



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: March 9, 2016**

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

RE: St. Stephen's Living Center  
Certificate: 327360

Dear Mr. Rodrigues:

As a result of the Department of Human Services' licensing inspection on October 7 and 8, 2015 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.

Sincerely,

A handwritten signature in black ink that reads "Gloria Emick".

Gloria Emick  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary



Violation Report: 32736 - 10/07/2015 - Hoover, Douglas  
 PCH Name: ST STEPHENS LIVING CENTER

**1. REGULATION 55 Pa.Code §2600**

2600.24 - A home shall provide the resident with assistance with personal hygiene as indicated in the resident's assessment and support plan. Personal hygiene includes one or more of the following:

- (1) Bathing.
- (2) Oral hygiene.
- (3) Hair grooming and shampooing
- (4) Dressing, undressing and care of clothes
- (5) Shaving.
- (6) Nail care.
- (7) Foot care.
- (8) Skin care

**2a. DESCRIPTION OF VIOLATION**

The assessment and support plan, dated 7/15/15, for Resident #1 indicates that the resident requires assistance with personal hygiene. Upon admission to the hospital emergency room (ER) on 9/29/15, the attending physician notated that nursing had reported that the socks and underwear worn by Resident #1 were "very dirty" and the socks were "crusted to the skin." The ER primary nurse notated that there was "dried blood all over the resident's underwear" with a "severe rash from head to toe."

The home has a shower schedule for Resident #1 which is weekly, on Saturdays. Staff member A could not confirm if Resident #1 received a shower the previous Saturday before being seen in the ER on 9/29/15.

**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 flow sheet has been developed and implemented for staff to initial when showers are done. This facilitates the ease of tracking resident showers and are monitored often to ensure showers are being done regularly.

The Administrator will monitor and ensure it is being completed, and documented according to Resident Support Plans. - 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 Administrator

Date 12/14/2015

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

The above plan of correction is approved as of 12-14-15  
 (Date)

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

Plan of correction implementation status as of 12-14-15  
 (Date)

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

Violation Report: 32736 - 10/07/2015 - Hoover, Douglas  
PCH Name: ST STEPHENS 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 #1, who has diabetes, did not receive timely assistance from the home with low blood pressure, hygiene and skin care.

The blood pressure readings for Resident #1 were as follows:

- 9/16/15 - 89/51
- 9/17/15 - 84/43
- 9/19/15 - 84/51
- 9/24/15 - 77/39
- 9/25/15 - 84/51
- 9/28/15 - 84/42
- 9/28/15 - 78/47

Resident #1 was not sent to the hospital emergency room (ER) until 9/29/15 with a blood pressure reading of 56/39.

The ER staff notated that Resident #1' clothing was bloody, and included dirty underwear and socks sticking to the skin.

The diagnostic impression of the attending ER physician was *Hypotension and Scabies*. *Permethrin* cream was initially prescribed for *Scabies* but later withdrawn because of the number of open sores on Resident #1's body.

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's attending physician was notified of [redacted] blood pressure reading on 9/16/15 when he was making his in-house monthly visit. Blood work was ordered as resident has a history of Hyponatremia. The rash was also checked by the doctor, and although he felt it was not scabies, Permethrin cream was prescribed, and resident #1 was treated on 9/17/15 and 9/24/15. Continued p. 3

A of 11  
- 32

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) DEBORAH GABOR ADMINISTRATOR	Date 12/08/2015
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 12-10-15  
(Date)

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

Plan of correction implementation status as of 12-6-15  
(Date)

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

Continue page 3<sup>A</sup> of 11

RECEIVED TIME DEC. 14. 9:01PM  
DEBORAH GABOR ADMINISTRATOR  
12/08/2015

Going forward, timely assistance will be given when there is a change in condition and the attending physician will be notified.

pe

12/14/2015

The attending physician will be making in-house rounds on 12/16/2015. Parameters will be discussed and set at this time.

Deborah Gabor  
DEBORAH GABOR ADMINISTRATOR

Violation Report: 32736 - 10/07/2016 - Hoover, Douglas  
PCH Name: ST STEPHENS LIVING CENTER

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

2a. DESCRIPTION OF VIOLATION

On 10/7/15, at approximately 3:45 pm, the shelves in the kitchen were extremely dirty with food crumbs and debris. As plates and cups were moved for visual inspection, gnats flew out of the shelves.

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 flow sheet has been developed and implemented for staff on all shifts to initial for kitchen cleaning. Reinforced to all staff that everyone is responsible for maintaining sanitary conditions. Flow sheet and staff will be monitored regularly to ensure sanitary conditions are being maintained.

The administrator will ensure cleaning is complete and documented.

