

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to BROOKDALE SENIOR LIVING COMMUNITIES INC  
LEGAL ENTITY

To operate STERLING HOUSE OF PENN HILLS  
NAME OF FACILITY OR AGENCY

Located at 7151 SALTSBURG ROAD, PITTSBURGH, PA 15235  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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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 26  
(MAXIMUM CAPACITY)  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

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 March 26, 2013 until March 26, 2014,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 431590

*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.



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

**MAR 26 2013**

Mr. John P. Rijos, Co-President  
Brookdale Senior Living Communities, Inc.  
Sterling House of Penn Hills  
7151 Saltsburg Road  
Pittsburgh, Pennsylvania 15235

Dear Mr. Rijos:

As a result of the Department of Public Welfare's (Department) licensing inspection on November 6, 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 Human Services 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 read "R. Melusky".

Ronald Melusky  
Director

Enclosures  
License  
Violation Report



RECEIVED

Violation Report: 43159 - 11/06/2012 - Bacher, Mike  
PCH Name: STERLING HOUSE OF PENN HILLS

1. REGULATION 55 Pa.Code §2600  
2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION  
The contract for resident #1 dated 4/30/12 was not signed by the resident.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The contract for resident #1 was signed on 11/7/2012. The appropriate staff were retrained in the admission/ move-in process. Executive Director or designee will review all newly signed contracts at the time of move-in to verify ongoing compliance.  
**Completion Date: January 5, 2013**

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page) *Judy Carrabbia*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Judy Carrabbia ED*      Date *1-21-13*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *3/1/13*  
(Date)

The above plan of correction was approved by *[Signature]*  
(Initials)

Plan of correction implementation status as of *3/1/13*  
(Date)

Fully Implemented *JPW*  
 Partially Implemented - Adequate Progress  
 Partially Implemented - Inadequate Progress  
 Not Implemented

Violation Report: 43159 - 11/06/2012 - Bacher, Mike  
PCH Name: STERLING HOUSE OF PENN HILLS

11/21/2013

1. REGULATION 55 Pa.Code §2600.  
2600.41(e) - A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in § 2600.41(d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION  
Resident #1's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
*include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

On 11/7/2012 resident #1 was educated on resident rights and an acknowledgement receipt signed by the resident is filed in the resident's record. The appropriate staff were retrained in the admission/ move-in process. The Executive Director or designee will review all move-in paperwork to verify ongoing compliance regarding proper education and corresponding signatures.  
**Completion Date: January 15, 2013.**

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Judy Carrabba*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Judy Carrabba* Date *1-21-13*

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>3/1/13</u> (Date)	Plan of correction implementation status as of <u>3/1/13</u> (Date)
The above plan of correction was approved by <u><i>JC</i></u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <i>2</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

RECEIVED

Violation Report: 43159 - 11/06/2012 - Bacher, Mike

PCH Name: STERLING HOUSE OF PENN HILLS

1. REGULATION 55 Pa.Code §2600

2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

12 4 2013

Western Field Office

Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

On 10/27/12, from 7:00am to 10:00 am, 22 residents were present in the home. During this time no staff persons were present in the home who were certified in CPR.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

On 11/7/2012 a staff member trained in CPR was present in the home. A copy of the CPR card and schedule is attached. The CPR card was produced by end of day of survey. All associate files will be audited for appropriate documentation. Executive Director or designee will verify ongoing compliance with updated documents in associate records by implementing a tracking system.

Completion Date: November 7, 2012

*Withdrawn*  
*Done*  
*3/1/13*

*Withdrawn*  
*3/1/13*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Judy Corrobbia*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

*Judy Corrobbia ED*

Date

*1-21-13*

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The above plan of correction is approved as of \_\_\_\_\_  
(Date)

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

The above plan of correction was approved by \_\_\_\_\_  
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 43159 - 11/06/2012 - Bacher, Mike

PCH Name: STERLING HOUSE OF PENN HILLS

1. REGULATION 55 Pa.Code §2600

2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

11/06/2012

3-1-13

2a. DESCRIPTION OF VIOLATION

Direct care staff person A received only 10.5 hours of annual training in training year.

Western Field Office

3/1/13

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

All direct care staff will receive hours of the required training on an annual basis. The associate records will be audited to determine the amount of training for each associate. Going forward, the Executive Director or designee will implement a tracking system to verify ongoing compliance.

Completion date: Ongoing, December 2013

By 3/31/13 - Direct care staff training and completion will be monitored at least quarterly.

