



pennsylvania
DEPARTMENT OF HUMAN SERVICES

**Sent via e-mail mysterlinghouse@gmail.com
June 16, 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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on December 30, 2019 found violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). The enclosed Licensing Inspection Summary (LIS) specifies the violations.

On February 7, 2020 we requested that you complete a plan to correct the violations. We have not received an acceptable plan to correct the violations; therefore, we have attached a directed plan to correct the violations.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

If you have any questions, please contact me at 610-270-1137.

Sincerely,

Sandra Wooters

Sandra Wooters, MHS, ACG
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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:

Issued By:

Staffing Hours

Resident Support Staff: *1*

Total Daily Staff: *10*

Waking Staff: *8*

Inspection

Type: *Partial*

BHA Docket #:

Notice: *Unannounced*

Reason: *Complaint*

Inspection Dates and Department Representative

12/30/2019 - On-Site: Christina Eberhart, Sabrina Freeman

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *10*

Residents Served: *9*

Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *5*

Diagnosed with Mental Illness: *9*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *0*

Have Physical Disability: *0*

15a - Resident Abuse Report

Regulations

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

Resident #1 reported that Resident #2 entered his room at 3:00 am one morning during the Summer of 2019 and pinned him down on his bed. Resident #1 states he screamed for help and Resident #2 left the room. This incident was reported to staff member A, the homes administrator, the same day it happened. However, this allegation of abuse was not reported to AAA.

Plan of Correction (POC)

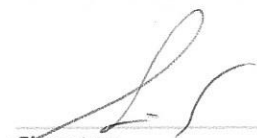
(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Administrater has reviewed reportable incidents policy. All future allegation of Abuse will be reported by administrater.

DPOC:

- 1. The administrator or designee will conduct a training for all staff on the requirement to report any incident of abuse to AAA immediately, within the next 10 days upon receipt of this Plan of Correction. Documentation of the training will be made available to the Department for review.
 - 2. The administrator will discuss the importance of reporting process for all abuse to the staff at monthly staff meetings for the next six months. Documentation of the agendas will be maintained for the Departments review, starting immediately.
- SLW 6.16.2020

Legal Entity Representative


Signature

Aundee Sterling Admin
Printed Name and Title

2/16/2020
Date

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The above plan of correction is approved as of 6.16.2020
(Date)

Plan of correction implementation status as of 6/16/2020
(Date)

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

- Implemented
- Not Implemented

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

Resident #1 reported that Resident #2 entered his room at 3:00 am one morning during the Summer of 2019 and pinned him down on his bed. Resident #1 states he screamed for help and Resident #2 left the room. This incident was reported to staff member A, the homes administrator, the same day it happened. However, this allegation of abuse was not reported to AAA.

Repeat violation occurred 7/23/19.

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.)

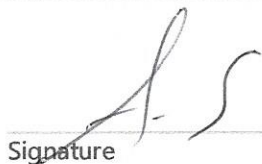
This unfortunate event happened once. Unclear how it is repeated.


DPOC:

- 1. The administrator or designee will conduct a training for all staff on the requirement to report any incident of abuse to AAA immediately and to the Department, within the next 10 days upon receipt of this Plan of Correction. Documentation of the training will be made available to the Department for review.
- 2. The administrator will discuss the importance of reporting process for all abuse to the staff at monthly staff meetings for the next six months. Documentation of the agendas will be maintained for the Departments review, starting immediately.

SLW 6.16.2020

Legal Entity Representative


Signature

 2/18/2020
Printed Name and Title Date

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Implemented
 Not Implemented

25c11 - List of Rates

Regulations

2600.

25.c. At a minimum, the contract must specify the following:

- 11. A list of personal care services to be provided to the resident based on the outcome of the resident's support plan, a list of the actual rates that the resident will be periodically charged for food, shelter and services and how, when and by whom payment is to be made.

Description of Violation

On 12/16/19 Resident #1 was charged a smoking fee in the amount of \$25 for smoking in the house. The resident was also issued a letter indicating that subsequent fines would result in charges up to \$50. These fees and charges aren't listed in the resident contract or 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 #1 contract was updated to reflect potential to be charged for smoking incidents.

DPOC:

- 1. The administrator will review all resident contracts to ensure all contracts include a list of service and fees associated with the services.
- 2. The administrator will not fine any residents for smoking in the home, starting immediately.
- 3. The administrator will discuss the smoking policy with the residents of the home and at monthly staff meetings for the next six months, starting immediately.
- 4. The administrator will conduct a daily walk-through of the home to identify if any residents are smoking in the home and counsel the residents regarding the homes no smoking policy, starting immediately.
- 5. The administrator or designee will review any resident RASPS that are found smoking in the home and update the RASP on the residents lack of judgment regarding smoking. The RASP will provide staff steps on how to provide support to a resident found smoking in the home, starting immediately.

SLW 6.16.2020

Legal Entity Representative

Signature

Printed Name and Title: *Aundre Sterling* Admin Date: *2/10/2020*

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 Not Implemented

42b - Abuse

Regulations

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Resident #1 stated that during the summer of 2019, Resident #2 entered his room at 3:00 am and pinned him down on his bed. Resident #1 stated he screamed for help and Resident #2 left his room. Resident #1 stated he reported this incident to staff member A, the homes administrator. Resident #1 stated he later overheard Resident #2 tell the administrator that he wanted to have sex with Resident #1. Resident #1 stated he feels threatened and was so afraid that he put a lock on his bedroom door.

Plan of Correction (POC)

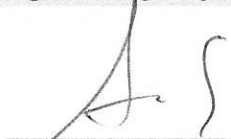
(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from pccurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)


Resident # 2 was counseled that his actions were of an abusive nature. He was informed that the home will not support such ~~behavior~~ unwanted behavior. Any further abusive act will be reported by administrator

DPOC:

1. The administrator will update Resident #2's RASP to indicate the residents potential for abusive behavior toward other residents and how the staff will redirect the resident, how to identify precedent behavior, how the staff will keep other residents safe from this resident and to obtain a psychiatric evaluation in the event this type of abusive behavior occurs in the future, within the next 10 days of receipt of this Directed plan of correction.
2. The administrator will schedule an evaluation of Resident #2 with a psychiatrist regarding this residents potential abusive behavior, within the next 10 days of receipt of this plan of correction. SLW 6.16.2020

Legal Entity Representative


Signature


Printed Name and Title Date

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100a - Exterior - Free of Hazards

Regulations

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

On 12/30/19 at 9:45 am, the front yard was observed to be littered with cigarette butts.

Plan of Correction (POC)

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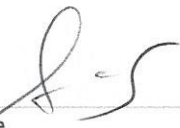
RESIDENTS ARE PROVIDED A SMOKING RECEPTACLE. THIS IS WHERE DISCARDED CIGNRETTE BUTTS ARE TO GO. FRONT YARD WAS CLEANED AND RESIDENTS READVISED TO USE SMOKING RECEPTACLE

DPOC:

- 1. The administrator will discuss the homes smoking policy with the residents and staff, within 10 days of receipt of this plan of correction.
- 2. The administrator will schedule a staff to check the smoking areas of the home at least three times daily and to clean the smoking area of any smoking paraphernalia, starting immediately.
- 3. The administrator will conduct physical site inspection at least daily to ensure the smoking areas of the home are clear of all smoking paraphernalia, starting immediately.

SLW 6.16.2020

Legal Entity Representative

Signature 

Printed Name and Title Andie Sterling Admin Date 2/18/2020

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Implemented
 Not Implemented

101j2 - Bedroom Chairs

Regulations

2600.

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

- 2. A chair for each resident that meets the resident's needs.

Description of Violation

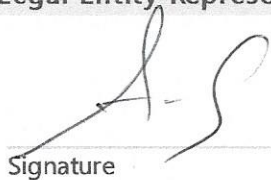
The bedroom on the third floor in the back of the home is occupied by three residents; however, there is only one chair in this room.

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.)

Each RESIDENT has a chair.
 Residents were advised to bring
 chair back to room if they take
 it some where else.
 Staff will continue to monitor this.

Legal Entity Representative


 Signature

Aundre Sterling
 Printed Name and Title

2/10/2020
 Date

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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

Both residents in the bedroom located on the second floor in the back of the home do not have access to a source of light that can be turned on/off at bedside.

Repeat violation: 7/23/19

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.)

Each RESIDENT has a SOURCE of light at bedside or APART of BED. The violation came DUE to the RESIDENT unplugging the light and staff was not ABLE to REplug the light. Residents informed to keep light source plugged in.

DPOC:

- 1. The administrator will schedule staff to check all lights in resident bedrooms on a daily basis when they are making the residents bed, starting immediately.
- 2. The administrator will check random bedrooms, at least monthly, to ensure the bedside lamp is operational, starting immediately.

Legal Entity Representative SLW 6/16/2020


Signature

Amanda Sterling Helmer 2/10/20
Printed Name and Title Date

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(Date) Implemented (Date)

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

102h - Toilet Paper

Regulations

2600.
102.h. Toilet paper shall be provided for every toilet.

Description of Violation

On 12/30/19 at 10:03 am, there was no toilet paper for the toilet in the bathroom on the third floor. On 12/30/19 at 10:50 am, there was no toilet paper for the toilet in the bathroom 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.)

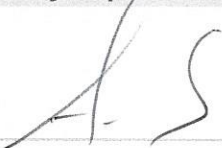
Residents take toilet paper and keep it in rooms. Staff often reminds residents to keep toilet paper in restrooms. Home dir have toilet paper in storage to replace.

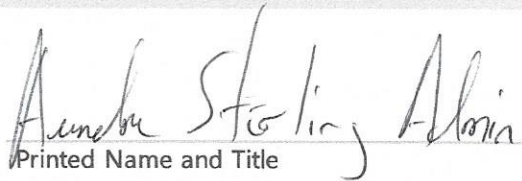
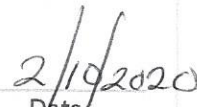
DPOC:

1. The administrator will conduct a training with the staff on the importance of keeping toilet paper in all the bathrooms at all times, starting immediately. Documentation of the training will be maintained for the Departments review.
2. The administrator will schedule staff to check all the bathrooms of the home at least three times daily, to ensure each bathroom has toilet paper available at all times, starting immediately.
3. The administrator will conduct monthly physical site inspections to ensure toilet paper is available in the home at all times and will interview residents to determine if the toilet paper is available at all times, starting immediately.

SLW 6/16/2020

Legal Entity Representative


Signature

 
Printed Name and Title Date

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(Date)

- Implemented
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(Initials)

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

On 12/30/19 at 10:03 am, there was an unlabeled used bar of soap in the third floor bathroom. On 12/30/19 at 10:50 am, there was no soap dispenser in the bathroom on the second floor.

Repeat violation: 7/23/19

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.)

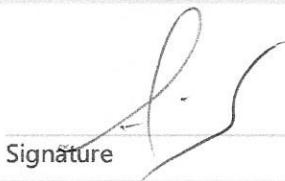
Unlabeled bars of soap will be removed from bathrooms when noticed by staff. Staff will ensure a form of soap dispensing is always ~~available~~ available in bathrooms.

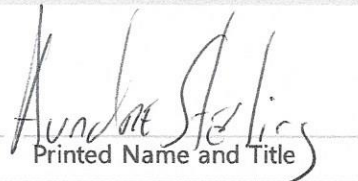
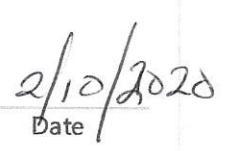
DPOC:

- 1. The administrator will conduct a training with the staff on the importance of keeping all soap labeled when in the bathrooms at all times, starting immediately. Documentation of the training will be maintained for the Departments review.
- 2. The administrator will schedule staff to check all the bathrooms of the home at least three times daily, to ensure all soap in the bathrooms are labeled at all times, starting immediately.

SLW 6/16/2020

Legal Entity Representative


Signature

 Admin 
Printed Name and Title Date

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(Date)

Plan of correction implementation status as of 6/16/2020
(Date)

- Implemented
- Not Implemented

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

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 in the shared bathrooms on the second and third floors.

Repeat violation: 7/23/19

Plan of Correction (POC)

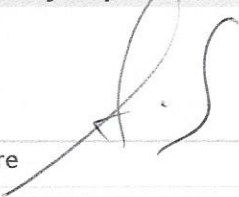
(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Staff will ensure paper towels remain in Bathrooms.

DPOC:

1. The administrator will conduct a training with the staff on the importance of maintaining paper towels in the bathrooms at all times, starting immediately. Documentation of the training will be maintained for the Departments review.
 2. The administrator will schedule staff to check all the bathrooms of the home at least three times daily, to ensure paper towels are available in the bathrooms at all times, starting immediately.
 3. The administrator of the home will conduct a physical site inspection at least monthly to ensure paper towels are available at all times and will conduct periodic interviews with the residents to determine if paper towels are available, starting immediately.
- SLW 6/16/2020

Legal Entity Representative

Signature 

Printed Name and Title Aundre Hastings

Date 2/10/2020

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- Implemented
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(Initials)

121a - Unobstructed Egress

Regulations

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 12/30/19 at 10:00 am, Resident #1's bed blocked egress from the home's third floor fire exit located in the third floor back bedroom.

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 BERN was moved to next block exit.
Resident advised to not push bed to block exit.
Staff will continue to monitor exit is unblocked.

DPOC:

- 1. The administrator will conduct a resident meeting to discuss the importance of maintaining that all fire exits are unblocked to permit exiting in the event of an emergency, within 10 days of receipt of this Directed plan of correction.
- 2. The administrator will schedule staff to check Resident #1's bedroom, at least daily, to ensure the exit is not blocked by the residents bed, starting immediately.
- 3. The administrator will conduct a monthly physical site inspection of the home to ensure all exits of the home are unblocked, starting immediately.

SLW 6.16.2020

Legal Entity Representative

[Handwritten Signature]
Signature

Amanda Sterling
Printed Name and Title

2/10/2020
Date

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(Date)

- Implemented
- Not Implemented

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(Initials)

133.1 - Exit Signs

Regulations

2600.

133.1. Exit Signs - The following requirements apply for a home serving nine or more residents: Signs bearing the word 'EXIT' in plain legible letters shall be placed at all exits.

Description of Violation

There is no exit sign over the bedroom door on the second floor bedroom and third floor bedroom. The fire exits are located in these rooms. The home currently serves 9 residents.

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 is an exit sign over each door. Additional signs will be put outside of rooms.

DPOC:

- 1. The administrator will place exit signs on the door to the emergency exits located in the bedrooms located on the second and third floor, immediately.
- 2. The administrator will conduct a monthly physical site inspection of the home to ensure the exit signs are properly posted, starting immediately.
- 3. The administrator will conduct a resident meeting on the importance of the emergency exit signs on bedroom doors and the importance of keeping the signs posted at all times, within 10 days of receipt of this Directed plan of correction.

SLW 6/16/2020

Legal Entity Representative

A.S.
Signature

Andrea Sterling Admin 2/10/2020
Printed Name and Title Date

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- Implemented
- Not Implemented

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

144c1 - Smoking Area Guidelines

Regulations

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

- 1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

The home permit's smoking on the front porch however the smoking policy states no smoking.

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.)

Smoking policy was updated to include designated smoking area.

DPOC:

- 1. The administrator will review the updated smoking policy with the residents and the staff within 10 days of receipt of this plan of correction.
- 2. The administrator will update the home rules regarding the location of smoking areas outside of the home, immediately.
- 3. The administrator will notify the residents of the home, in writing, the update of the home rules regarding the location of the smoking areas outside of the home, within the next 10 days of receipt of this Directed Plan of Correction.

SLW 6/16/2020

Legal Entity Representative

[Handwritten Signature]

Signature

Andrea Sterling

Printed Name and Title

2/10/2020

Date

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