



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**Sent via e-mail [mysterlinghouse@gmail.com](mailto:mysterlinghouse@gmail.com)  
July 30, 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 February 10, 2020 found violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). The enclosed Licensing Inspection Summary (LIS) specifies the violations.

On March 27, 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*  
Address: *432 EAST TULPEHOCKEN STREET,, PHILADELPHIA, PA 19144*  
County: *PHILADELPHIA*                      Region: *SOUTHEAST*

License Number: *14292*

## Administrator

Name: *Mr. 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: *0*                      Total Daily Staff: *9*                      Waking Staff: *7*

## Inspection

Type: *Partial*                      BHA Docket #:                      Notice: *Unannounced*  
Reason: *Complaint*

## Inspection Dates and Department Representative

*02/10/2020 - On-Site: David Carrion, Christina Eberhart*

## 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*

20b8 - Quarterly Account

Regulations

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

- 8. The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

Description of Violation

Resident #1 has not received a quarterly account of financial transactions since January, 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.)

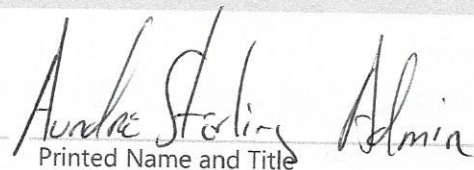
A Quarterly account was requested and a recent statement was presented. The most up to date financial statement was printed and given to resident #1 and placed in his file. Administrator will continue to print quarterly statements.

DPOC:

- 1. The administrator or designee will audit all of the residents financial records to ensure the resident has received the quarterly statements, within the next 10 days of receipt of this plan of correction.
- 2. The administrator will audit all the residents financial records to ensure the residents are receiving, signing and dating their quarterly statements at least bi-annually, starting immediately. SLW 7/29/2020

Legal Entity Representative

Signature 

 2/17/2020  
Printed Name and Title Date

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The above plan of correction is approved as of 7/29/2020  
(Date)

Plan of correction implementation status as of 7/29/2020  
(Date)

- Implemented
- Not Implemented

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

20b9 - Record Keeping

Regulations

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

9. A copy of the itemized account shall be kept in the resident's record.

Description of Violation

There is no copy of the quarterly account of financial transactions in resident 1's record for the period of December 25, 2019 to January 27, 2020.

Plan of Correction (POC)

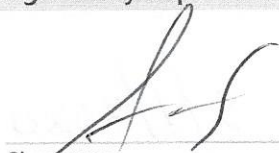
(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

The account for this resident was opened in mid february<sup>2020</sup>. The earliest statement is dated 2/26/2020 and was given to resident & in file.

DPOC:

- 1. The administrator or designee will audit all of the residents financial records to ensure the resident has received the quarterly statements, within the next 10 days of receipt of this plan of correction.
- 2. The administrator will audit all the residents financial records to ensure the residents are receiving, signing and dating their quarterly statements at least bi-annually, starting immediately. SLW 7/29/2020

Legal Entity Representative

  
Signature

Aunke Sterling Admin 2/28/2020  
Printed Name and Title Date

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Plan of correction implementation status as of 7/29/2020 (Date)

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- Implemented
- Not Implemented

51 - Criminal Background Check

Regulations

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff member A, date of hire 11/18/19. The home did not provide a criminal background check.

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.)

Due to RENOVATION and moving of office staff and other files were not on site. ~~The~~ criminal background check is present on site in staff file.

DPOC:

- 1. The administrator or designee will conduct an audit of all staff records to ensure all required documents are maintained in the staff files at all times, within the next 30 days of receipt of this plan of correction.
- 2. The administrator will audit all staff files, at least bi-annually, to ensure all staff records include all required documents are located in the files, starting immediately.