J  
3/1/13

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Judy Carrabba

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

Judy Carrabba, ED

Date

3-1-13

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(Date)

Plan of correction implementation status as of 3-1-13  
(Date)

The above plan of correction was approved by [Signature]  
(Initials)

- Fully Implemented [Signature]
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 43159 - 11/06/2012 - Bacher, Mike  
 PCH Name: STERLING HOUSE OF PENN HILLS

RECEIVED

**1. REGULATION 55 Pa.Code §2600**

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

**2a. DESCRIPTION OF VIOLATION**

The annual training provided to direct care staff person A in training year 2011 did not include hours of training on the topics permitted by the regulation.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

All direct care staff will receive of the required annual training which includes a minimum of the following topics: 1.) Medication Self-Administration Training, 2.) Instructions on meeting the needs of the resident as described in the pre-admission screening form, assessment tool, medical evaluation and support plan,

3.) Care for residents with dementia and cognitive impairments, 4.) Infection Control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition, and dehydration, 5.) Personal Care Service needs 6.) safe management techniques, 7.) Care for residents with mental illness or mental retardation or both if the population is served. Executive Director or designee will implement a tracking system to verify ongoing compliance.

Staff training progress will be monitored at least quarterly. Training records will include all required information including number of hours training given.

Completion Date: ongoing, December 2013

2-3-1-13

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Judy Carrabba*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Judy Carrabba ED</i>	Date <i>1-21-13</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>3-1-13</u> (Date)	Plan of correction implementation status as of <u>3-1-13</u> (Date)
The above plan of correction was approved by <i>Cy</i> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <i>d</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 43159 - 11/06/2012 - Bacher, Mike  
PCH Name: STERLING HOUSE OF PENN HILLS

1. REGULATION 55 Pa.Code §2500

2600.65(g) - 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.
- (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.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A did not receive training in resident rights during training year 2011.

Direct care staff person C did not receive training in resident rights and fire safety during training year 2011.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

All direct care staff will be retrained annually in the following: 1.) Fire safety, 2.) Emergency preparedness procedures, 3.) Resident rights, 4.) Older Adult Protective Services Act, 5.) Falls and accident prevention, 6.) New population groups that are being served in the home. The Executive Director or designee will implement a tracking system to verify ongoing compliance.  
**Completion Date: ongoing, December 2013**

By 3/13/13 - The administrator or designee will monitor staff training at least quarterly.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Judy Carrabba

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

Judy Carrabba ED

Date

1-21-13

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 3-1-13  
(Date)

Plan of correction implementation status as of 3-1-13  
(Date)

The above plan of correction was approved by [Signature]  
(Initials)

- Fully Implemented *o*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 43159 - 11/06/2012 - Bacher, Mike  
 PCH Name: STERLING HOUSE OF PENN HILLS

1. REGULATION 55 Pa.Code §2600

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

A bottle of Roto Rooter Pipe Shield with manufacturers label indicating "if contact with skin, flush with water. seek medical attention if swallowed contact physician" and a bottle of Bar Keepers Friend Polish with manufacturers label indicating "if swallowed contact physician" were unlocked and accessible to residents in the cabinet below the kitchen sink. Residents in the home, including resident #1, have not been assessed capable of safely using and avoiding poisons.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The Roto Rooter Pipe Shield and Bare Keepers Friend Polish were immediately placed in a locked closet. Maintenance and care staff were educated as to proper storage of poisonous materials. The Maintenance Technician or designee will conduct daily rounds and document on the Weekly Environmental Rounds Sheet. The Executive Director or designee will verify ongoing compliance. *at*  
 •Completion date: November 6, 2012 and ongoing *least monthly by a walk-through of the home.*

*J*  
 3-1-13

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Judy Carrabba*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Judy Carrabba* Date *1-21-13*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>3-1-13</u> (Date)	Plan of correction implementation status as of <u>3-7-13</u> (Date)
The above plan of correction was approved by <i>J</i> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <i>J</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 43159 - 11/06/2012 - Bacher, Mike  
 PCH Name: STERLING HOUSE OF PENN HILLS

1. REGULATION 55 Pa.Code §2600  
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

The bathroom of bedroom #19 had a strong odor of urine and the floor was sticky. The bed linen also smelled of urine.

There were dead bugs in 14 light fixtures on the ceiling in the hallways.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The bathroom floor in room #19 was cleaned and the bed linens were changed following survey on 11/6/2012. The Maintenance Technician or designee will conduct daily rounds and document on the Weekly Environmental Rounds Sheet room cleanliness. The Executive Director or designee will verify ongoing compliance, by conducting a walk-through of the  
 Completion Date: November 6, 2012, ongoing home, to include  
 a sample of resident bedrooms, at least monthly.

