



February 26, 2020

Mr. Aundre Sterling
Administrator
Sterling House
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 July 23, 2019 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 (relating to Personal Care Homes) 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 "Kevin Hancock", written over a white background.

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: *STERLING HOUSE* License Number: *14292*
 Address: *432 EAST TULPEHOCKEN STREET, PHILADELPHIA, PA 19144*
 County: *PHILADELPHIA* Region: *SOUTHEAST*

Administrator

Name: *AUNDRE STERLING* Phone: *2154851985* Email: *MYSTERLINGHOUSE@GMAIL.COM*

Legal Entity

Name: *STERLING HOUSE LLC*
 Address: *432 EAST TULPEHOCKEN STREET, PHILADELPHIA, PA, 19144*

Certificate(s) of Occupancy

Type: *R-3* Date: *12/16/2016* Issued By: *Philadelphia Labor & Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *8* Waking Staff: *6*

Inspection

Type: *Full* BHA Docket #: _____ Notice: *Unannounced*
 Reason: *Renewal*

Inspection Dates and Department Representative

07/23/2019 - On-Site: Natasha Braswell

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *10* Residents Served: *8*

Secured Dementia Care Unit

In Home: *No* Area: _____ Capacity: _____ Residents Served: _____

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: <i>0</i>	Are 60 Years of Age or Older: <i>3</i>
Diagnosed with Mental Illness: <i>8</i>	Diagnosed with Intellectual Disability: <i>0</i>
Have Mobility Need: <i>0</i>	Have Physical Disability: <i>0</i>

STERLING HOUSE

14292

16c - Written Incident Report

Regulations

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

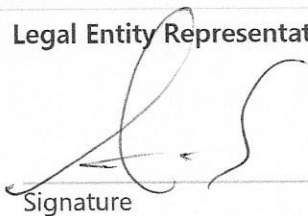
The home failed to report an incident with resident #1, while out in the community he was hit by unknown persons or object. The administrator was not able to provide the exact date or time. Resident #1 was treated at a community hospital.

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 information given to the Administrator was speculative without any facts or medical discharge documentation. However, A Reportable Incident Binder is present and all similar incidents and all reportable incidents will be documented and submitted. By staff and or Administrator

Legal Entity Representative



Signature

Aundre Sterling Administrator 8/1/19
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 2/21/20 (Date)

Plan of correction implementation status as of 2/21/20 (Date)

The above plan of correction was approved by  (Initials)

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

STERLING HOUSE

14292

66a - Staff Training Plan

Regulations

2600.

66.a. A staff training plan shall be developed annually.

Description of Violation

The home does not have a staff training plan for 2018-2019.

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.)

STAFF training plan was available and on site. PLEASE see attachments.

Legal Entity Representative

Signature

Printed Name and Title

Date

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(Date)

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- Not Implemented

STERLING HOUSE

14292

85a - Sanitary Conditions

Regulations

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

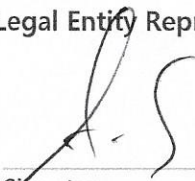
On 7/23/19, there were spills and dried pieces of cut lemons and limes brown in color in the refrigerator.

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.)

Refrigerator spill and dried fruits were removed same day. Administrator and staff will continue to maintain clean standard of all appliances.

Legal Entity Representative



Signature

Audree Sterling Administrator 7/23/19
Printed Name and Title Date

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STERLING HOUSE

14292

85b - Infestation

Regulations

2600.

85.b. There may be no evidence of infestation of insects or rodents in the home.

Description of Violation

There was an infestation of black gnats flying around the kitchen counter and sink drain and in the bathroom located on the second floor.

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.)

Fruit was removed from kitchen counter. No insects were observed after including 2nd floor. Staff instructed to report any insects observed within home to determine cause and treatment.

Legal Entity Representative

Signature

Aundree Sterling Administrative 7/23/19

Printed Name and Title

Date

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STERLING HOUSE

14292

96a - First Aid Kit

Regulations

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.

Description of Violation

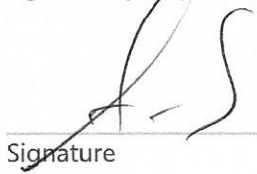
The first aid kit in the medication cabinet does not include eye coverings.

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 was purchased and added to first aid kit.
Staff and Administrator will check after each use that all of what is REQUIRED is present in first aid kit.

Legal Entity Representative



Signature

Audrey Sterling Administrator 8/1/19


Printed Name and Title

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STERLING HOUSE

14292

101j3 - Bed/Linens/Pillows/Blankets

Regulations

2600.

101.j. Each resident shall have the following in the bedroom:

- 3. Pillows, bed linens and blankets that are clean and in good repair.

Description of Violation

The bed for resident #2 linens were unclean and unsanitary. The pillows were flat and uncovered and displayed a brown color.

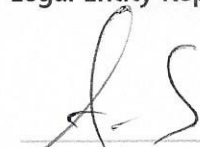
Plan of Correction (POC)

(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 linen of Resident #2 was Replaced same day. Pillows and cases were also Replaced from linen closet.

Staff will continue to do Room inspections and note when linen and pillows are needed to keep all clean and good REPAIR.

Legal Entity Representative


Signature


Printed Name and Title

8/1/19
Date

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STERLING HOUSE

14292

101j7 - Lighting/Operable Lamp

Regulations

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

The bed located in the rear room on the 3rd floor by the door did not have a bedside lamp.

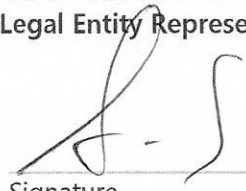
Plan of Correction (POC)

(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.)

THERE ARE 2 RESIDENTS IN THIS SHARED BEDROOM.
 2600.101 (J) (8) STATES THAT IS THE ~~RESIDENT~~ RESIDENT SHARES WITH ONE OTHER RESIDENT A LAMP CAN BE SHARED.

HOWEVER, A LAMP WAS PURCHASED. EACH RESIDENT NOW HAS A LAMP. IN REAR 3d FL BEDROOM.

Legal Entity Representative



Signature

Andrea Sterling Almirante 8/1/19

Printed Name and Title

Date

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STERLING HOUSE

14292

101r - Bedroom - shades/drapes/window covering

Regulations

2600.

101.r. There must be drapes, shades, curtains, blinds or shutters on the bedroom windows. Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

Description of Violation

The blinds in the front bedroom on the second floor were not in good repair.

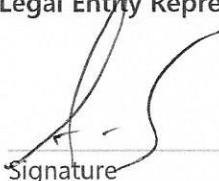
Plan of Correction (POC)

(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.)

Blinds in front bedroom were replaced and repaired.

Administrator and staff shall take note and report blinds that need to be repaired.

Legal Entity Representative


Signature

Audrey Sterling Administrator
Printed Name and Title

8/1/19
Date

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STERLING HOUSE

14292

102i - Soap Dispenser

Regulations

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

The bathrooms on the second and third floors did not have soap dispensers.

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.)

Soap Dispensing was provided in each Bathroom.

Staff and Administrator will ensure each Bathroom has liquid soap at all times.

Legal Entity Representative

AS

Signature

Andrea Sterling Administrator 8/15/19

Printed Name and Title

Date

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STERLING HOUSE

14292

102k - No Common Towel

Regulations

2600.

102.k. Use of a common towel is prohibited.

Description of Violation

There were no paper towels, mechanical hand dryer or other sanitary means of hand drying mechanism in the bathrooms located on the second and third floor.

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.)

~~No cleaning~~ No common towel were permitted ^{or} in use. There was a DISPOSABLE ^{CLEANING} towel kept in the bathroom. Paper towels were provided in each bathroom. Staff and Administrator will ensure they are always available for hand drying.

Legal Entity Representative

[Handwritten Signature]

Signature

Aundree Sterling Administrator 7/23/19

Printed Name and Title

Date

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STERLING HOUSE

14292

103g - Storing Food

Regulations

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

The refrigerator contained an unsealed 16oz package of raw milk cheddar cheese that contained mold and an unsealed 16oz package of Hickory Smoked Turkey breast.

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.)

All unsealed food was removed and discarded from the refrigerator.

Administrator and staff shall routinely check the refrigerator to ensure all food is covered and sealed.

Legal Entity Representative

Signature *[Handwritten Signature]*

Printed Name and Title *Andrea Sterling Admra* Date *7/23/19*

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STERLING HOUSE

14292

107b - Emergency Procedures

Regulations

2600.

107.b. The home shall have written emergency procedures that include the following:

1. Contact information for each resident's designated person.
2. The home's plan to provide the emergency medical information for each resident that ensures confidentiality.
3. Contact telephone numbers of local and State emergency management agencies and local resources for housing and emergency care of residents.
4. Means of transportation in the event that relocation is required.
5. Duties and responsibilities of staff persons during evacuation, transportation and at the emergency location. These duties and responsibilities shall be specific to each resident's emergency needs.
6. Alternate means of meeting resident needs in the event of a utility outage.

Description of Violation

The home's written emergency procedures do not include duties and responsibilities of staff persons during evacuation, contact information for each resident's designated person and alternate means of meeting resident needs in the event of a utility outage.

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.)

Closer inspection of the document was needed. The majority of the stated missing information was already part of the Emergency Preparedness Plan. PLEASE see attachment. Phone numbers were updated.

Legal Entity Representative



Signature

Audree Sterling Admin 8/9/19
Printed Name and Title Date

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STERLING HOUSE

14292

107c - Food/Water 3 Day Supply

Regulations

2600.

107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

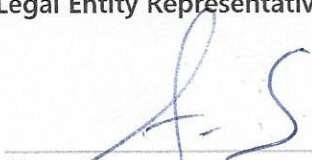
On 7-23-19, the home served 8 residents, requiring 24 gallons of emergency drinking water. However, the home had only 10 gallons. The home does not have a contract with a local bottled water supplier that includes a method of delivery in the event of an emergency. The home did not have an adequate amount of food supply in the event of an emergency.

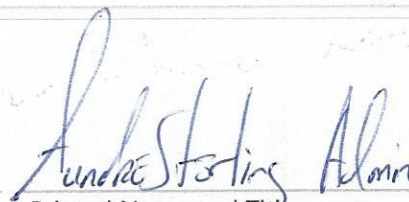
Plan of Correction (POC)

(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.)

Emergency drinking water has been upput to 24 gallons within the home. Additional food supplies were purchased that would provide 3-4 servings of food per day per person (8) for 3 days. Administrator will ensure 3-day supply is always stocked.

Legal Entity Representative


Signature



Printed Name and Title

8/5/19
Date

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STERLING HOUSE

14292

132a - Monthly Fire Drill

Regulations

2600.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

The home failed to keep the record of the unannounced fire drills for the year 2018.

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.)

Records of all years going forward will be kept.
Administer will maintain records.

Legal Entity Representative

AS
Signature

Audrey Sterling Admin
Printed Name and Title

8/1/19
Date

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STERLING HOUSE

14292

132e - Fire Drill Sleeping Hours

Regulations

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The home failed to keep the record of the fire drills for 2018. The nightly drills cannot be measured for lack of documentation.

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.)

Administrator will maintain documentation of all drills going forward.

Legal Entity Representative



Signature

Andre Stealy Admin

Printed Name and Title

8/1/19

Date

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STERLING HOUSE

14292

183f - Discontinued Medications

Regulations

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

The home's first aid kit contained the following expired travel size medications:
Motrin 200 mg expired 5-2019; Alka Seltzer expired 4-2019; Neosporin expired 7-2018.

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 first aid kit came with OTC.
They were taken out some DAY.
The home maintains no other similar OTC's.

Legal Entity Representative



Signature

Aunke Sterling Admin

Printed Name and Title


8/1/19

Date

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184a - Labeling OTC/CAM

Regulations

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

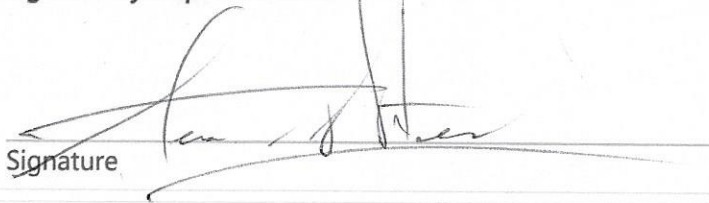
The pharmacy label for resident #2's Loratadine 10 mg does not include a label.
The Refresh Tears for resident #2 did not have a date when the eye drops were opened initially.

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 Loratadine for RESIDENT 2 was DISCARDED and a new OTC was ordered with required PHARMACY information.
The Refresh Tears for RESIDENT #2 was DISCARDED and a new OTC was ordered with required pharmacy information.
Administrator will ensure no OTC medications are present without pharmacy label.

Legal Entity Representative



Signature

Andree Sterling Admin 7/21/19
Printed Name and Title Date

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184b - Resident's Meds Labeled

Regulations

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

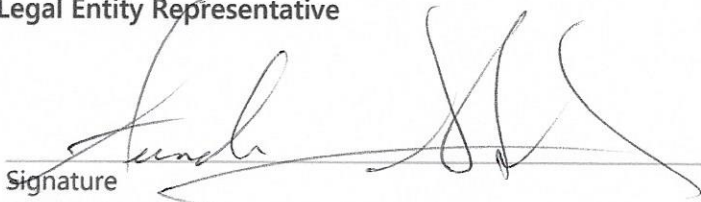
On 7/23/19, an unlabeled 32 ounce bottle of Pepto Bismol was located in the locked medication cabinet.

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.)

Pepto Bismol was discarded from medication cabinet.
Administrator will ensure no unlabeled medication stored in medication cabinet.

Legal Entity Representative


Signature

Audree Sterling Admin 7/23/19
Printed Name and Title Date

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

227a - Support Plan 30 Days

Regulations

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

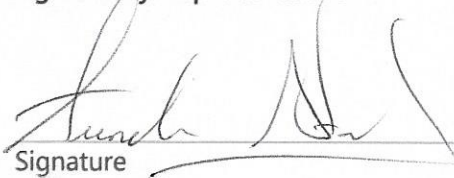
Resident #3 was admitted on 3-1-19; however, the resident's initial support plan was not finalized with a date.

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 support plan was completed w/in 30 days (3-9-19). The finalization date was added to the conclusion of the completed document. Administrator will review completed support plans to ensure compliance.

Legal Entity Representative



Signature

Aundee Sterling Administrator 7/21/19
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 2/21/20
(Date)

Plan of correction implementation status as of 2/21/20
(Date)

The above plan of correction was approved by 
(Initials)

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

227g -Support Plan Signatures

Regulations

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

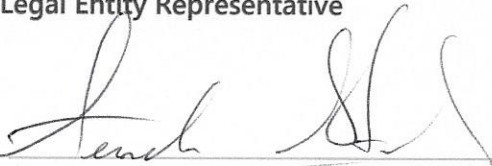
Resident #3 participated in the development of his/her support plan signed by the assessor on 3/9/19. However, the resident did not sign the support plan.

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 #3 signed the completed support plan document.
~~Administrator~~ Administrator will review completed support plan documents to ensure compliance.

Legal Entity Representative



Signature

Andrea Sterling Administrator 7/24/19
Printed Name and Title Date

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The above plan of correction is approved as of 2/21/20
(Date)

Plan of correction implementation status as of 2/21/20
(Date)

The above plan of correction was approved by 
(Initials)

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