SLW 7/29/2020

Legal Entity Representative

Signature

*[Handwritten Signature]*

Printed Name and Title

*Aundrie Sterling*

Date

*3/1/2020*

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(Date)

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(Date)

Implemented

Not Implemented

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(Initials)

54a - Direct Care Staff

Regulations

2600.

- 54.a. Direct care staff persons shall have the following qualifications:
  2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person A, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

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.)

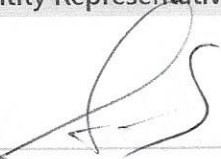
Due to Renovation and moving of office staff records and other files were off site. Staff high school records are on site in file.

DPOC:

1. The administrator or designee will conduct an audit of all staff records to ensure all required documents are maintained in the staff files at all times, within the next 30 days of receipt of this plan of correction.
2. The administrator will audit all staff files, at least bi-annually, to ensure all staff records include all required documents are located in the files, starting immediately.

SLW 7/29/2020

Legal Entity Representative



Signature

Aurora Sterling

Printed Name and Title

3/1/2020

Date

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(Initials)

65a - FS Orientation 1st Day

Regulations

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff person A, whose first day of work was 11/18/19, did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services.

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 member start date was not provided by administrator and is incorrect. It is 12/5/19. Staff orientation training was returned on site and is present within site.

DPOC:

1. The administrator or designee will conduct an audit of all staff records to ensure all required documents are maintained in the staff files at all times,

Legal Entity Representative within the next 30 days of receipt of this plan of correction.

2. The administrator will audit all staff files, at least bi-annually, to ensure all staff records include all required documents are located in the files, starting immediately.

SLW 7/29/2020

Signature

Printed Name and Title

Date

Aundra Sterling Admin 3/1/2020

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Implemented

Not Implemented

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65b - Rights/Abuse 40 Hours

Regulations

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Description of Violation

Staff person A completed his/her 40th scheduled work hour on 11/25/19. However, this staff person did not complete training in the following topics: resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), reporting of reportable incidents and conditions.

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 was completed prior to 12/12/19 and a staff date of 12/5/19. Staff orientation training was returned to site and present within site.

DPOC:

1. The administrator or designee will conduct an audit of all staff records to ensure all required documents are maintained in the staff files at all times, within the next 30 days of receipt of this plan of correction.
2. The administrator will audit all staff files, at least bi-annually, to ensure all staff records include all required documents are located in the files, starting immediately. SLW 7/29/2020

Legal Entity Representative

Signature 

Printed Name and Title *Aundrea Sterling Admin*

Date *3/1/2020*

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65d - Initial Direct Care Training

Regulations

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

- 2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person A, hired on 11/18/19, began providing unsupervised ADL services on 11/18/19. However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test.

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.)

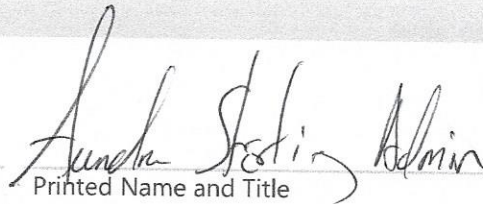
Staff first day hired was 12/5/19. The Department-approved direct care training course was completed 12/6/19. Due to renovation of office the files were temporarily moved. The training and competency course passing document is on site and within the staff file.

DPOC:

- 1. The administrator or designee will conduct an audit of all staff records to ensure all required documents are maintained in the staff files at all times, within the next 30 days of receipt of this plan of correction.
- 2. The administrator will audit all staff files, at least bi-annually, to ensure all staff records include all required documents are located in the files, starting immediately.

Legal Representative

Signature 

 3/1/2020  
Printed Name and Title Date

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(Date)

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(Initials)

65i - Training Record

Regulations

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

The home's does not have record of staff member A training.

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.)

Due to the renovation and moving of facility office. The site had to be temporarily moved. All files are now back on site.

DPOC:

- 1. The administrator or designee will conduct an audit of all staff records to ensure all required documents are maintained in the staff files at all times, within the next 30 days of receipt of this plan of correction.
- 2. The administrator will audit all staff files, at least bi-annually, to ensure all staff records include all required documents are located in the files, starting immediately.

SLW 7/29/2020

Legal Entity Representative

*SL*

Signature

*Linda Sterling Admin*

Printed Name and Title

*3/1/2020*

Date

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(Date)

Plan of correction implementation status as of 7/29/2020  
(Date)

Implemented

Not Implemented

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

92 - Windows

Regulations

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

The window on the front porch is broken in pieces and is hazardous for the residents. A clear plastic bag is covering the window.

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.)

Window was broken by a resident. Home needed a few extra days to confirm payment from ~~the~~ person who manages Resident Funds. The window was repaired and receipt in file. "Clear plastic bag" is a weatherization film used to keep out cold air and been there prior to window damage.

DPOC:

- 1. The administrator will repair the window immediately and will not accept payment from the resident for the broken window repair, within the next 10 days of receipt of this plan of correction.
- 2. The administrator will accept responsibility for maintaining a clean and safe home with all areas of the home in good repair, starting immediately. The administrator will conduct weekly physical site inspections of the home to ensure the home is in good repair.

Legal Entity Representative SLW 7/29/2020

*AS*  
Signature

*Aundre Sterling Almia* 3/1/2020  
Printed Name and Title Date

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(Date)

Plan of correction implementation status as of 7/29/2020  
(Date)

- Implemented
- Not Implemented

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

141a - Medical Evaluation

Regulations

2600.

141.a. 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.

Description of Violation

Resident #2 did not have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department.

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 #2 has a DME noted 10/30/2019 in file.

DPOC:

1. The administrator or designee will audit all resident files to ensure all the DME's are completed timely and placed in the resident files within the next 10 days.
2. The administrator will schedule physician appointments for any residents who does not have a DME or a current DME within the next 10 days.
3. The administrator will audit all resident files to ensure the required documents are maintained in each resident records, at least bi-annually, starting immediately.

SLW 7/29/2020

Legal Entity Representative

*AS*  
Signature

Aundrea Sterling Alvin 3/1/2020  
Printed Name and Title Date

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The above plan of correction is approved as of 7/29/2020 (Date)

Plan of correction implementation status as of 7/29/2020 (Date)

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

- Implemented
- Not Implemented

141b1 - Annual Medical Evaluation

Regulations

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident 1's most recent medical evaluation was completed on 12/18/18.

Resident 3's most recent medical evaluation was completed on 09/04/18.

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.)

Home is currently working with the V.A social workers to best get Residents in for a medical evaluation. Administrator will continue to track evaluations and ensure they are up to date annually.

DPOC:

1. The administrator or designee will audit all resident files to ensure all the DME's are completed timely and placed in the resident files within the next 10 days.
2. The administrator will schedule physician appointments for any residents who does not have a DME or a current DME within the next 10 days.
3. The administrator will audit all resident files to ensure the required documents are maintained in each resident records, at least bi-annually, starting immediately. SLW 7/29/2020

Legal Entity Representative

*[Handwritten Signature]*  
Signature

*Aundee Sterling Admin*  
Printed Name and Title

*3/1/2020*  
Date

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The above plan of correction is approved as of 7/29/2020  
(Date)

Plan of correction implementation status as of 7/29/2020  
(Date)

Implemented

Not Implemented

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

190a - Completion Medication Course

Regulations

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person A, who has not successfully completed the Department-approved medications administration course, administered medications to 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.)

Staff was not administering medication nor witnessed administering medications. Staff has <sup>since</sup> passed and completed the Pennsylvania medication Administration TRAINING PROGRAM.

DPOC:

1. The administrator will review all of the med tech trainings to ensure those staff administering medications have completed the training and annual practicums, within the next 10 days of receipt of this plan of correction.
2. The administrator will audit the staff training records, at least annually, to ensure all staff administering medications have completed the required training and annual practicums, starting immediately.

SLW 7/29/2020

Legal Entity Representative

Signature 

Printed Name and Title Aunke Sterling Almin

Date 3/1/2020

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Plan of correction implementation status as of 7/29/2020 (Date)

- Implemented
- Not Implemented

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

225a - Assessment 15 Days

Regulations

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

An assessment was not completed for resident 2, who was admitted to the home on 08/01/19.

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.)

All Resident files are back on site. Assessment done 8/12/19 present when file.

DPOC:

- 1. The administrator or designee will audit all of the resident assessments to ensure they are complete and have been completed timely, starting within 20 days of receipt of this plan of correction.
- 2. The administrator will complete any assessments not current, within 10 days of receipt of this plan of correction.
- 3. The administrator will conduct audits of all resident records, at least bi-annually, to ensure all RASP's are completed, starting immediately.

SLW 7/29/2020

Legal Entity Representative

*[Handwritten Signature]*  
Signature

*Aundae Sterling Admin* 3/1/20  
Printed Name and Title Date

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(Date)

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(Date)

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

- Implemented
- Not Implemented

225c - Additional Assessment

Regulations

2600.

225.c. The resident shall have additional assessments as follows:

- 1. Annually.

Description of Violation

Resident 1's most recent assessment was completed on 11/27/18.

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.)

An updated RASP was completed for resident 1. Administrator will continue to ensure assessments are up to date.

DPOC:

- 1. The administrator or designee will audit all of the resident assessments to ensure they are complete and have been completed timely, starting within 20 days of receipt of this plan of correction.
- 2. The administrator will complete any assessments not current, within 10 days of receipt of this plan of correction.
- 3. The administrator will conduct audits of all resident records, at least bi-annually, to ensure all RASP's are completed, starting immediately.

SLW 7/29/2020

Legal Entity Representative

*AS*

Signature

Andre Sterling Admin 7/18/2020

Printed Name and Title

Date

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Plan of correction implementation status as of 7/29/2020 (Date)

Implemented

Not Implemented

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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 2 was admitted on 08/01/19; however, the resident's initial support plan was not completed.

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.)

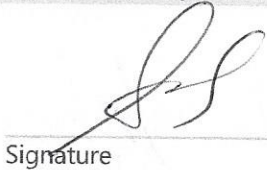
ALL resident assessments are back on site. Resident Assessment dated 8/12/19 is present within resident file.

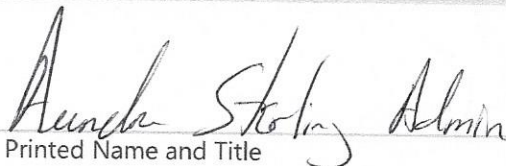
DPOC:

1. The administrator or designee will audit all of the resident RASP's to ensure they are complete and have been completed timely, starting within 20 days of receipt of this plan of correction.
2. The administrator will complete any RASP's not current, within 10 days of receipt of this plan of correction.
3. The administrator will conduct audits of all resident records, at least bi-annually, to ensure all RASP's are completed, starting immediately.

SLW 7/29/2020

Legal Entity Representative

  
Signature

 3/1/2020  
Printed Name and Title Date

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(Date)

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(Initials)

Implemented  
 Not Implemented

227d - Support Plan Medical/Dental

Regulations

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment for resident 3, dated 02/01/18, indicates the resident has a need for doing laundry. The resident's support plan, dated 02/01/18 does not document how this need will be met.

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 plan for resident was updated in assessment plan. Resident weekly puts at hand to be completed by staff.

Legal Entity Representative

*[Handwritten Signature]*

Signature

*Aunck Sterling Admin 3/1/2020*

Printed Name and Title

Date

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

The above plan of correction is approved as of 7/29/2020  
(Date)

Plan of correction implementation status as of 7/29/2020  
(Date)

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

Implemented  
 Not Implemented