2)  
 3-1-13

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Judy Carrabba*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Judy Carrabba, ED</i>	Date <i>1-21-13</i>
--	------------------------

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 3-1-13  
 (Date)

The above plan of correction was approved by *[Signature]*  
 (Initials)

Plan of correction implementation status as of 3-1-13  
 (Date)

- Fully Implemented *J*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 43159 - 11/06/2012 - Bacher, Mike

PCH Name: STERLING HOUSE OF PENN HILLS

1. REGULATION 55 Pa.Code §2600

2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

A stack of cardboard boxes approximately 4' x 5' x' was piled on the ground behind the dumpster.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Garbage pick-up occurred on 11/7/2012 and the cardboard was removed. The appropriate staff were retrained in proper storage of trash. The Maintenance Technician or designee will conduct daily rounds and document on the Weekly Environmental Rounds Sheet that trash is kept in covered receptacles. The Executive Director or designee will verify ongoing compliance, by conducting a

Completion Date: November 7, 2012 and ongoing walk-through of the home at least monthly.

If trash is consistently more than what the dumpster will hold, a larger dumpster will be ordered or more frequent pick-ups will be scheduled.

3-1-13

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Judy Corrobbia*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

JUDY CORROBBIA, ED

Date

1-21-13

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 3-1-13  
(Date)

Plan of correction implementation status as of 3-1-13  
(Date)

The above plan of correction was approved by [Signature]  
(Initials)

- Fully Implemented *L*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 43159 - 11/06/2012 - Bacher, Mike  
 PCH Name: STERLING HOUSE OF PENN HILLS

**1. REGULATION 55 Pa.Code §2600**

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

**2a. DESCRIPTION OF VIOLATION**

The telephone in room #16 and 19 do not have emergency numbers posted nearby.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

A list of emergency numbers was placed in room #16 and #19. The appropriate staff were retrained on availability of emergency numbers in resident rooms. The Maintenance Technician or designee will review rooms periodically and document on the Weekly Environmental Rounds Sheet that emergency numbers are posted in each room. The Executive Director or designee will verify ongoing compliance.  
**Completion Date: November 6, 2012**

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Judy Carrabba*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)

Judy Carrabba ED

Date

1-21-13

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The above plan of correction is approved as of 3-1-13  
 (Date)

Plan of correction implementation status as of 3-1-13  
 (Date)

The above plan of correction was approved by

*J*  
 (Initials)

- Fully Implemented *or*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 43159 - 11/06/2012 - Bacher, Mike

PCH Name: STERLING HOUSE OF PENN HILLS

**1. REGULATION 55 Pa.Code §2600**

2600.103(b) - Kitchen surfaces must be of a nonporous material and cleaned and sanitized after each meal.

**2a. DESCRIPTION OF VIOLATION**

The kitchen counter top had a crack approximately 2 feet long to left of the sink.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

The kitchen counter top is no longer used for food preparation. The counter top is scheduled for replacement on March 30, 2013. The appropriate staff were retrained in proper food preparation areas. The Dining Services Coordinator will verify the counter is not used for food preparation until replacement occurs. The Executive Director or designee will verify for ongoing compliance.

**Completion Date: March 15, 2013**

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Judy Carrobbas*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

Judy Carrobbas, ED

Date

1-21-13

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of

3-1-13  
(Date)

Plan of correction implementation status as of

3-1-13  
(Date)

The above plan of correction was approved by

*[Signature]*  
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 43159 - 11/06/2012 - Bacher, Mike  
 PCH Name: STERLING HOUSE OF PENN HILLS

**1. REGULATION 55 Pa.Code §2600**

2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

**2a. DESCRIPTION OF VIOLATION**

Kitchen refrigerator contained the following items not labeled or dated: A ½ gallon container of beets in juice, one bowl of cottage cheese and one bowl of noodles.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

The unlabeled and undated ½ gallon container of beets in juice, bowl of cottage cheese and bowl of noodles in the refrigerator were discarded the day of inspection by the Dining Services Coordinator. Appropriate staff were retrained in labeling and dating of leftover food. Dining Services Coordinator or designee will perform daily audits of all food stored to verify they are properly labeled and dated if open. Executive Director or designee will verify ongoing compliance.

**Completion Date: November 6, 2012**


Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Judy Carrabba*


Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Judy Carrabba, ED</i>	Date <i>1-21-13</i>
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The above plan of correction is approved as of 3-1-13  
 (Date)

The above plan of correction was approved by   
 (Initials)

Plan of correction implementation status as of 3-1-13  
 (Date)

- Fully Implemented 
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 43159 - 11/06/2012 - Bacher, Mike  
 PCH Name: STERLING HOUSE OF PENN HILLS

1. REGULATION 55 Pa.Code §2600  
 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION  
 The temperature of the small refrigerator located in the dining room was 70 degrees Fahrenheit.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.


The small refrigerator in the dining room was discarded November 6, 2012 and not replaced.  
**Completion Date: November 6, 2012**

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Judy Carrabba*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Judy Carrabba, ED* Date *1-21-13*

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>3-1-13</u> (Date)   The above plan of correction was approved by _____ (Initials)	Plan of correction implementation status as of <u>3-1-13</u> (Date)  <input checked="" type="checkbox"/> Fully Implemented <i>JK</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 43159 - 11/08/2012 - Bacher, Mike  
 PCH Name: STERLING HOUSE OF PENN HILLS

1. REGULATION 55 Pa.Code §2600  
 2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION

The emergency water contract dated 8/13/12 did not include the amount of water to be delivered.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

The emergency water contract was revised to include the amount of water to be delivered. The amount will be no less than the state requirement. The Dining Services Coordinator will audit the emergency water supply periodically to verify compliance.

**Date Completed: January 17, 2013**

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Judy Carrabba*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Judy Carrabba ED</i>	Date <i>1-21-13</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 3-1-13  
 (Date)

The above plan of correction was approved by *JMC*  
 (Initials)

Plan of correction implementation status as of 3-1-13  
 (Date)

- Fully Implemented *✓*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 43159 - 11/06/2012 - Bacher, Mike  
PCH Name: STERLING HOUSE OF PENN HILLS

1. REGULATION 55 Pa.Code §2600  
2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2a. DESCRIPTION OF VIOLATION

In the mechanics room near room #5, three cardboard boxes (1'x2'x8") and a blower/vacuum were touching the furnace. Four other cardboard boxes were within one foot of the furnace.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The cardboard boxes and blower/ vacuum were removed from near the furnace on the day of inspection. The appropriate staff were retrained in proper storage of items near a heat source. The Maintenance Technician or designee will conduct daily rounds and document on the Weekly Environmental Rounds Sheet that storage is kept away from heat sources. The Executive Director or designee will verify ongoing compliance, by conducting a walk-through at least monthly.  
Completion Date: November 7, 2012 and ongoing

*JC*  
3-1-13

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Judy Carrabba*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

Judy Carrabba, ED

Date

1-21-13

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The above plan of correction is approved as of

3-1-13  
(Date)

Plan of correction implementation status as of

3-1-13  
(Date)

The above plan of correction was approved by

*JC*  
(Initials)

- Fully Implemented *JC*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 43159 - 11/06/2012 - Bacher, Mike  
 PCH Name: STERLING HOUSE OF PENN HILLS

1. REGULATION 55 Pa.Code §2600  
 2600.143(a) - The home shall have a written emergency medical plan that includes the following:  
 (1) The hospital or source of health care that will be used in an emergency. This shall be the resident's choice, if possible.  
 (2) Emergency transportation to be used.  
 (3) An emergency-staffing plan.

2a. DESCRIPTION OF VIOLATION  
 The home's emergency medical plan does not include the hospital, source of health care and source of transportation to be used in an emergency.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

**Regulation 2600.143 ( a )**  
**The home's emergency medical plan does not include the hospital, source of health care and source of transportation to be used in an emergency.**

The emergency medical plan has been updated to include the hospital, source of health care and transportation. The staff were retrained and updated on this additional information. The Executive Director will verify for compliance if any of this information changes.  
**Completion Date: January 22, 2013**

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Judy Casobbia*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Judy Casobbia CEO</i>	Date <i>1-21-13</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>3-1-13</u> (Date)  The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	Plan of correction implementation status as of <u>3-1-13</u> (Date) <input checked="" type="checkbox"/> Fully Implemented <i>OK</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 43159 - 11/06/2012 - Bacher, Mike  
PCH Name: STERLING HOUSE OF PENN HILLS

1. REGULATION 55 Pa.Code §2600  
2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home. Western Field Office

2a. DESCRIPTION OF VIOLATION  
The menu for the current and upcoming weeks were not posted. The posted menu was dated 9/4 - 9/10

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The outdated menu was removed the day of survey and the menus for the current day and upcoming week were posted. A second bulletin board will be hung for the upcoming menu to be posted. The Dining Service Coordinator retrained the appropriate staff regarding the menu posting process. The Dining Services Coordinator or designee will perform daily audits of menu postings. Executive Director or designee will verify ongoing compliance, at least monthly.  
Completion Date: January 30, 2013

By 3-15-13 -  
Menu changes will be posted prior to meal service. 3-1-13

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page) *Judy Carobbia*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Judy Carobbia*      Date *1-21-13*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 3-1-13  
(Date)  
The above plan of correction was approved by *Jr*  
(Initials)  
Plan of correction implementation status as of 3-1-13  
(Date)  
 Fully Implemented *Jr*  
 Partially Implemented - Adequate Progress  
 Partially Implemented - Inadequate Progress  
 Not Implemented

Violation Report: 43159 - 11/06/2012 - Bacher, Mike  
 PCH Name: STERLING HOUSE OF PENN HILLS

1. REGULATION 55 Pa.Code §2600

2600.185(a) - 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.

