



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 05 2018

Mr. Stephen Rodrigues
President/ Chief Executive Officer
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's Bureau of Human Services Licensing annual inspection on August 28, 2018 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
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: ST STEPHEN S LIVING CENTER		License Number: 32736
Address: 1075 CHESTNUT STREET, NANTY GLO, PA 15943		County: Cambria
Administrator: Deborah Gabor		Region: CENTRAL
Legal Entity Name: ST STEPHENS LIVING CENTER LLC		
Legal Entity Address: 1075 CHESTNUT STREET, NANTY GLO, PA 15943		
Certificate(s) of Occupancy		
C-2 LP 01/26/1989 L&I	C-2 LP 09/22/1998 L&I	R-4 05/04/2007 Nanty-Glo Borough
Staffing Hours		
Resident Support: 0	Total Daily Staff: 20	Waking Staff: 15
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
08/28/2018: Hoover, Douglas; Comstock, Kellie		
Off-Site Inspection Dates and Inspectors, if Applicable		
Rec'd 9/28/18 GE		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 44 Number of Residents Served: 20 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: 2	Number of Residents who: Receive Supplemental Security Income: 14 Are 60 Years of Age or Older: 16 Have Mental Illness: 10 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 32736 - 08/28/2018 - Hoover, Douglas
 PCH Name: ST STEPHEN S LIVING CENTER

1. REGULATION 55 Pa.Code §2800
 2600.101(j)(6) - Each resident shall have the following in the bedroom: A mirror.

2a. DESCRIPTION OF VIOLATION
 There were no mirrors in Resident Bedrooms #8 and #12.

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.

Mirrors were placed in Bedrooms #8 and #12 on the day of the inspection. All resident bedrooms now have a mirror in them. The Administrator will monitor all resident rooms for mirrors on a regular basis, and 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 09/28/2018

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

The above plan of correction is approved as of 10/31/18
 (Date)

Plan of correction implementation status as of 10/31/18
 (Date)

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

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

Violation Report: 32736 - 08/28/2018 - Hoover, Douglas
 PCH Name: ST STEPHEN S LIVING CENTER

1. REGULATION 55 Pa.Code §2600
 2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

2a. DESCRIPTION OF VIOLATION
 The home's notification of resident evacuation needs has not been updated over the last twelve months.

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 home has notified the local fire department in writing of the address of the home, the location of the bedrooms, and the assistance needed to evacuate the residents in an emergency. Documentation of this is kept on file.

Going forward the Administrator will notify the local fire department in writing when there is a change in the census.

The Administrator will monitor for compliance.

See Attached.

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 09/28/2018
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