



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to STERLING HOUSE LLC
LEGAL ENTITY

To operate STERLING HOUSE
NAME OF FACILITY OR AGENCY

Located at 432 EAST TULPEHOCKEN STREET, PHILADELPHIA, PA 19144
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

To provide Personal Care Homes
TYPE OF SERVICE TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 10
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
MAXIMUM CAPACITY

Restrictions: _____

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from March 20, 2017 until September 20, 2017,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **142921**

Robert E. Robinson
ISSUING OFFICER

[Signature]
DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAR 22 2017

Mr. Aundre Sterling,
Administrator
Sterling House LLC
432 East Tulpehocken Street
Philadelphia, Pennsylvania 19144

RE: Sterling House LLC
License #: 142921

Dear Mr. Sterling:

As a result of the Department of Human Services' licensing inspection on February 27, 2017 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa.Code Ch. 2600 (related to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because the home is new and not yet serving four or more residents.

In accordance with 55 Pa.Code § 2600.11(b) (relating to procedural requirements for licensure or approval of personal care homes) a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

During the inspection, violations on the enclosed License Inspection Summary were found. All violations specified on the 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 PROVISIONAL license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services provider application submission experience. To participate in the online applicant survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Application.

Mr. Aundre Sterling

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The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider applicant responses. Thank you in advance for providing feedback.

Sincerely,



Jacqueline L. Rowe
Director

Enclosures
License
Licensing Inspection Summary

Violation Report: 14292 - 02/27/2017 - Parker, Shawn
 PCH Name: Sterling House

1. REGULATION 65 Pa.Code §2600
 2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2a. DESCRIPTION OF VIOLATION
 The window in the basement near the back exit is broken, Administrator instructed window must be fixed.

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.

Broken window was repaired on 3/1/17
 Administrator will continue to ensure and monitor that all windows remain in good repair.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *Audre Sterling*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) **AUDRE STERLING** Date **3/9/17**

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

The above plan of correction is approved as of **3/9/17**
 (Date)

Plan of correction implementation status as of **3/9/17**
 (Date)

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

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

Violation Report: 14292 - 02/27/2017 - Parker, Shawn
 PCH Name: Sterling House

1. REGULATION 55 Pa.Code §2600
 2600.86(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION
 The first aid kit in the basement that is utilized for the home does not include an eye guard, mouth guard, thermometer, and scissors.

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.

Eye guards, mouth guards, thermometer and scissors were added to the first Aid kit with other required items on 3/2/17.
 Firstaid kit will be periodically checked to insure all required items remain stocked in first Aid kit. Administrator will conduct check.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) **AUNDRE STERLING** Date **3/8/17**

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

The above plan of correction is approved as of <u>3/9/17</u> (Date)	Plan of correction implementation status as of <u>3/9/17</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

Violation Report: 14292 - 02/27/2017 - Parker, Shawn
 PCH Name: Sterling House

1. REGULATION 65 Pa.Code §2600
 2600.101(j)(2) - Each resident shall have the following in the bedroom: A chair for each resident that meets the resident's needs.

2a. DESCRIPTION OF VIOLATION
 None of the residents bedrooms on the second floor have chairs in them.

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 chair for each resident is present in every bedroom as of 3/2/17.

Administrator will ensure all residents have a suitable chair in their room.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *Andre Sterling*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) **ANDRE STERLING** Date **3/8/17**

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Violation Report: 14292 - 02/27/2017 - Parker, Shawn
 PCH Name: Sterling House

1. REGULATION 55 Pa.Code §2800
 2600.101(j)(5) - Each resident shall have the following in the bedroom: A bedside table or a shelf.

2a. DESCRIPTION OF VIOLATION
 There is no bedside table or shelf beside any of the residents beds on the second floor.

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.

Bedside table is now present in each room for residents as of 3/2/17.
 Administrator will ensure residents have access to a bedside table.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *Andre Sterling*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) **ANDRE STERLING** Date **3/8/17**

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Plan of correction implementation status as of 3/9/17
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 Partially Implemented - Adequate Progress
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 Not Implemented

Violation Report: 14292 - 02/27/2017 - Parker, Shawn
 PCH Name: Sterling House

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 02-27-17 there was no thermometer in the community refrigerator or freezer located on the first floor.

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.

Two thermometers ARE NOW PRESENT in community REFRIGERATOR. ONE is inside the FREEZER and the other is inside the REFRIGERATOR. 3/1/17.

Administrator will ensure REFRIGERATOR and FREEZER maintain a accurate thermometer.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) ANORE STERLING	Date 3/8/17
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

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The above plan of correction was approved by <i>[Signature]</i> (Initials)	

Violation Report: 14282 - 02/27/2017 - Parker, Shawn
 PCH Name: Sterling House

1. REGULATION 66 Pa.Code §2600
 2600.122 - Unless otherwise regulated by the Department of Labor and Industry, the Department of Health or the appropriate local building authority, all buildings must have at least two independent and accessible exits from every floor, arranged to reduce the possibility that both will be blocked in an emergency situation.

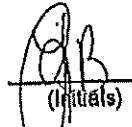
2a. DESCRIPTION OF VIOLATION
 The 3rd floor rear emergency exit is accessed by climbing out of a window which leads to the stairwell.

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 3rd Floor REAR Emergency exit is now accessed by a door as of 3/1/17.
 Administrator will ensure this Regulation is upheld.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
AUNDRE STERLING			3/8/17

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The above plan of correction was approved by	 (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

Violation Report: 14292 - 02/27/2017 - Parker, Shawn
PCH Name: Sterling House

1. REGULATION 55 Pa.Code §2600
2600.123(c) - For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

2a. DESCRIPTION OF VIOLATION
The home does not have emergency evacuation diagrams on any of the floors.

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.

As of 3/8/17 each floor of the Home has an emergency evacuation diagram. Administrator will ensure emergency diagrams are posted/maintained in a conspicuous and public place on each floor.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Handwritten Signature]

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

AUNDRE STERLING

Date 3/20/17

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The above plan of correction is approved as of

3/8/17
(Date)

Plan of correction implementation status as of 3/8/17
(Date)

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

The above plan of correction was approved by

[Handwritten Signature]
(Initials)

