



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 16 2019

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

RE: Sterling House
License #:142920

Dear Mr. Sterling:

As a result of the Department's Bureau of Human Services Licensing annual inspection on August 6, 2018 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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.

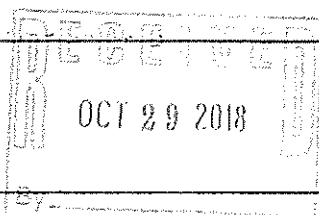
Sincerely,

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

Jacqueline L. Rowe
Director

Enclosure
Violation Report

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

PCH Name: STERLING HOUSE		License Number: 14292
Address: 432 EAST TULPEHOCKEN STREET, PHILADELPHIA, PA 19144		County: Philadelphia
Administrator: Aundre Sterling		Region: SOUTHEAST
Legal Entity Name: STERLING HOUSE LLC		
Legal Entity Address: 432 EAST TULPEHOCKEN STREET, PHILADELPHIA, PA 19144		
Certificate(s) of Occupancy R-3 12/21/2016 Philadelphia L & I		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 3	Waking Staff: 2
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 08/06/2018: Gillespie, Denise		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers: N/A		Random Indicators: N/A
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 10 ✓ Number of Residents Served: 3 ✓ 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: 0	Number of Residents who: Receive Supplemental Security Income: 3 ✓ Are 60 Years of Age or Older: 1 ✓ Have Mental Illness: 3 ✓ Have an Intellectual Disability: 0 ✓ Have a Mobility Need: 0 ✓ Have a Physical Disability: 0 ✓	

Violation Report: 14292 - 08/06/2018 - Gillespie, Denise
 PCH Name: STERLING HOUSE

1. REGULATION 65 Pa.Code §2600
 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION

The contract for Resident # 1 was not signed by the representative payee.
 The contract for Resident # 2 was not signed by the representative payee.
 The contract for Resident # 3 was not signed by the representative payee.

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.

Contract for Resident # 1 [redacted] was signed by Rep Payee.
 Contract for Resident # 2 [redacted] was signed by Rep Payee.

The administrator will ensure all signatures including representative payee are present in contracts.

Administrator will review contracts as a part of quality management to ensure all signatures are present.

Resident # 3 was moved to medical facility

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) AUDRE STERLING Administrator	Date 10/17/18
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The above plan of correction is approved as of <u>3/22/19</u> (Date)	Plan of correction implementation status as of <u>3/22/19</u> (Date)
The above plan of correction was approved by <u>A-A-A</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 - 08/06/2018 - Gillespie, Denise
 PCH Name: STERLING HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.96(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 medication cabinet does not include eye coverings and a thermometer.

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 protection and a thermometer was replaced and put in first aid kit.
 Administrator will check quarterly and after each use to ensure all required items are present.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Andrea Sterling, Administrator</i>	Date <i>10/17/18</i>
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Violation Report: 14292 - 08/06/2018 - Gillespie, Denise PCH Name: STERLING HOUSE	
1. REGULATION 55 Pa.Code §2600 2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.	
2a. DESCRIPTION OF VIOLATION On the 2nd floor, at 10:45 A.M., the exit door was locked and blocked egress from the home's resident bedroom exit door. On the 3rd floor, at 10:50 A.M., the exit door was locked and blocked by a resident bed. This prevented egress from the home's resident bedroom exit door.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
<p>The second Floor exit door is and will remain unlocked to not hinder any attempt to egress. No blockage present by this egress.</p> <p>The third Floor resident bed was moved so the door can freely and completely open to allow proper egress. Door is unlocked and will remain so.</p> <p>Administrator will Routinely, (bi-weekly to weekly) or as needed physically check to ensure doors are unlocked and egress are unblocked.</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>[Signature]</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Avaacke Sterling, Administrator</i>	Date <i>10/17/18</i>
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Violation Report: 14292 - 08/06/2018 - Gillespie, Denise
 PCH Name: STERLING HOUSE

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

Resident # 1 was admitted on 2/1/18. A medical evaluation was not completed for this resident.
 Resident # 2 was admitted on 5/29/18. A medical evaluation was not completed for this resident.
 Resident # 3 was admitted on 1/11/18. A medical evaluation was not completed for this resident.

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 will ensure that a medical evaluation is completed within 60 days prior to or within 30 days of admission.

Resident 1 & 2 are currently in a pending process of getting a re evaluation from the Philadelphia Veterans Hospital. Medical evaluations will be placed within resident records.

Resident #3 no longer - resident.

Within 10 days of receiving this POC, the Administrator or a designee will review all resident's record to ensure compliance with the cited reg. A tracking system to prompt the need for a med. eval as stipulated in the reg. will be developed. 3/22/19.

AAA

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, Administrator Date 10/20/18

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Violation Report: 14292 - 08/06/2018 - Gillespie, Denise
 PCH Name: STERLING HOUSE

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

The medication administration record for Resident #1 does not include the diagnosis or purpose for the medication Amantadine 100 mg.


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 medication administration records was updated to include the purpose (Tremors) for Resident #1.

Administrator will ensure the purpose for ^{AAA} medications are included in the medication administration record. Within 10 days of receiving this POC, and monthly thereafter, the Administrator will review all residents MARS to ensure continual compliance. 3/22/19

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) ANDRE STERLING, Administrator Date 10/18/18

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Violation Report: 14292 - 08/06/2018 - Gillespie, Denise
 PCH Name: STERLING HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
 On 8/6/18 Resident # 1's Clonazepam 0.5 mg was not present in the home. Resident # 1 is prescribed Clonazepam 3 times daily. Resident # 1 missed the 8:00 A.M. and 12:00 P.M. doses of Clonazepam on 8/6/18.

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.

Medication Clonazepam .5mg was not present due to delay in delivery to the home. Medication was delivered same day. Health care professional notified and medication error form was completed and FAXED.

Administrator will continue to reorder medications on time and expect on time delivery.

Within 15 days of receiving this POC, the Administrator or a designee will review all residents' record to ensure that their respective prescribed meds. are readily available at the home. Going forward, Administrator will review MARS monthly at the beginning of each med cycle or when a new doctor's order is given, to ensure the accuracy of the information recorded in MARS in accordance with the Physician's orders. For the next two consecutive months, Administrator will choose a day and time to provide oversight to staff during med. passing time. 3/22/19

AAA

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Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature]

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
AUNDRE STERLING, Administrator	10/17/18

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Violation Report: 14292 - 08/06/2018 - Gillespie, Denise
 PCH Name: STERLING HOUSE

1. REGULATION 55 Pa.Code §2600

2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. DESCRIPTION OF VIOLATION

Resident # 1 has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Resident # 2 has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Resident # 3 has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

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 and 2 has been educated on their right to Refuse medication if they believe that there may be a medication error.

Resident 3 has been moved to a medical facility. No longer - Resident.

The Administrator will ensure documentation of his training is kept in Resident records. In addition to future trainings of this topic for future Residents.

Resident records updated

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Audrey Sterling

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

Audrey Sterling Administrator

Date 10/18/18

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Violation Report: 14292 - 08/06/2018 - Gillespie, Denise
 PCH Name: STERLING HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION

The support plan for Resident # 3, completed on 1/11/18 did not indicate whether the resident was unable or refused to sign/participate.

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 support plan for Resident #3 was updated to Refused to sign/participate.

The administrator will ensure that all and future support plans are completed in full.

Within 10 days of receiving this POC, and quarterly thereafter, the Administrator or a designee will review all resident's support plans to ensure that the same are dully signed and dated or that a documentation of refusal or inability to sign the same is kept in the resident's record. 3/22/19

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>AUNDRE STERLING, Administrator</i>	Date <i>10/17/18</i>
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Violation Report: 14292 - 08/06/2018 - Gillespie, Denise
 PCH Name: STERLING HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION
 Resident # 1's, Resident # 2's and Resident #3's records donot include the following:
 1. A current resident photograph
 2. The resident's emergency contact
 3. The resident's medical insurance information
 4. An inventory of the resident's personal property.


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 Quick Reference Document was created to include a current photograph, emergency contact and medical insurance information. This was completed for Resident #1 & 2. Resident 3 is no longer a resident.

A personal property inventory was completed for Resident #1 & 2. Placed in Resident Records.

Administrator will ensure Residents Records will include a current photograph, emergency contact, health insurance information and a personal AAA Property inventory. Administrator will audit all resident's record immediately and quarterly thereafter to ensure compliance. 3/22/19

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) Aundree Sterling, Administrator Date 10/18/18

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