



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: March 16, 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 December 10, 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 cursive script that reads "Gloria Emick".

Gloria Emick  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary



Violation Report: 32736 - 12/10/2015 - OPake, Hope  
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 December 10, 2015, bathrooms #1, #3, #4, #6 and #8 were found have unsanitary conditions. Urine and fecal matter were found in the toilets, on the toilet seats, and on the floors. In addition, there were holes in the linoleum of bathrooms #3 and #4, and the floor of bathroom #8 was adhered with duct-tape.

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 linoleum in bathrooms 3,4, and 8 has been replaced with block tiling. Bathrooms are checked frequently throughout the day and cleaned as needed. Staff initial the bathroom cleaning flow sheet, and the administrator monitors for compliance. The administrator will continue 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 Administrator      Date 03/14/2016

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

The above plan of correction is approved as of 3-16-16  
(Date)

Plan of correction implementation status as of 3-16-16  
(Date)

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

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

Violation Report: 32736 - 12/10/2015 - OPake, Hope  
 PCH Name: ST STEPHENS LIVING CENTER

1. REGULATION 55 Pa.Code §2600  
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually

2a. DESCRIPTION OF VIOLATION  
 Resident #1's last medical evaluation was completed on June 26, 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.

Resident #1 has had a yearly medical evaluation done in 2014 and 2015. They were not filed correctly in Resident #1's chart. (See attached).

All resident charts will be audited to ensure that all medical evaluations are up to date and filed properly.

The administrator 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) DEBORAH GABOR Administrator Date 03/14/2016

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Violation Report: 32736 - 12/10/2015 - O'Pake, Hope  
 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**

The most recent assessment for Resident #1 was completed on July 29, 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 immediately, include dates by which the steps will be completed*

An assessment for Resident #1 was completed on 7/14/2015 but was not filed properly in Resident #1 chart.

All charts will be audited to ensure that resident assessments are completed in a timely fashion and properly filed in the residents charts.

The administrator 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) DEBORAH GABOR Date 03/14/2016

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