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

September 28, 2026

[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 08/26/2026 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**: *04/21/2027*

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**: *99* **Waking Staff**: *74*

Inspection Information

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

Reason: *Incident* **Exit Conference Date**: *08/31/2026*

Inspection Dates and Department Representative

08/26/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *160* **Residents Served**: *99*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *81* **Are 60 Years of Age or Older**: *69*

Diagnosed with Mental Illness: *99* **Diagnosed with Intellectual Disability**: *1*

Have Mobility Need: *0* **Have Physical Disability**: *2*

Inspections / Reviews

08/26/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *09/10/2026*

09/10/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *09/28/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *09/14/2026*

Inspections / Reviews *(continued)*

09/28/2026 POC Submission

Submitted By: [redacted]

Date Submitted: *09/28/2026*

Reviewer: [redacted]

Follow Up Type: *Bypass Document Submission*

09/28/2026 Bypass Document Submission

Submitted By: [redacted]

Date Submitted: *09/28/2026*

Reviewer: [redacted]

Follow Up Type: *Not Required*

225c - Additional Assessment

1. Requirements

2600.
225.c. The resident shall have additional assessments as follows:

Description of Violation

The assessment dated [redacted] for resident [redacted] does not include the resident's communication needs. Resident [redacted] speaks broken English and communicates their needs in Spanish.

Plan of Correction ***Accept ([redacted] - 09/28/2026)***

See attachment
Requirement: 2600.225(c) – Additional Assessments

Description of Violation:
The assessment dated 4/17/26 for Resident [redacted] did not include the resident's communication needs. Resident [redacted] speaks broken English and communicates in Spanish. The resident is able to make [redacted] basic needs known; however, depending on the nature and complexity of the conversation, interpreter assistance may be needed to ensure effective communication.

Plan of Correction:
The assessment for Resident [redacted] will be reviewed and updated to accurately reflect [redacted] communication needs, including [redacted] ability to make [redacted] basic needs known and [redacted] need for interpreter assistance during conversations when necessary. Staff will ensure that appropriate interpreter services are available when needed to support effective communication regarding the resident's care, preferences, concerns, and other important matters.

The Administrator/designee will review the communication needs section of resident assessments to ensure that residents' preferred language, communication abilities, and need for interpreter assistance are accurately identified and documented.

Staff responsible for completing resident assessments will be educated on the requirement to assess and document each resident's individual communication needs and to provide appropriate communication assistance when indicated.

Monitoring:
The Administrator/designee will review a sample of resident assessments weekly for four weeks and monthly thereafter for two months to ensure communication needs are appropriately assessed and documented. Any identified omissions will be corrected promptly, and additional staff education will be provided as necessary.

Completion Date:
4/17/2026

Licensee's Proposed Overall Completion Date: *09/22/2026*

Implemented [redacted] 09/28/2026)