



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 23 2017

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

RE: St. Stephens Living Center
License #: 327360

Dear Mr. Rodrigues:

As a result of the Department of Human Services' annual licensing inspection on August 29, 2017 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.

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

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 inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 32736 - 08/29/2017 - McCloskey, Jason
 PCH Name: ST STEPHEN S LIVING CENTER

1. REGULATION 55 Pa.Code §2600
 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

The bedroom occupied by Resident #1 has a closet door that is unhinged and separated from the door track. The door is propped up against the wall and is a potential striking hazard to anyone in the room if it should shift and fall. In addition, there is a small table lamp sitting on a shelf in this resident's room. There is no lightbulb in the socket nor a lampshade shielding the socket. The lamp is plugged into an outlet and poses a shock hazard to anyone who handles the lamp.

The detachable shower handle in bathroom 6 is missing a screw and cannot be attached to the wall and used in a hands-free fashion.

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 closet door and lamp have been removed from resident #1's room. An operable lamp is in place.

The screw in the shower handle in bathroom 6 has been replaced and is now attached to the wall.

Resident rooms and bathrooms will be monitored on a regular basis by staff. Any and all hazards noted shall be removed immediately. The Administrator is to be notified.

The Administrator or designee will 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 09/06/2017

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

The above plan of correction is approved as of 9/10/17
 (Date)

Plan of correction implementation status as of 9/10/17
 (Date)

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

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

Violation Report: 32736 - 08/29/2017 - McCloskey, Jason
 PCH Name: ST STEPHEN S LIVING CENTER

1. REGULATION 55 Pa.Code §2600

2600.101(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

The bed for resident 1 had sheets that were in poor repair as evidenced by multiple holes. In addition, the pillow case has a dark rust colored mark that appears to be a blood stain.

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 sheets and pillow case were discarded, and his bed was made up with clean sheets and pillow case in good repair.

Bed linens and blankets will be discarded by staff at the first signs of wear and tear, or discoloration. New linens shall be acquired as needed.

The Administrator or designee shall 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 09/06/2017

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

The above plan of correction is approved as of 9/18/17
 (Date)

Plan of correction implementation status as of 9/18/17
 (Date)

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

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

Violation Report: 32736 - 08/29/2017 - McCloskey, Jason
 PCH Name: ST STEPHEN S LIVING CENTER

1. REGULATION 55 Pa.Code §2600
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

The following medications were present in the home's medication cart:
 - Resident 2's Perphenazine tablets that were discontinued on 7-25-17.
 - Resident 3's Lithium Carbonate, labeled for administration on 6-29 through 7-1-17, but were not administered on these dates.
 - Resident 4's Fluphenazine HCL, labeled for administration on 6-14 and 6-15-17, but were not administered on these dates.

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 above medications were discarded on 08/29 by med. trained staff. Resident #3 and #4's medication are "non-cycle" which means they come in separate packets in a 30 day supply apart from the daily packets that come in daily doses for 1 week "in-cycle". Non-cycle medications must be reordered by med. trained staff when nearing the end of the 30 day period. As these packets are labeled and dated with the medication, date, and time there have been duplicated doses of the non-cycle medications as such was the case with resident #3 and 4's medication listed above.

Discontinued or duplicate dated medications shall be destroyed or returned to the pharmacy on a weekly basis.

The Administrator or designee will 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 09/06/2017
---	--------------------

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

The above plan of correction is approved as of 9/18/17
 (Date)

Plan of correction implementation status as of 9/18/17
 (Date)

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

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

Violation Report: 32736 - 08/29/2017 - McCloskey, Jason
 PCH Name: ST STEPHEN S LIVING CENTER

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

The home has not implemented procedures to accurately account for narcotic medications.

On 8/29/17, Resident #5 had 34 Tramadol tablets available for administration. However, the narcotic count sheet documents that 35 tablet were remaining.

On 8/29/17, Resident #6 had 23 Clonazepam tablets available for administration. However, the narcotic count sheet documents that 25 tablets were remaining.

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 Administrator interviewed the med. trained staff and reviewed the count sheets for the narcotic medication for residents #5 and #6. It was determined, after investigation, that there was a documentation error on the count sheets. A reportable incident was filed to the Department of Human Services Licensing.

The Controlled Substances policy has been reviewed and revised. The med. Trained staff have been inserviced on the Controlled Substances policy and the procedure for counting narcotic medications. (See attached).

The Administrator or designee will 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 09/06/2017
---	--------------------

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

The above plan of correction is approved as of 9/18/17
 (Date)

Plan of correction implementation status as of 9/18/17
 (Date)

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

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