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 Administrator

Date 12/14/2015

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

The above plan of correction is approved as of 12-14-15  
(Date)

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

Plan of correction implementation status as of 12-14-15  
(Date)

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

Violation Report: 32736 - 10/07/2015 - Hoover, Douglas  
PCH Name: ST STEPHENS LIVING CENTER

1. REGULATION 65 Pa. Code §2600  
2600.65(b) - There may be no evidence of infestation of insects or rodents in the home.

2a. DESCRIPTION OF VIOLATION

Resident A was diagnosed with scabies on 8/29/15. The emergency room (ER) documentation states that Resident A's physician, when contacted by ER staff, acknowledged that there was a scabies infestation at the home.

One resident, in the lounge area by the main entrance, was observed on 10/7/15 and 10/8/15, repeatedly scratching his/her legs which appeared to be red and inflamed. Other residents, in different areas of the home, were observed scratching their arms and upper body.

Staff Member A stated on 10/7/15 that she had been to a physician for a rash and referred to Staff Member B as having a rash as well.

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 attending physician at no time when making his in-house visits diagnosed any of the residents as having scabies. Staff person A's physician stated that the rash was not scabies but was diagnosed as Eczema.~~

On December 10, 2015, The home's attending physician ordered treatment for scabies for all residents. The home will ensure treatment is completed. -GE

Continued Pages 5A + 5B of 11. -GE

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 ADMINISTRATOR      Date 12/08/2015

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

The above plan of correction is approved as of 1-7-16  
(Date)

Plan of correction implementation status as of 1-7-16  
(Date)

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

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

Attending physician [REDACTED] MD made in-house visit on 12/16/2015. Residents will receive a second application of Permethrin Cream beginning this evening and continuing until all residents who had the first application have been treated again. Of 27 residents, 25 have been treated, 1 resident refused <sup>(Dr. Notified)</sup> treatment, and 1 resident is on a home visit and will be treated when [REDACTED] returns. y/c

Dr. [REDACTED] checked the resident that [REDACTED] noted the rash and ordered a Dermatology consult. This has been scheduled for 01/12/2016.

Residents that have rashes, and have been treated with the Permethrin Cream will be monitored for improvement. All residents will be monitored for new or worsening skin conditions. Dr. [REDACTED] will follow up when he makes his in-house visit in January. In the mean time, if there is a new occurrence, he will be notified in a timely fashion.

12/27/2015

The second treatments of Permethrin Cream have been completed. Of 26 residents 23 received the treatment, 2 residents refused treatment and 1 resident was in the hospital. Staff persons A+B have also been treated. At this point there is no noticeable improvement but monitoring will be ongoing.

DEBORAH GABOR Deborah Gabor Administrator

12/27/2015

01/07/2016

DEBORAH GABOR Deborah Gabor


St. Stephen's Living Center

Administrator

Page 58 of 11

JE

On going monitoring of rash issue continues. Some improvement in residents with the rashes has been noted and prescribed treatments are continued.

Attached is a report from Conemaugh Memorial Medical Center regarding a resident with a rash who was admitted to the <sup>hospital</sup> last week for a few days. A scraping was done of  skin to check for scabies and it was negative.

Violation Report: 32736 - 10/07/2015 - Hoover, Douglas  
PCH Name: ST STEPHENS LIVING CENTER

1. REGULATION 85 Pa.Code §2800

2800.101(j)(3) - Each resident shall have the following in the bedroom: Pillows, bed linens and blankets that are clean and in good repair.

2a. DESCRIPTION OF VIOLATION

Resident #1's pillow case was soiled with dirt smears, saliva and what appeared to be specks of blood.

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.

Rounds of all resident rooms will be made daily and soiled pillow cases, bed linens, and blankets will be changed and laundered. All bedding will be changed weekly and as needed when soiled. Administrator or designee will monitor weekly. -ge

New bed linens, pillow cases, bath towels, hand towels, and wash clothes have been ordered, and I received a call from Fed Ex this morning that they will be delivering them tomorrow (12/18/2015).

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 ADMINISTRATOR      Date 12/08/2015

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The above plan of correction is approved as of 1-7-16  
(Date)

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

Plan of correction implementation status as of 1-7-16  
(Date)

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

Violation Report: 32738 - 10/07/2015 - Hoover, Douglas  
 PCH Name: ST STEPHENS LIVING CENTER

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

At approximately 3:45 pm on 10/7/15; the stainless steel countertops, drawers and surfaces in the kitchen had food splatters and smears on the surfaces and had not been sanitized after the noon meal.

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 staff reminded to sanitize all kitchen surfaces after each meal. The kitchen cleaning flow sheet as well as the staff will be monitored regularly to verify compliance. Administrator will ensure kitchen is cleaned and documented as such; on the kitchen cleaning flow sheet. -  
 Hope L. O'Pake  
 Briane Plouss

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 ADMINISTRATOR

Date 12/08/2015

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 (Date)

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

Plan of correction implementation status as of 12-10-15  
 (Date)

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

Violation Report: 32736 - 10/07/2015 - Hoover, Douglas  
PCH Name: ST STEPHENS LIVING CENTER

1. REGULATION 55 Pa.Code §2600

2600.141(b)(2) A resident shall have a medical evaluation if the medical condition of the resident changes prior to the annual medical evaluation.

2a. DESCRIPTION OF VIOLATION

Resident #1 was seen in the emergency room (ER) on 9/29/15 and diagnosed with *Scabies and Hypotension*. The home sent in a reportable incident on 9/29/15 reflecting "a change of condition." The last medical evaluation was completed on 6/17/15.

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.

Going forward, when there is a change in condition of a resident a medical evaluation will be completed by the attending physician and will note any new diagnosis and medications, and all pertinent information relating to the particular change that has occurred.

The administrator will track changes and ensure med. evals are updated and documented as needed.

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 Administrator**      Date **12/14/2015**

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

The above plan of correction is approved as of 12-14-15  
(Date)

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

Plan of correction implementation status as of 12-14-15  
(Date)

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

Violation Report: 32736 - 10/07/2015 - Hoover, Douglas  
 PCH Name: ST STEPHENS LIVING CENTER

**1. REGULATION 65 Pa.Code §2600**

2600.161(a) - Meals shall be offered that meet the recommended dietary allowances established by the United States Department of Agriculture.

**2a. DESCRIPTION OF VIOLATION**

The home does not meet the required USDA amounts of 2-4 daily servings of fruits. The menu for October 4-10, 2015 show no fruits being served on 10/6/15, 10/7/15, 10/9/15 and 10/10/15. USDA requires 100% juice to count as servings of fruit. The home uses powdered mix for juices served at all meals.

**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

Fruit is now being served twice daily as required by the USDA. menus reflect this in the breakfast and supper meals.

The administrator will educate all staff on USDA requirements, nutritionally appropriate menus, and offerings of fruit. This will be completed with all staff by 12/23/2015.

12/21/15 The staff have been inserviced in regards to nutrition and serving of nutritious meals including fruits. Fruit is being offered to residents at breakfast and supper to mixed reviews. Some residents will eat fruit at breakfast, some at supper, some at both meals, while some refuse to eat it at all.

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) DEBORAH GABOR Administrator

Date 12/14/2015

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

The above plan of correction is approved as of 1-7-16  
 (Date)

Plan of correction implementation status as of 1-7-16  
 (Date)

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

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

Violation Report: 32738 - 10/07/2015 - Hoover, Douglas  
PCH Name: ST STEPHENS LIVING CENTER

1. REGULATION 55 Pa.Code 52800  
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.

2a. DESCRIPTION OF VIOLATION  
Menus were not posted one week in advance. Only the current menu for October 4-10, 2015 was posted.

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.

menus are now being posted for 2 weeks at a time which includes the current week menu and the 1 week in advance menu. Administrator will ensure menus are updated weekly and posted. - SE  
Brian E. Jones

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 ADMINISTRATOR      Date 12/08/2015

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The above plan of correction is approved as of 12-10-15 (Date)

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

- Plan of correction implementation status as of 12-10-15 (Date)
- Fully Implemented
  - Partially Implemented - Adequate Progress
  - Partially Implemented - Inadequate Progress
  - Not Implemented

Violation Report: 32736 - 10/07/2015 - Hoover, Douglas  
 PCH Name: ST STEPHENS LIVING CENTER

1. REGULATION 55 Pa.Code §2600  
 2600.225(c) - The resident shall have additional assessments as follows:  
 (1) Annually.  
 (2) If the condition of the resident significantly changes prior to the annual assessment.  
 (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION  
 Resident #1 was seen in the emergency room (ER) on 9/29/15 and diagnosed with *Scabies* and *Hypotension*. The home sent in a reportable incident on 9/29/15 reflecting "a change of condition". The resident's needs required daily treatments for a severe skin rash along with a new diagnosis of *Hypotension*. The last assessment was completed on 7/15/15.

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.

Going forward, when there is a change in a residents' condition, a new assessment will be done to determine the needs the resident may require due to the change.

The administrator will track changes, complete updated support plans and assessments, and ensure changes are implemented.

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) <i>DEBORAH GABOR Administrator</i>	Date <i>12/14/2015</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>1-7-16</u> (Date)  The above plan of correction was approved by <u>EG</u> (Initials)	Plan of correction implementation status as of <u>1-7-16</u> (Date)  <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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