2a. DESCRIPTION OF VIOLATION

Resident #2 ordered Scopolamine .25% gel, apply content of one syringe every 8 hours as needed for excessive secretion and Lorazepam liquid 2mg/ml 30 ml, give .25 ml sublingually every 4 to 6 hours as needed for anxiety. The medications were not available in the home.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The medications listed were ordered, and available for administration on 11/6/2012 by the end of the day and were shown to the surveyor prior to leaving the community. The pharmacy delivered to the community the medications ordered. The Health and Wellness Director will review all new medication orders to verify they are available for time of dispensing, at least monthly.  
**Completion Date: November 6, 2012.**

Repeat Violation: No	Date(s) of Previous Violation(s):				
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Judy Carrobbia*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Judy Carrobbia, RD</i>	Date <i>1-21-13</i>
---	------------------------

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 3-1-13  
 (Date)

The above plan of correction was approved by *W*  
 (Initials)

Plan of correction implementation status as of 3-1-13  
 (Date)

- Fully Implemented *A*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 43159 - 11/06/2012 - Bacher, Mike  
 PCH Name: STERLING HOUSE OF PENN HILLS

1. REGULATION 55 Pa.Code §2600  
 2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

Western Field Office  
 Adult Residential Home

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

The following medications were in the medication cart for resident #3 but were not listed in the medication administration record (MAR): Acephen 650 mg suppository, Scopolamine .25% gel, ABHR .5 ml gel, Diazepam, Lorazepam 2mg/ml cmpd, Morphine Sulf 100mg/5ml.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The MAR for medications listed was delivered by the pharmacy on 11/7/2012 and shown to the DPW surveyor on 11/6/2012. The Health and Wellness Director will verify for compliance MAR's to include all new medications ordered, *at least monthly*.  
 Completion Date: November 6, 2012

*at least monthly*  
 3-1-13

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Judy Carrabba*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)

Judy Carrabba, ED

Date

1-21-13

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 3-1-13  
 (Date)

The above plan of correction was approved by [Signature]  
 (Initials)

Plan of correction implementation status as of 3-1-13  
 (Date)

- Fully Implemented *→*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 43159 - 11/06/2012 - Bacher, Mike  
PCH Name: STERLING HOUSE OF PENN HILLS

1. REGULATION 55 Pa.Code §2600

2600.191 - The home shall educate the resident the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept. Western Field Office  
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

Resident #1 has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident #1 was educated on the right to question or refuse medication and signed the form verifying the education occurred. This document has been placed in the resident's record. The Executive Director or designee will review all new resident move-in paperwork to verify ongoing compliance regarding education as evidenced by proper signatures.

Completion Date: November 6, 2012 and ongoing

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Judy Carrabba

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

Judy Carrabba, ED

Date

1-21-12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

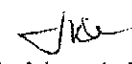
2-1-13  
(Date)

Plan of correction implementation status as of

3-1-12  
(Date)

The above plan of correction was approved by

Ju  
(Initials)

- Fully Implemented 
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 43159 - 11/06/2012 - Bacher, Mike  
PCH Name: STERLING HOUSE OF PENN HILLS

**1. REGULATION 55 Pa.Code §2600**  
2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.  
*Western Field Office*  
Adult Residential Licensing

**2a. DESCRIPTION OF VIOLATION**  
The pre-admission screening for resident #1 does not indicate that the home can meet the service needs of the resident.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

The pre-admission screening for resident #1 was revised to note by a check mark that the home can meet the service needs of the resident. The Health and Wellness Director retrained the appropriate staff regarding this process and will monitor each new move-in pre-admission screen. The Executive Director or designee will review all new resident move-in paperwork to verify ongoing compliance.  
**Completion Date: November 6, 2012 and ongoing**

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Judy Carrabba*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Judy Carrabba, ED</i>	Date <i>1-21-13</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u><i>3-1-13</i></u> (Date)	Plan of correction implementation status as of <u><i>3-1-13</i></u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <i>d</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented