



pennsylvania
DEPARTMENT OF HUMAN SERVICES

**Sent via e-mail mysterlinghouse@gmail.com
April 29, 2022**

██████████
Administrator
██████████
████████████████████
██

RE: Sterling House
License #: 14292

Dear ██████████:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on February 9, 2021 and April 19, 2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

██

██████████
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

**Department of Human Services Bureau of
Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC**

Facility Information

Name: *STERLING HOUSE* License #: *14292* License Expiration Date: *07/31/2021*
Address: *432 EAST TULPEHOCKEN STREET, PHILADELPHIA, PA 19144*
County: *PHILADELPHIA* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

[REDACTED]
[REDACTED]
[REDACTED]

Certificate(s) of Occupancy

Type: *R-3* Date: *12/16/2016* Issued By: *City of Philadelphia L & I*

Staffing Hours

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

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *02/09/2021*

Inspection Dates and Department Representative

02/09/2021 - On-Site: [REDACTED]

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: *8* Are 60 Years of Age or Older: *5*
Diagnosed with Mental Illness: *8* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

02/09/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/27/2021*

Inspections / Reviews *(continued)*

3/5/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *03/07/2021*

4/2/2021 - Directed Plan of Correction

Follow-Up Type : Onsite Inspection

Follow-Up Date:

26b - Quality Management Plan Content

1. Requirements

2600.

26.b. The quality management plan shall address the periodic review and evaluation of the following:

Description of Violation

The home's quality management review dated 3/5/20 did not address reportable incidents, complaint procedures, staff training, licensing violations and plans of corrections, and resident or family councils. .

Plan of Correction

Do Not Accept

The previous years quality management plan was incomplete because we focused most of the topics on the pandemic. We will now resume and going forward with this year 2021 include all required topics to be discussed and documented. Licensee's Proposed Date for POC Implementation: 2/22/2021

Directed Plan of Correction 4/2/2021 CM: Within 15 days of receipt of the accepted plan of correction – The home will develop and implement a quality management plan that includes all of the required components by 2600.26b.

The administrator will conduct a quarterly quality management review which includes all of the required topics of 2600.26b. Documentation will be kept.

Implemented 4/15/22 CM

51 - Criminal Background Check

1. Requirements

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 Person A was hired 12/30/19. The home did not complete a criminal background check for Staff Person A until 2/11/20.

Repeat Violation: 2/10/20

Do Not Accept

Plan of Correction

Criminal History check will be completed prior to any future staff is hired. Administrator will continue to ensure this requirement is upheld. Licensee's Proposed Date for POC Implementation: 2/10/2021

Directed Plan of Correction 4/2/2021 CM: Immediately: The administrator or designee shall review the records of all current staff members to ensure that a PA State Police criminal background check has been completed and that an FBI background check has been completed for employees who were not residents of Pennsylvania for the past two consecutive years prior to the date of hire. Documentation shall be kept in the staff records.

Implemented 4/15/22 CM

Within 15 days of receipt of the plan of correction: The administrator and any staff person involved in the hiring and retention of staff shall review the Older Adult Protective Services Act. Documentation of the review shall be kept.

105g - Lint Removal and Duct Cleaning

1. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

105g - Lint Removal and Duct Cleaning (continued)

Description of Violation

On 2/9/21, there was an approximate 1 inch accumulation of lint in the lint trap of the second floor dryer. There were no clothes in the dryer at the time.

Plan of Correction

Do Not Accept

There was a informal discussion with staff about the importance of a clean and clear dryer lint trap. A sign was placed in the wash room door to clean dryer lint trap after each use of the dryer. Licensee's Proposed date for POC Implementation: 2/11/2021

Directed Plan of Correction 4/2/2021 CM: Within 15 days of the receipt of the accepted plan of correction, all staff persons will be educated concerning the hazards associated with the accumulation of lint and the procedures to prevent lint accumulation including emptying lint from the lint trap and drum from clothes dryers after each use. Documentation of education will be kept. A designated staff person will check the lint traps and drums of all clothes dryers daily to ensure there is no accumulation of lint. The administrator will check the lint traps and drums of all clothes dryers at least weekly to ensure there is no accumulation of lint.

Implemented 4/15/22 CM

121a - Unobstructed Egress

1. Requirements

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 2/9/21 at 10:05 A.M. the exit door was locked and blocked egress from the home's second floor resident bedroom emergency exit.

On 2/9/21 at 10:10 A.M. the exit door was locked and blocked egress from the home's 3rd floor resident bedroom emergency exit.

Repeat violation: 12/30/19

Plan of Correction

Do Not Accept

This issue was corrected same day. Both emergency doors are unlocked and will remain so. Staff and administrator will continue to monitor that doors remain unlocked to facilitate a priority egress. Licensee's Proposed date of POC Implementation: 2/9/2021

Directed Plan of Correction 4/2/2021 CM: Within 15 days of receipt of the plan of correction: All staff persons will be educated on maintaining stairways, hallways, doorways, passageways and egress routes from rooms and from the building unlocked and unobstructed. This includes maintaining outside walkways clear of snow, ice or any other obstructions. Documentation of education will be kept.

Implemented 4/15/22 CM

132d - Evacuation

1. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

During the fire drill on 12/11/19 at 7:54 P.M., the home evacuated residents and staff in 3 minutes and 20 seconds. The home does not have a maximum safe evacuation time specified in writing within the past year by a fire safety expert. The home exceeded an evacuation time of 2 minutes 30 seconds during the 12/11/19 fire drill.

132d - Evacuation (continued)

Plan of Correction

Do Not Accept

Staff was counseled on the need to run another fire drill the same month since the drill exceeded the 2 minute 30 second limit. Staff did document why the original drill took 3 minute 20 seconds. Staff will run a repeat drill each time a drill goes beyond the 2 minute 30 second mark. Administrator will continue to monitor this. Licensee's Proposed Date for POC Implementation: 3/9/2021

Directed Plan of Correction 4/2/2021 CM:

Immediately: The administrator will complete the following steps to reduce the safe evacuation to a time specified in writing by a fire safety expert within the past year

- Upon suspension of regulation: Conduct at least two fire drills a month until the home can meet the safe evacuation time specified in writing by a fire safety expert within the past year, for three consecutive months.
- If the home exceeds the safe evacuation time specified in writing by a fire safety expert within the past year, for two consecutive fire drills, the home will add additional staff to the regular schedule and maintain the staffing level at all times.
- Relocate residents who require special assistance with evacuation closer to exits or fire.

The suspension of the regulation shall lift upon the date the Disaster Proclamation is lifted by the Governor.

Implemented 4/15/22 CM

183e - Storing Medications

1. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper safe areas. conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 2/9/21 Resident # 1's [redacted], was open but did not contain an open date. According to the manufacturer's instructions the [redacted] pen should be discarded 28 days after it is opened.

On 2/9/21 Resident # 1's [redacted], was open but did not contain an open date. According to the manufacturer's instructions the [redacted] should be discarded 42 days after it is opened.

Plan of Correction

Do Not Accept

Labeling stickers were purchased to show open date on flex pens. Staff will continue to use them to ensure proper time frame usage of Flex pens. Licensee's Proposed Date of POC Implementation: 2/11/2021

Directed Plan of Correction 4/2/2021 CM: Within 15 days of the receipt of the accepted plan of correction, all staff persons administering medication will be reeducated on medication administration and storage practices including dating of insulin. Documentation of the training will be kept.

Implemented 4/15/22 CM

26b - Quality Management Plan Content

1. Requirements

2600.

26.b. The quality management plan shall address the periodic review and evaluation of the following:

1. The reportable incident and condition reporting procedures.
2. Complaint procedures.
3. Staff person training.
4. Licensing violations and plans of correction, if applicable.
5. Resident or family councils, or both, if applicable.

Description of Repeat Violation

The home still does not have a quality management plan as of 04-19-2021

Plan of Correction

Directed

DPOC - SP - 06-25-2021 - Home will create a Quality Management Plan with all the content specified in regulation 2600.26b by 06-29-2021. Plan will be made available for Department review.

Completion Date:

Implemented 4/15/22 CM