



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

APR 13 2015

Mr. Mark W. Ohlendorf, President  
Brookdale Senior Living Communities Inc.  
7151 Saltsburg Road  
Pittsburgh, Pennsylvania 15235

RE: Sterling House of Penn Hills  
License #: 431590

Dear Ohlendorf:

As a result of the Department of Human Services' licensing inspection on December 11, 2014 and December 12, 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 March 26, 2015 to March 26, 2016 was issued on December 17, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones".

Matthew J. Jones  
Director

Enclosure  
License Inspection Summary

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

PCH Name: STERLING HOUSE OF PENN HILLS		License Number: 43159
Address: 7151 SALTSBURG ROAD, PITTSBURGH, PA 15235		County: Allegheny
Administrator: JUDY CARRABBIA		Region: WEST
Legal Entity Name: BROOKDALE SENIOR LIVING COMMUNITIES INC		
Legal Entity Address: 7151 SALTSBURG ROAD, PITTSBURGH, PA 15235		<b>RECEIVED</b>
Certificate(s) of Occupancy C-2 LP 09/22/1997 L&I		MAR 9 2015 WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 22	Waking Staff: 17
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Renewal, Complaint		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 12/11/2014: Miller-Linhart, Alden; Rosol, Jennifer 12/12/2014: Miller-Linhart, Alden		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 26 Number of Residents Served: 16 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 4 Number of Hospice Residents in past year: 10		<b>Number of Residents who:</b> Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 16 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 6 Have a Physical Disability: 1

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 43159 - 12/11/2014 - Miller-Linhart, Alden  
PCH Name: STERLING HOUSE OF PENN HILLS

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

A binder with the DNR status and names of all residents, including resident #1, was unlocked, unattended and accessible on a table near the entrance 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.

*The DNR list was removed from the Disaster Binder and secured in the Executive Director's office day of survey. Appropriate management staff were retrained on the community's policy regarding maintaining the confidentiality of resident records and health information on December 11, 2014 by the Executive Director. The Health and Wellness Director or designee will audit weekly for 8 weeks to verify the list is kept in the secure office. The Executive Director or designee will monitor for compliance.*

Evidence: Training Attendance Sheet

**Completion Date: December 11, 2014**

Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/15/2013
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Judy Carrabba		
3/27/15		
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>		
The above plan of correction is approved as of	<u>3/30/15</u> (Date)	Plan of correction implementation status as of <u>3/20/15</u> (Date)
<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress 2 <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented		
The above plan of correction was approved by	<u>[Signature]</u> (Initials)	

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Violation Report: 43159 - 12/11/2014 - Miller-Linhart, Alden  
PCH Name: STERLING HOUSE OF PENN HILLS

MAR 28 2015  
WEST REGION FIELD OFFICE  
Human Services Licensing

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 can of disinfectant spray with a manufacturer's label indicating "if swallowed, immediately call poison control or a doctor for treatment advice" was unlocked, unattended and accessible to residents in a closet next to the main entrance of the home. Not all residents of the home, including resident #1, have been assessed as capable of recognizing and using poisons safely.

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 can of disinfectant spray was removed from the closet and discarded December 12, 2015. The home will continue to maintain poisonous materials locked and inaccessible to residents unless the residents living in the home are able to safely use or avoid poisonous materials. Care Associates will continue to monitor resident rooms and common areas while giving direct care for any hazardous materials. A retraining review for all appropriate staff on Handling Hazardous Substances was completed March 25, 2015 and March 26, 2015 by the Executive Director. The Executive Director or designee will monitor for compliance for 8 weeks, then at least monthly thereafter.*

Evidence: Training attendance forms

*[Signature]*  
3/30/15

**Completion date: March 31, 2015**

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 *3/27/15*

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

The above plan of correction is approved as of <u>3/30/15</u> (Date)	Plan of correction Implementation status as of <u>3/30/15</u> (Date)
The above plan of correction was approved by <u>[Signature]</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

RECEIVED

MAR 9 2015

Violation Report: 43159 - 12/11/2014 - Miller-Linhart, Alden  
PCH Name: STERLING HOUSE OF PENN HILLS

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.84 - Heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters; hot water heaters and radiators exceeding 120°F that are accessible to the resident must be equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source.

2a. DESCRIPTION OF VIOLATION

There were electric wall heaters in all of the resident bathrooms. The heater covers became extremely hot to the touch when the heater was in use, posing a burn hazard. The heater cover temperatures were measured as follows:

- \* 200.3°F in the bathroom of resident #1
- \* 182°F in the bathroom of resident #2
- \* 165.5°F in the bathroom of resident #3

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.

*Wire mesh heater guards have been ordered to cover the heaters in all resident bathrooms. The Maintenance Technician will conduct weekly audits of the temperature in these resident rooms to assist with compliance with this requirement until the heater guards arrive. This will be documented on the Weekly Environmental Rounds Audit Sheet. The Executive Director or designee will monitor for compliance.*

*Immediately - all residents and staff will be educated on the potential burn hazard of the wall heaters and instructed to avoid using them until heater covers are installed. on 3/30/15*

Evidence: Order form for heater covers, copy of Weekly Environmental Audit form

Completion Date: June 1, 2015.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Judy Carobbio*

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

*Judy Carobbio*

Date

*3/27/15*

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

The above plan of correction is approved as of

3/30/15  
(Date)

Plan of correction implementation status as of

3/30/15  
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *2*

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

*JC*  
(Initials)

Violation Report: 43159 - 12/11/2014 - Miller-Linhart, Alden PCH Name: STERLING HOUSE OF PENN HILLS	WEST REGION FIELD OFFICE Human Services Licensing
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1. REGULATION 55 Pa.Code §2600  
2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION  
Resident #1 did not have a source of lighting that can be turned on/off from bedside, as the bulb was burned out.

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 Maintenance Technician changed the light bulb December 12, 2014. Re-training on the community policy for reporting maintenance issues by the appropriate care associates in resident rooms was provided by the Executive Director on March 27, 2015. The Maintenance Technician was re-trained on the community policy on December 12, 2014 by the Executive Director. The Medical Technicians will keep a Daily Check-Off List to note bedside lamps are functional on a rotational basis monthly as evidenced on the Daily Check-off List for 8 weeks. The Executive Director or designee will monitor for compliance, at least monthly.*

Evidence: *Daily Check-Off List, , Re-training attendance sheets*

**Completion Date: March 27, 2015**

*PC*  
*3/30/15*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Judy Carroll</i>	Date <i>3/27/15</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>3/30/15</u> (Date)	Plan of correction implementation status as of <u>3/30/15</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>o</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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MAR 20 2015

Violation Report: 43159 - 12/11/2014 - Miller-Linhart, Alden  
PCH Name: STERLING HOUSE OF PENN HILLS

WEST REGION FIELD OFFICE  
Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION

The following foods in the stainless steel kitchen freezer were unlabeled and undated, according to staff, the bags contained:

- \* Fish
- \* Beef
- \* Chicken

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 fish, beef and chicken in the freezer were discarded December 12, 2014 by the Dining Services Coordinator. Appropriate dining and management staff were retrained in dating and labeling of leftover food. Dining Services Coordinator or designee will perform daily audits of food stored in the refrigerator to verify they are properly dated if open. Executive Director or designee will monitor for ongoing compliance for 8 weeks, and at least monthly thereafter.*

Evidence: Training Attendance sheet

*J 3/30/15*

**Completion Date: March 20, 2015**

Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/15/2013		
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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 *3/27/15*

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

The above plan of correction is approved as of 3/30/15  
(Date)

Plan of correction implementation status as of 3/30/15  
(Date)

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

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

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MAR 23 2015

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 43159 - 12/11/2014 - Miller-Linhart, Alden  
PCH Name: STERLING HOUSE OF PENN HILLS

1. REGULATION 55 Pa.Code §2600

2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

More than one year elapsed between the medical evaluations for resident #1. The most recent medical evaluation was completed on 9/19/2014; however, the previous annual medical evaluation was completed on 8/22/2013.

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.

The Health and Wellness Director audited every resident medical record on December 12, 2014, to verify annual medical evaluation date follows community policy not the date of move-in. The Executive Director retrained the Health and Wellness Director on the community policy on December 12, 2014. The Health and Wellness Director set up a tracking system to monitor when medical evaluations are due to be completed to be used on an ongoing basis. The Executive Director or designee will monitor for compliance monthly for 3 months.

Evidence: Training attendance form, audit results of medical evaluations, copy of tracking system to monitor medical evaluation due date.

Completion Date: March 26, 2015

Empty rectangular box for notes or attachments.

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*      Date *3/27/15*

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

The above plan of correction is approved as of <u>3/20/15</u> (Date)	Plan of correction implementation status as of <u>3/24/15</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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

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MAR 25 2015

Violation Report: 43159 - 12/11/2014 - Miller-Linhart, Alden  
PCH Name: STERLING HOUSE OF PENN HILLS

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #5 is ordered Zofran 4mg, one tablet every 6 hours as needed. However, the label on one of the medication packages indicates Zofran, one tablet by mouth every 4 hours as needed.

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 Zofran blister pack was removed from the medication cart on December 12, 2014. The Medication Technicians were re-trained on the community policy regarding discarding a medication following an order change even though the dose is the same by the Health and Wellness Director on March 25, 2015. The Health and Wellness Director or designee will audit the medication cart monthly to assist with compliance. The Executive Director or designee will monitor to assist with compliance.*

Evidence: Training attendance sheet

**Completion Date: March 25, 2015**

Repeat Violation: No		Date(s) of Previous Violation(s):			
Signature of Legal Entity Representative (Required on EVERY Page) <i>Judy Corrobio</i>					
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Judy Corrobio</i>				Date <i>3/27/15</i>	
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>					
The above plan of correction is approved as of <u>3/30/15</u> (Date)			Plan of correction implementation status as of <u>3/30/15</u> (Date)		
The above plan of correction was approved by <u>[Signature]</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		

MAR 25 2015

Violation Report: 43159 - 12/11/2014 - Miller-Linhart, Alden  
PCH Name: STERLING HOUSE OF PENN HILLS

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

Resident #4 was admitted to the home on 10/11/2014; however, the assessment was not completed until 11/11/2014. Also, the assessment did not include diagnoses of hypertension and anxiety as indicated on the medical evaluation, dated 10/7/2014.

The assessment, dated 2/27/2014, for resident #5, does not include diagnoses of depression, anxiety, and bipolar disorder, as indicated on the medical evaluation, dated 2/21/2014.

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

*The assessment for resident #4 was updated to include the diagnosis of hypertension and anxiety that corresponds to the medical evaluation. The clinical management staff were retrained regarding the community policy on assessment completion by the Executive Director on March 25, 2015. All resident assessments were audited by the Health and Wellness Director on October 11, 2014 for compliance with the policy. All assessments that did not include all the diagnoses included in the medical evaluation were updated. A move-in check list was developed for use for 3 months to check that all documents are completed at resident move-in. Health and Wellness Director or designee will complete this form on every resident as they move in to the community for 3 months. Executive Director or designee will monitor and assist with compliance.*

Evidence: Training attendance sheet, Move-in checklist, revised assessment for resident #4 (specify what staff was retrained above)

Completion Date: March 26, 2015

Signature of Legal Entity Representative (Required on EVERY Page)		<i>Judy Corrobio</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date	
<i>Judy Corrobio</i>		<i>3/27/15</i>	
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>			
The above plan of correction is approved as of	<u><i>3/20/15</i></u> (Date)	Plan of correction implementation status as of	<u><i>3/20/15</i></u> (Date)
The above plan of correction was approved by	<i>J</i> (Initials)	<input type="checkbox"/> Fully Implemented	<input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>2</i>
		<input type="checkbox"/> Partially Implemented - Inadequate Progress	<input type="checkbox"/> Not Implemented