **Waking Staff:** 83

**Inspection Information**

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Complaint      **Exit Conference Date:** 02/26/2026

**Inspection Dates and Department Representative**

02/26/2026 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 160      **Residents Served:** 111

**Secured Dementia Care Unit**

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

**Hospice**

**Current Residents:** 3

**Number of Residents Who:**

**Receive Supplemental Security Income:** 93      **Are 60 Years of Age or Older:** 78  
**Diagnosed with Mental Illness:** 70      **Diagnosed with Intellectual Disability:** 23  
**Have Mobility Need:** 0      **Have Physical Disability:** 1

**Inspections / Reviews**

02/26/2026 Partial

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 03/29/2026

03/31/2026 - POC Submission

**Submitted By:** [REDACTED]      **Date Submitted:** 03/31/2026  
**Reviewer:** [REDACTED]      **Follow-Up Type:** Bypass Document Submission

Inspections / Reviews *(continued)*

03/31/2026 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/31/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

20b3 Written Receipts

1. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

3. The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.

Description of Violation

On [redacted], a cash disbursement of [redacted] and on [redacted], a cash disbursement of [redacted] was made to resident [redacted]. However, the home did not obtain the resident signature for the receipt of the disbursement.

On [redacted] a cash disbursement of [redacted] was made to resident [redacted]. However, the home did not obtain the resident signature for the receipt of the disbursement.

Plan of Correction

Accept [redacted] - 03/31/2026)

The Administrator has reviewed the financial records for Residents [redacted] and [redacted] and confirmed that the cash disbursements listed were provided without obtaining the required resident signatures.

• A written receipt documenting each disbursement has now been completed and placed in the residents' financial files.

To ensure compliance with 2600.20(b):

- Effective immediately, no cash disbursement will be issued without obtaining the resident's signature at the time of disbursement.
- Staff have been instructed that disbursements cannot be completed unless the form is fully signed.

Staff Training

- On 2/26/2026, all staff responsible for financial management received retraining on:
  - Regulation 2600.20(b)
  - Proper documentation procedures
  - The new receipt form and signature requirements
- The Administrator or designee will conduct weekly audits of all resident financial records for the next 60 days to ensure:
  - All cash disbursements include resident signatures
  - Forms are completed accurately and consistently
  - Audits will continue monthly

Copies of the completed financials with signatures is attached to show compliance with this regulation.

Licensee's Proposed Overall Completion Date: 03/20/2026

Implemented [redacted] - 03/31/2026)