

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to ST STEPHENS 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, 2013 until April 20, 2014,
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



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

MAY 14 2013

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 (Department) licensing inspection on April 22, 2013 and April 23, 2013 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 "Ronald Melusky", with a long horizontal line extending to the right.

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 32736 - 04/22/2013 - OPake, Hope PCH Name: ST STEPHEN S LIVING CENTER	
1. REGULATION 65 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 A container of Edy's Slow-Churned Neopolitan Ice Cream, 1.5 quarts, had been opened and was partially consumed, but had no date on it.	
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.	
<p>THE ICE CREAM WAS DUMPED IN THE TRASH ON THE DAY OF THE LICENSING INSPECTION. ALL FOOD STORED IN THE REFRIGERATOR AND OR FREEZER WILL BE LABELED AND DATED. ALL STAFF WILL BE IN-SERVICED ON LABELING AND DATING OF FOODS STORED IN THE REFRIGERATOR AND OR FREEZER.</p> <p>Shift supervisors will monitor the refrigerator and or freezer routinely for compliance with labeling and dating of foods</p> <p>The Administrator and or her designee will monitor for compliance</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Bethany Plows</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Bethany Plows Assistant Administrator</i>	Date <i>5/9/13</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>5/14/13</u> (Date)	Plan of correction implementation status as of <u>5/14/13</u> (Date)
The above plan of correction was approved by <u>NSC</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 32736 - 04/22/2013 - O'Pake, Hope
 PCH Name: ST STEPHEN S LIVING CENTER

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 thermometer in the unit with the freezer on top and refrigerator on the bottom was broken, and the mercury tube was detached from the numbers, rendering it unreadable.

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 thermometer in the unit with the freezer on top and refrigerator on the bottom was replaced on the day of the licensing inspection. It is now readable.

Refrigerator/freezer temperatures are monitored routinely and any broken thermometers in the refrigerator/freezer will be immediately replaced. Extra thermometers have been purchased and are on hand to replace any broken thermometers.

The Administrator and or her designee will monitor for compliance.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Bethany Platts*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Bethany Platts Assistant Administrator* Date *5/9/13*

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The above plan of correction is approved as of <u>5/14/13</u> (Date)	Plan of correction implementation status as of <u>5/14/13</u> (Date)
The above plan of correction was approved by <u>NSC</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 32735 - 04/22/2013 - O'Pake, Hopo
 PCH Name: ST STEPHEN S LIVING CENTER

1. REGULATION 55 Pa.Code §2600
 2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION

The "United Golden" brand White House Cherry Ice Cream in the freezer was opened and unsealed.
 An unsealed container of chocolate chip cookies was found in the kitchen cupboard.
 A sleeve of saltine crackers was not in an airtight container.

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 ice-cream in the freezer, the chocolate chip cookies in the kitchen cupboard and a sleeve of saltine crackers were dumped in the trash on the day of the licensing inspection.

Plastic containers have been purchased for food to be stored in closed and or sealed containers and to be labeled and dated.

All staff will be inserviced on labeling and dating of foods and storing foods in closed or sealed containers

this will be monitored by shift supervisors routinely. The Administrator and or her designee will monitor for compliance.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Bethany Plow*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Bethany Plow's Assistant Administrator* Date *5/14/13*

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

The above plan of correction is approved as of 5/14/13
 (Date)

The above plan of correction was approved by NJC
 (Initials)

Plan of correction implementation status as of 5/14/13
 (Date)

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

Violation Report: 32736 - 04/22/2013 - OPako, Hope
 PCH Name: ST STEPHEN S LIVING CENTER

1. REGULATION 55 Pa.Code §2600
 2600.103(l) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION

Three rotten, moldy heads of lettuce were found in the refrigerator.

Twenty-two green peppers were found in the refrigerator, in a crisper drawer, with spots of white and black mold on them.

More than twenty-five tomatoes were found in the refrigerator crisper drawer with white and black mold on them.

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 heads of lettuce, green peppers, and tomatoes that were molded or spoiled were dumped in the trash on the day of the licensing inspection.

The staff will be inserviced on dumping spoiled and or molded food immediately.

This will be monitored by shift supervisors routinely.

The Administrator and or her designee will monitor for compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Bethany Plow

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

BETHANY PLOW'S ASSISTANT ADMINISTRATOR

Date

5/9/13

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The above plan of correction is approved as of

5/14/13
 (Date)

Plan of correction implementation status as of

5/14/13
 (Date)

The above plan of correction was approved by

NSC
 (Initials)

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

Violation Report: 32736 - 04/22/2013 - OPake, Hope
PCH Name: ST STEPHEN S LIVING CENTER

1. REGULATION 55 Pa.Code §2600
2600.133(a)(2) - If the home serves nine or more residents, if the exit or way to reach the exit is not immediately visible, access to exits shall be marked with readily visible signs indicating the direction to travel.

2a. DESCRIPTION OF VIOLATION

The exit signs outside of Rooms 7 and 8 lack directional arrows to the closest exit.

The exit sign in the hallway of Rooms 14, 15, and 16 lacks a directional arrow to the closest exit.

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 exit signs outside of Rooms 7 and 8 now have directional arrows to the closest exit.

The exit sign in the hallway of Room 14, 15 and 16 now have directional arrow to the closest exit.

The maintenance person will routinely make rounds for compliance.

The administrator and or her designee will monitor for compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Bethany Plows

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

BETHANY PLOWS Assistant Administrator

Date

5/19/13

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The above plan of correction is approved as of

5/14/13
(Date)

Plan of correction implementation status as of

5/14/13
(Date)

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

The above plan of correction was approved by

NSC
(Initials)

Violation Report: 32738 - 04/22/2013 - O'Pako, Hope
 PCH Name: ST STEPHEN S LIVING CENTER

1. REGULATION 58 Pa.Code §2600
 2600.133(a)(3) - If the home serves nine or more residents, exit sign letters must be at least 6 inches in height with the principal strokes of letters at least 3/4 inch wide.

2a. DESCRIPTION OF VIOLATION
 The letters on the exit signs at Rooms 14, 15, 16, and 17 are only 1 1/2 inches high. The home currently serves 28 residents.

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.

Exit signs HAVE been purchased with letters at least 6 inches in height with principal strokes of letters at least 3/4 inch wide.

Exit signs at Rooms 14, 15, 16, and 17 HAVE been replaced and now have letters at least 6 inches in height with principal strokes at least 3/4 inch wide

The maintenance person will routinely make rounds for compliance.

The Administrator and or her designee will monitor for compliance.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Bethany Ploas*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Bethany Ploas Assistant Administrator* Date *5/9/13*

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The above plan of correction is approved as of 5/14/13
 (Date) Plan of correction implementation status as of 5/14/13
 (Date)

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

The above plan of correction was approved by NSL
 (Initials)

Violation Report: 32736 - 04/22/2013 - OPake, Hope
PCH Name: ST STEPHEN S LIVING CENTER

1. REGULATION 55 Pa.Code §2600
2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION
A bottle of Furosemide, 40 mg for Resident #1, had an expiration date of 4/21/2013.

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.

medications with Expired dates will be discharged with
According to the home's protocols for Expired medications,
Expired medications are Removed and disposed of According
to the home's protocols for Expired medications.
All staff trained in dispensing of medications will be
in-serviced on the Proper discharge of expired medications
and the home's Policy of Expired medications.
A calendar with the dates of when medications expire
has been set up for staff dispensing medication AS
A Reminder.
The staff supervisors will check routinely for Expired
medications
The administrator and or her designee will monitor for compliance

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Bethany Plous*

Printed Name and Title of Legal Entity Representative Date
(Required on EVERY Page) *Bethany Plous Assistant Administrator* *5/9/13*

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Violation Report: 32736 - 03/26/2013 - Rosenblat, Dale
 PCH Name: ST STEPHEN S LIVING CENTER

1. REGULATION 65 Pa.Code §2600
 2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION

During interviews with residents and staff, it was reported that staff person A is often disrespectful to Resident #1 by raising his/her voice and directing the resident to sit down

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.

STAFF PERSON A will be respectful to all residents.
 STAFF PERSON A will refrain from raising her voice to any resident.

All residents at the home will be treated with respect and dignity.

Shift supervisors will monitor that all residents will be treated with respect and dignity

The Assistant Administrator and or her designee will monitor for compliance

STAFF PERSON A ATTENDED A TRAINING SESSION ON ABUSE AND DIGNITY AND RESPECT THAT WAS OFFERED BY THE AREA AGENCY ON AGING ON MARCH 14, 2013

Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/09/2012
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Bethany Plews*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *BETHANY PLEWS Assistant Administrator* Date *5/9/13*

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The above plan of correction was approved by <u>NJC</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented