



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUL 28 2014

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

RE: St. Stephen's Living Center
License #: 327360

Dear Ms. Rodrigues:

As a result of the Department of Public Welfare's licensing inspection on April 9, 2014 and April 29, 2014, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period April 20, 2014 to April 20, 2015 was issued on January 8, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew J. Jones".

Matthew J. Jones
Director

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Enclosure
License Inspection Summary

Violation Report: 32736 - 04/09/2014 - Rouse, McKinley
PCH Name: ST STEPHEN S LIVING CENTER

1. REGULATION 55 Pa.Code §2600
2600.25(c)(2) - The contract shall specify a fee schedule that lists the actual amount of allowable resident charges for each of the home's available services

2a. DESCRIPTION OF VIOLATION
Resident #3, admitted 11/16/2009, was charged \$1,296.00 for 2 cases of Depends Pull Ups, and \$864.00 for 2 cases of Blue Pads, but the cost of Depends Pull Ups and Blue Pads are not documented on the resident's contract or listed on the home's fee for services.

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 home's contract will specify a fee schedule that lists the actual amount of allowable resident charges for each of the home's allowable services.

The home will not charge any resident for the homes available services not specified on the homes contract.

Change in the fee schedule of the homes contract to be effective June 4, 2014.

The Administrator will monitor for compliance.

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

Signature of Legal Entity Representative
(Required on EVERY Page) Deborah Gabor

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Deborah Gabor Date 06/03/2014

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

The above plan of correction is approved as of 6-26-14
(Date)

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

Plan of correction implementation status as of 6-26-14
(Date)

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

Violation Report: 32736 - 04/09/2014 - Rouse, McKinley
 PCH Name: ST STEPHEN S LIVING CENTER

1. REGULATION 55 Pa.Code §2600
 2600.25(c)(11) - The contract shall include a list of personal care services to be provided to the resident based on the outcome of the resident's support plan, a list of the actual rates that the resident will be periodically charged for food, shelter and services and how, when and by whom payment is to be made.

2a. DESCRIPTION OF VIOLATION
 Resident #3 admitted 11/16/2009, was charged \$1,296.00 for a 12-month supply of Depends Pull Ups for, and \$864.00 for a 12-month supply of Blue Pads, both for the year 2012. Resident #3's assessment and support plan, dated 02/28/2012, indicates that the resident was continent of bowel and bladder, and direct care staff interviewed on 04/09/2014, stated that Resident #3 was continent of bowel and bladder.

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 homes contract will include a list of personal care services to be provided to the resident based on the outcome of the residents support plan, and a list of the actual rates that the resident will be periodically charged for food, shelter, and services and how, when and by whom payment is to be made.

The home will not charge any resident for the homes available services not specified on the homes contract.

Changes to the resident contract will be effective June 4, 2014.

The Administrator will monitor for compliance.

Continued on page 3 A of 13. -SE

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Deborah Gabor*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Deborah Gabor* Date *06/03/2014*

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The above plan of correction was approved by <u>SE</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

Addendum to page 3 of 13
Continuation of page 3

Page 3A of 13

Page 3 of 13

Violation Report: 32736 - 04/09/2014 - Rouse, McKinley
PCH Name: ST STEPHEN S LIVING CENTER

1. REGULATION 55 Pa.Code §2600

2600.25(c)(11) - The contract shall include a list of personal care services to be provided to the resident based on the outcome of the resident's support plan, a list of the actual rates that the resident will be periodically charged for food, shelter and services and how, when and by whom payment is to be made.

2a. DESCRIPTION OF VIOLATION

Resident #3 admitted 11/16/2009, was charged \$1,296.00 for a 12-month supply of Depends Pull Ups for, and \$864.00 for a 12-month supply of Blue Pads, both for the year 2012. Resident #3's assessment and support plan, dated 02/28/2012, indicates that the resident was continent of bowel and bladder, and direct care staff interviewed on 04/09/2014, stated that Resident #3 was continent of bowel and bladder.

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.

Continued from Page 3 of 13. - 2E

Resident #3 was incontinent of urine but was independent with bladder management. [redacted] used the Depends Pull ups and the Blue Pads. The assessment and support plan under Bladder management asks for the degree of assistance needed. As resident #3 was independent block A was marked.

Going forward, the Administrator will make note on the support plan that a resident is incontinent, uses the Pull ups and blue pads but is independent with their toileting practices.

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

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Deborah Gabor Date 06/03/2014

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- Partially Implemented - Inadequate Progress
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Violation Report: 32738 - 04/09/2014 - Rouse, McKinley
PCH Name: ST STEPHEN S LIVING CENTER

1. REGULATION 66 Pa.Code §2600

2600.27(a) - If a home agrees to admit a resident eligible for SSI benefits, the home's charges for actual rent and other services may not exceed the SSI resident's actual current monthly income reduced by the current personal needs allowance.

2a. DESCRIPTION OF VIOLATION

Resident #4's contract, dated 01/01/2012, lists \$2,599.30 as the monthly rate for rent, but the resident was receiving Supplemental Security Income and the Personal Care Home Boarding allowance. The resident's rent should not have exceeded \$1,076.30 a month.

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.

When the home agrees to admit a resident eligible for SSI benefits, the homes charges for actual rent and other services will not exceed the SSI residents actual current monthly income reduced by the current personal needs allowance.
Resident #4 is no longer a resident of the home.
No other resident eligible for SSI benefits is charged above the SSI rate.
The home will not charge any resident eligible for SSI benefits above the SSI rate.
The change is to be effective June 4, 2014.
The Administrator is to monitor for compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Deborah Gabor

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Deborah Gabor

Date

06/03/2014

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Violation Report: 32736 - 04/09/2014 - Rouse, McKinley
PCH Name: ST STEPHEN S LIVING CENTER

1. REGULATION 55 Pa.Code §2600
 2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION
 Resident #4 was admitted to Conemaugh Memorial Medical Center on 01/10/2013, and transferred to the Cambria Care Center for Nursing Care on 01/17/2013. The Cambria Care Center notified the home on 02/13/2013, that Resident #4 would not be returning to the facility. The home charged Resident #4 a total of \$10,397.20, for a bed hold for March, April, May and June of 2013, after being informed in February 2013, that the resident was not returning to 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.

Resident #4 was on a bed hold. Cambria Care Center, in a letter dated May 23, 2013 of resident #4 admission to their facility. The homes letter dated June 10, 2013 notified Cambria Care Center of the need of a bed hold release in writing per the residents home contract.

The home will release a residents bed immediately after being notified in writing of the bed release. Effective date for compliance is June 4, 2014.

The Administrator is to monitor for compliance.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Deborah Gabor*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Deborah Gabor* Date *06/03/2014*

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Violation Report: 32738 - 04/09/2014 - Rouse, McKinley
PCH Name: ST STEPHEN S LIVING CENTER

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

2a. DESCRIPTION OF VIOLATION

-Upon entering the home on both 04/09/2014 and 04/29/2014, there was a strong urine odor on the first floor, and there was a strong urine odor in the bathroom located near the kitchenette on the second floor.

-On 04/09/2014, the stairway closest to bathroom #7 has small scatterings of dead flies, dead spiders and some unidentifiable dead small black insects.

-On 04/09/2014, the pillow cases for 2 resident pillows had stains from candy splattered 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.

All bathrooms will continue to be cleaned regularly. The carpets will be shampooed regularly to eliminate the urine odor.

The vinyl flooring in the bathroom located near the kitchenette on the second floor has been replaced.

The stairway is being periodically swept by maintenance staff for dead flies, spiders, and any other dead insects.

Resident's sheets and pillow cases are washed regularly, and will be changed if it bears any stains.

Effective date for compliance June 4, 2014.

The Administrator and/or designee will monitor for compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Deborah Gabor

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

Deborah Gabor

Date 06/03/2014

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(Initials)

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Violation Report: 32736 - 04/09/2014 - Rouse, McKinley
PCH Name: ST STEPHEN S LIVING CENTER

1. REGULATION 55 Pa.Code §2600
2600.101(j)(2) - Each resident shall have the following in the bedroom: A chair for each resident that meets the resident's needs.

2a. DESCRIPTION OF VIOLATION
Room #5 has 3 residents, but on 04/09/2014, there was only 1 chair in the room.

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.

Room #5 now has 3 chairs, one for each resident.
Effective date for compliance is June 04, 2014.
The Administrator and/or designee will monitor for compliance.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Deborah Gabor*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Deborah Gabor* Date *06/03/2014*

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

Violation Report 92738 - 04/09/2014 - Rouse, McKinley
 PCH Name: ST STEPHEN S LIVING CENTER

1. REGULATION 55 Pa.Code §2600
 2600.102(d)(2) - Bathtubs and showers must have slip-resistant surfaces.

2a. DESCRIPTION OF VIOLATION

The shower/bathtub in the bathroom #9 did not have a slip-resistant surface, or a slip-resistant shower mat.

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 shower/bathtub in bathroom #9 now has a slip-resistant shower mat.
 All bathrooms used by residents now have a slip-resistant shower mat and/or slip-resistant surfaces.
 Effective date for compliance is June 4, 2014.
 The Administrator and/or designee will monitor for compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) Deborah Gabor

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Deborah Gabor</u>	Date <u>06/03/2014</u>
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The above plan of correction was approved by dg
 (Initials)

Plan of correction implementation status as of 6-26-14
 (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 32738 - 04/09/2014 - Rouse, McKinley
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
On 04/09/2014, there was a large blue bag of frozen mixed vegetables opened and unsealed in the reach-in freezer on the left side.

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 food is now sealed and stored in closed containers.
All frozen vegetables, once opened, are now in closed and/or sealed containers.
Effective date for compliance is June 4, 2014.
The Administrator and/or designee will monitor for compliance.

Repeat Violation: Yes Date(s) of Previous Violation(s): 04/22/2013

Signature of Legal Entity Representative
(Required on EVERY Page) *Deborah Gabor*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Deborah Gabor Date 06/03/2014

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(Initials)

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(Date)

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- Not Implemented

Violation Report: 32736 - 04/09/2014 - Rouse, McKinley
 PCH Name: ST STEPHEN S LIVING CENTER

1. REGULATION 65 Pa.Code §2600
 2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION
 There are 2 exit doors next to each other in the main television lounge. The door on the left locks automatically when closed and cannot be opened from inside the television lounge without a key.

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 door lock on left in the main television lounge has been removed. It can now be opened from inside the television lounge without a key.
 Effective date for compliance is June 4, 2014.
 The Administrator and/or designee will monitor for compliance.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Deborah Gabor*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Deborah Gabor* Date *06/03/2014*

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 Not Implemented

Violation Report: 32736 - 04/09/2014 - Rouse, McKinley
PCH Name: ST STEPHEN S LIVING CENTER

1. REGULATION 55 Pa.Code §2600
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION
Resident #2's medical evaluation, dated 01/29/2014, does not include an immunization history.

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 #2's medical evaluation does now include an immunization history.
All residents' medical evaluations include an immunization history.
The Administrator and/or designee will review all charts regularly to monitor for compliance.
Effective date of compliance is June 4, 2014.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Deborah Gabor*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Deborah Gabor* Date *06/03/2014*

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(Initials)

Plan of correction Implementation status as of 6-26-14
(Date)

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Violation Report: 32736 - 04/09/2014 - Rouse, McKinley
PCH Name: ST STEPHEN S LIVING CENTER

1. REGULATION 55 Pa.Code §2600

2600.227(d) - 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.

2a. DESCRIPTION OF VIOLATION

The assessment for Resident #1, dated 08/22/13, indicates that the resident can self-administer medications with assistance in offering the medications at prescribed time, but Staff Person #1, the administrator of the home, stated that the resident cannot self-administer medications.

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 assessment for resident #1 has now been corrected to reflect that the resident cannot self-administer medications.
Effective date for compliance is June 4, 2014.
All resident charts will be reviewed periodically by the Administrator and/or designee for compliance.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Deborah Gabor*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Deborah Gabor Date 06/03/2014

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Violation Report: 32736 - 04/09/2014 - Rouse, McKinley
PCH Name: ST STEPHEN S LIVING CENTER

1. REGULATION 55 Pa.Code §2600
2600.253(a) - The resident's entire record shall be maintained for a minimum of 3 years following the resident's discharge from the home or until any audit or litigation is resolved.

2a. DESCRIPTION OF VIOLATION

-Resident #3 was admitted to the home on 11/16/2009, and was transferred to Cambria Care Center on 02/08/2013, but the home does not have a copy of the resident's original contract or preadmission screening.

-Resident #4 was admitted to the home on 11/16/2009, and was transferred to Cambria Care Center on 01/17/2013, but the home does not have a copy of the resident's original contract or preadmission screening.

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 residents original contract and preadmission screening will be maintained in the home.
Effective date for compliance is June 4, 2014.
All resident charts will be reviewed periodically by the Administrator and/or designee for compliance.
Ongoing, All records will be maintained for at least 3 years from the date of each resident's discharge. —BE

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Deborah Gabor

Printed Name and Title of Legal Entity Representative
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Deborah Gabor

Date 06/03/2014

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