

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to ST. STEPHEN'S LIVING CENTER, LLC

LEGAL ENTITY

To operate ST. STEPHEN'S LIVING CENTER

NAME OF FACILITY OR AGENCY

Located at 1075 CHESTNUT STREET, NANTY GLO, PA 15943

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 44
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from April 20, 2012 until April 20, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 327360

Robert E. Robinson

ISSUING OFFICER

R. C. King

DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

PW 628 - 01/11



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

APR 30 2012

PHONE: (717) 783-3670
FAX: (717) 783-5662

Mr. Stephen Rodrigues, President/CEO
St. Stephen's Living Center, LLC
St. Stephen's Living Center
1075 Chestnut Street
Nanty Glo, Pennsylvania 15943

Dear Mr. Rodrigues:

As a result of the Department of Public Welfare's licensing inspection on March 8, 2012 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to be 'R' followed by a long horizontal stroke.

Ronald Melusky
Director

Enclosures
License
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME 51 Stephen's Living Center, 1075 Chestnut Street Nanty Glo, PA 15943		CURRENT LICENSE NUMBER 327360	
INSPECTION DATES (Include all dates of the inspection) 03/08/2012		REGIONAL REPRESENTATIVE Rebecca Riel, Jaime Erb	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Deborah Gabor Administrator			
SIGNATURE OF LEGAL ENTITY Deborah Gabor	DATE 04/12/2012	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Smiley</i>	DATE 4/18/12

REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
16b The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.	The home does not have a written policy on the prevention, reporting, notification, investigation and management of reportable incidents. PCH Division Central Region Field Office APR 12 2012 RECEIVED	04/12/2012	The Home does have such Policy. Policy reviewed and revised, and now includes the prevention, reporting, notification, investigation, and management of reportable incidents. Administrator will monitor for compliance. The Administrator will review the reportable incidents with the Quality management Review Committee annually. see attached.	4/18/12 <i>CB</i>

RECEIVED TIME APR. 12. 11:12AM

APR-12-2012 10:08 FROM: ST STEPHENS LIVING C 8147498799

TO: 17177833955

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME St Stephen's Living Center, 1075 Chestnut Street Nanty Glo, PA 15943		CURRENT LICENSE NUMBER 327360	
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SIGNATURE OF LEGAL ENTITY <i>Deborah Gabor</i>	DATE 04/12/2012	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bamberg</i>	DATE 4/18/12

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
54a Direct care staff persons shall have the following qualifications: (1) Be 18 years of age or older, except as permitted in subsection (b). (2) Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry. (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care	Direct Care Staff Person A does not have a US high school diploma, GED diploma, or active registration status on the Pennsylvania nurse aide registry.	04/16/2012	Direct care STAFF person A will not be providing direct care to residents. Staff person A will provide laundry, housekeeping, and dining services. Staff person A will be able to provide Direct Care at such a time when she will provide a copy of a GED diploma or Active Registration status on the Pa. nurse aide registry. The Administrator will monitor the qualifications for new staff persons to assure	Steps have been taken to correct violation; full compliance is not verifiable. 4/18/12 Date Initials (DPW)

the proper qualifications are met and compliance is maintained.

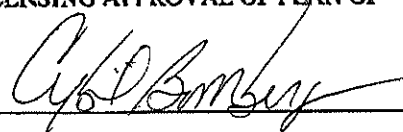
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P. 4/12/12

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services with reasonable skill and safety.			left blank	

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REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
60a Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.	The home's census on March 8, 2012 was 33 residents, including one resident who needs to be fed by staff; 10 residents who require incontinence care by staff; and 5 residents who have been designated as needing assistance to evacuate in an emergency, 2 of which require two people to assist in transferring. The routine staffing pattern consists of 2 staff persons at any given time of day to provide direct care services, housekeeping, laundry and dining services. These staffing levels are not sufficient to meet the care needs of the residents or to be able to evacuate the residents in the event of an emergency. Repeated Violations: 10/24/2011	04/16/2012	Additional staff persons have been hired. The Administrator continues to provide direct care and the schedule now reflects those hours that direct care is provided. See attached copy of schedule. The Administrator will monitor staffing levels to assure compliance is maintained, and the staffing levels will be sufficient to meet the care needs and ^{to safety} evacuate the residents in the event of an emergency.	Steps have been taken to correct violation; full compliance is not verifiable 4/18/12 Date Initials (DPW)

APR-12-2012 10:09 FROM: ST STEPHENS LIVING C 8147498799

TO: 17177833955

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RECEIVED TIME APR. 12. 11:12AM

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
65g Direct care staff persons, ancillary staff persons, substitute personnel and regularly-scheduled volunteers shall be trained annually in the following areas: (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. (2) Emergency preparedness procedures and recognition and response to crises and emergency situations. (3) Resident rights (under these	Direct Care Person A did not receive training in emergency preparedness procedures and recognition and response to crises and emergency situations during training year 2011.	04/06/2012	All Direct care staff persons have had training in emergency preparedness procedures and recognition and response to crises and emergency situations for training year 2012. The Administrator will inservice new staff during orientation period and all staff annually on emergency preparedness procedures. Staff training will be reviewed annually by the Quality management Committee.	4/18/12 <i>CB</i>

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>Deborah Gabor</i>	DATE <i>04/12/2012</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Borsini</i>	DATE <i>4/18/12</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
regulations). (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102). (5) Falls and accident prevention. (6) New population groups that are being served at the home that were not previously served, if applicable.			<i>Left Blank</i>	

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APR-12-2012 10:10 FROM:ST STEPHENS LIVING C 8147498799

TO:17177833956

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VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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RECEIVED TIME APR. 12. 11:12AM

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SIGNATURE OF LEGAL ENTITY Deborah Gabor	DATE 04/12/2012	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bambery</i>	DATE 4/18/12

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
85a Sanitary conditions shall be maintained.	On March 8, 2012, at approximately 3:15pm, bathroom #B had a strong odor of urine. Staff stated that urine has soaked into the carpet around the toilet, causing the odor. In addition, urine was found around the toilet in bathroom #1.	04/30/12	The carpet in bathroom #8 will be shampooed to remove the strong odor of urine. All bathrooms and toilets will be cleaned regularly. The Administrator will monitor for compliance. The Administrator and the Quality management Committee will review annually to assure sanitary conditions are maintained.	

APR-12-2012 10:10 FROM: ST STEPHENS LIVING C 8147498799

TO: 17177833955

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130c If one or more residents or staff persons are not able to hear the smoke detector or fire alarm system, a signaling device approved by a fire safety expert shall be used and tested so that each resident and staff person with a hearing impairment will be alerted in the event of a fire.	Residents #1 & #2 are unable to hear the fire alarm system. The home does not have a signaling device in the residents' bedrooms, approved by a fire safety expert and tested to ensure that the residents are alerted in the event of a fire.	04/20/2012	The home has contracted with a vendor to install a signaling device in the residents' bedrooms. This device will be approved by a fire safety expert and will be tested to ensure that the residents are alerted in the event of a fire. The Administrator will monitor for compliance. The Quality Management Committee will review the system annually to assure compliance is maintained.	Steps have been taken to correct violation; full compliance is not verifiable <i>4/18/12</i> Date Initials (DPW)

APR-12-2012 10:11 FROM:ST STEPHENS LIVING C 8147498799 TO:17177833956 P.10/20

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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132a An unannounced fire drill shall be held at least once a month.	Fire drills held by Staff Person B are known in advance to this staff person as Staff Person B conducts a drill by pulling the fire drill alarm and then participating in the drill by assisting the residents in evacuating.	04/06/2012	The monthly fire drill will be unannounced. The staff person conducting the drill will not participate in the drill. The Administrator will monitor for compliance. The Quality Management Committee will review the fire drill records annually.	Steps have been taken to correct violation; full compliance is not verifiable 4/18/12 Date Initials (DPW)

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185a The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.	The medications QC Calcium Antacid (500mg tab/chew and swallow 2 tabs PRN for heartburn) and Promethazine (25mg/1 tab every 6 hours PRN for nausea/vomiting) were on the medication administration record for Resident #3 but was not available in the home on 3/8/2012.	<i>04/16/2012</i>	The medication Promethazine was discontinued on 03/13/2012. Administrator awaiting on a discontinue order for the QC Calcium Antacid from the PCP of resident #3. The Administrator will review the MARS regularly to monitor for compliance. The Administrator will report her findings to the Quality management committee annually for review.	Steps have been taken to correct violation; full compliance is not verifiable <i>4/18/12</i> Date Initials (DPW)

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APR-12-2012 10:12 FROM: ST STEPHENS LIVING C 8147498799 TO: 17177833956 P. 12/20

VIOLATION REPORT
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201 The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself/herself or others.	On March 8, 2012, Resident #4 was observed gnawing on his/her forearm while seated in a recliner in the lounge area. Staff of the home also observed this behavior, noting that it was common for the resident to do. The home has not implemented positive interventions to modify or eliminate the behavior.	ongoing	The Administrator, hospice staff, and residents' PCP have been working together to come up with and implement a positive intervention to modify or eliminate the behavior. Administrator spoke to Resident #4's PCP again on 04/06/2012. See attached statement from Physician. ongoing interaction between the Administrator, hospice staff and PCP will be maintained, and positive interventions will be tried to modify behavior of resident #4.	Steps have been taken to correct violation; full compliance is not verifiable <p align="center"><i>4/12/12</i></p> <hr/> Date Initials (DPW)

APR-12-2012 10:12 FROM: ST STEPHENS LIVING C 8147498799 TO: 17177833956 P. 13/20

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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APR-12-2012 10:13 FROM: ST STEPHENS LIVING C 8147498799

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NAME AND ADDRESS OF PERSONAL CARE HOME St Stephen's Living Center, 1075 Chestnut Street Nanty Glo, PA 15943		CURRENT LICENSE NUMBER 327360	
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227d Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.	On March 8, 2012, staff reported that Resident #2 is hard of hearing and is unable to hear the fire alarm when it is activated. The resident's support plan does not address how the home will assist the resident in meeting these needs.	04/20/2012	According to resident #2's family, resident #2 has had audiologic testing and hearing devices are not beneficial to the resident. Resident #2's support plan has been updated. A signaling device will be installed in the resident's bedroom. Staff will work with the resident in how to evacuate in case of an emergency. The Administrator will monitor for compliance.	Steps have been taken to correct violation; full compliance is not verifiable 4/18/12 Date Initials (DPW)