



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

OCT 21 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  
License #: 327360

Dear Mr. Rodrigues:

As a result of the Department of Human Services' annual licensing inspections on September 13, 2016 and September 14, 2016 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, appearing to read "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



Violation Report:

PCH Name: ST STEPHEN S LIVING CENTER

1. REGULATION 55 Pa.Code §2600

2600.87 - The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

2a. DESCRIPTION OF VIOLATION

The emergency lights located to the right of the second floor dining/activity room, across from the fire extinguisher and pull station, were inoperable when tested.

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 battery will be replaced in the emergency light.  
The emergency light will <sup>be</sup> checked by maintenance person on a monthly basis.  
Kaza Fire Extinguisher Service and Equipment Company will inspect the emergency lighting annually.  
The administrator will monitor for compliance.  
(see attached copy of invoice.)

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 09/19/2016

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

The above plan of correction is approved as of 9/20/16  
(Date)

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

Plan of correction implementation status as of 9/20/16  
(Date)

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

Violation Report:  
PCH Name: ST STEPHEN S LIVING CENTER

1. REGULATION 55 Pa.Code §2600  
2600.221(b) - The program must provide social, physical, intellectual and recreational activities in a planned, coordinated and structured manner

2a. DESCRIPTION OF VIOLATION  
The home's current month's activity calendar included "Sitting on the deck" at 2pm each Monday, Wednesday and Friday, and "Walking around the block", at 4pm every Monday, Wednesday, and Friday. These listed items do not provide the required structure for an organized activity

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 monthly activity calendar has been revised (see attached) to provide for organized activities. Going forward, the monthly activity calendar will provide activities that will promote social, physical, intellectual, and recreational activities in a planned, coordinated, and structured manner.

The administrator will monitor for compliance.

\* The activities schedules shall be reviewed during the home's Quality Management meetings

BAS  
9/20/16

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 09/19/2016

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

The above plan of correction is approved as of 9/20/16  
(Date)

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

Plan of correction implementation status as of 9/20/16  
(Date)

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