



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: September 16, 2015**

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 inspections on August 28, 2015 of the above facility, the violation with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

The violation 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, appearing to read "Brett Swanger".

Brett Swanger  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary

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

PCH Name: ST STEPHEN S LIVING CENTER		License Number: 32736
Address: 1075 CHESTNUT STREET, NANTY GLO, PA 15943		County: Cambria
Administrator: Deborah Gabor		Region: CENTRAL
Legal Entity Name: ST STEPHENS LIVING CENTER LLC		
Legal Entity Address: 1075 CHESTNUT STREET, NANTY GLO, PA 15943		
<b>Certificate(s) of Occupancy</b>		
C-2 LP 09/22/1998 Labor & Industry	R-4 02/10/2005 Cambria-Somerset COG	R-4 05/04/2007 Cambria-Somerset COG
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 23	Waking Staff: 17
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Complaint		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 08/28/2015: McCloskey, Jason		
<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: 23 Number of Residents Served: 23 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: 0 Number of Hospice Residents in past year: 4	<b>Number of Residents who:</b> Receive Supplemental Security Income: 17 Are 60 Years of Age or Older: 14 Have Mental Illness: 6 Have an Intellectual Disability: 1 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 32736 - 08/28/2015 - McCloskey, Jason  
 PCH Name: ST STEPHEN S LIVING CENTER

**1. REGULATION 55 Pa.Code §2600**

2600.42(u) - A resident has the right to remain in the home, as long as it is operating with a license, except as specified in § 2600.228 (relating to notification of termination).

**2a. DESCRIPTION OF VIOLATION**

On 8-28-15, Resident 1 was accepted into the home after a planned discharge from the hospital. Prior to signing a contract, the resident left the premises. At 11:30pm, the resident was returned to the home by family members, however the home refused to allow the resident back inside stating that the resident could only be admitted the following morning when the office opened.

**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 came into the home after being discharged from the hospital. The resident left the home within one hour on his own accord. Phone calls were made to several establishments in town, and, a Direct care staff person was sent out to search for the resident with no success. The family was notified. The PCP was also notified.

Going forward, if a person is taken in to the home and walks away, the home will let the person reenter the home, and make every effort to locate such person, no matter to what time the person returns or is returned to the home. If the person shows continued signs of elopement, supervision of the person will be done until the attending physician is notified and further instruction is received.

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 09/15/2015

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

The above plan of correction is approved as of 9/16/15  
 (Date)

Plan of correction implementation status as of 9/16/15  
 (Date)

The above plan of correction was approved by BAS

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress

Violation Report: 32736 - 08/28/2015 - McCloskey, Jason  
FH 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

On 8-31-15 at 3:15 pm, the temperature in the upright freezer in the dining room had a digital display reading 49 degrees Fahrenheit. No thermometer was present inside the unit.

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 thermometer has been placed inside the storage unit in the dining room.

The temperature will be monitored frequently to ensure it will remain at or below 40°F.

The storage unit is not used as a freezer or refrigerator.

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 Date 09/15/2015

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

The above plan of correction is approved as of <u>9/16/15</u> (Date)	Plan of correction implementation status as of <u>9/16/15</u> (Date)
The above plan of correction was approved by <u>BAS</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress