



pennsylvania
DEPARTMENT OF HUMAN SERVICES

December 24, 2019

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

RE: St. Stephens Living Center
Certificate #: 327360

Dear Mr. Rodrigues:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on August 20, 2019 and December 17, 2019 of the above facility, we have determined that your submitted plan of correction is implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Brett Swanger".

Brett Swanger
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: ST. STEPHEN'S LIVING CENTER

License Number: 32736

Address: 1075 CHESTNUT STREET,, NANTY GLO, PA 15943

County: CAMBRIA

Region: CENTRAL

Administrator

Name: Debbie Gabor

Phone: 8147498799

Email:

Legal Entity

Name: ST STEPHENS LIVING CENTER LLC

Address: 1075 CHESTNUT STREET, NANTY GLO, PA, 15943

Certificate(s) of Occupancy

Type: C-2 LP

Date: 01/26/1989

Issued By: L & I

Staffing Hours

Resident Support Staff: 18

Total Daily Staff: 36

Waking Staff: 27

Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal, Complaint

Inspection Dates and Department Representative

08/20/2019 - On-Site: Michael Showers, Jason McCloskey

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 44

Residents Served: 18

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 11

Are 60 Years of Age or Older: 15

Diagnosed with Mental Illness: 10

Diagnosed with Intellectual Disability: 1

Have Mobility Need: 0

Have Physical Disability: 1

85a - Sanitary Conditions

Regulations

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

While performing insulin administration, Staff Person A removed the cap of Resident 1's Novolog insulin pen with his teeth prior to injecting the resident with the insulin. After administration of the insulin, the staff member replaced the cap on the pen and returned the pen to the medication cart for future use.

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 insulin pen that Staff Person A used to administer insulin to Resident 1 was destroyed and replaced with a new pen. Staff Person A was inserviced on why he should not put the insulin pen in his mouth on the day of the inspection (see attached).

The Administrator will monitor for compliance.

*The Staff Person A will be observed performing medication administration once per day for a period of three days, followed by one observation per week for four weeks. Documentation of the observations shall be provided to the Department for review and maintained by the home.

BAS 9/27/19

Legal Entity Representative

Deborah Gabor

DEBORAH GABOR ADMINISTRATOR

09/23/2019

Signature

Printed Name and Title

Date

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

The above plan of correction is approved as of 9/27/2019 Plan of correction implementation status as of 12/24/19
(Date) (Date)

XK Implemented

The above plan of correction was approved by BAS
(Initials) Not Implemented

85b - Infestation

Regulations

2600.

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

Description of Violation

There is an active bed bug infestation in the home. Live bed bugs were observed throughout the home, including the recliners in the lounge area.

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 continues to treat the bug infestation. chemical treatments have been applied and are ongoing. The staff continues to spray with 91% alcohol on all bed bugs observed. All resident rooms and beds are inspected and sheets are changed daily. Any and all bed bugs observed are eliminated immediately. The home will continue to monitor the bug infestation.

The Administrator or designee will monitor for compliance.

Repeat Violation: 1/29/2019

Continued on Page 3A

Legal Entity Representative

Deborah Gabor

DEBORAH GABOR ADMINISTRATOR

09/23/2019

Signature

Printed Name and Title

Date

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

The above plan of correction is approved as of

9/27/2019
(Date)

Plan of correction implementation status as of

12/24/19
(Date)

Implemented

The above plan of correction was approved by

BAS
(Initials)

Not Implemented

2600.85b Continued

The home on approval of the Plan of Correction, will contact a licensed professional exterminator depending on their schedule and availability. The home in conjunction with a licensed professional extermination agency/exterminator, will develop a plan to eradicate the bed bugs in the home. Once developed, the plan for the eradication of the bed bugs will be submitted to the department for review. Upon department approval, the plan will be implemented as soon as can be scheduled by the licensed professional extermination/agency/exterminator.

Upon completion of the eradication plan, the home will be monitored for infestation by a licensed professional extermination agency/exterminator on a monthly basis for a period of at least 6 months. Documentation of these monthly inspections and all services will be submitted to the department.

BAS 9/27/19

88a - Surfaces

Regulations

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

Bedroom 11 has an area of the floor at the end of her bed nearest the door - the area directly around the floor-mounted heating register flexes about a 1/4 inch when you step on it. This bedroom is occupied by two residents of the home.

The electric baseboard heater in bedroom 12 is dirty with spilled, dark liquids, dirt and body hairs. In addition, the end of the unit at the foot of the bed has an open area where there are accessible black and white-colored wires. These exposed wires present an electrocution hazard; the sharp, unshielded metal edges of the wiring compartment are a cutting hazard. This room is occupied by two residents of the home.

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 floor in Bedroom 11 around the floor mounted heater was braced from below and no longer flexes about 1/4 inch when stepped on.

The electric baseboard heater in room 12 has been cleaned and a cover was placed at the end of the unit to cover the exposed wires and the sharp metal edges. (See Emailed photograph). Surfaces will be monitored routinely and addressed as needed.

The Administrator or designee will monitor for compliance.

Legal Entity Representative

Deborah Gabor

DEBORAH GABOR ADMINISTRATOR

09/23/2019

Signature

Printed Name and Title

Date

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

The above plan of correction is approved as of 9/27/2019 Plan of correction implementation status as of 12/24/19 (Date) (Date)

Implemented

The above plan of correction was approved by BAS (Initials) Not Implemented