



Emailing Date: May 19, 2021

Mr. Moshe Jacobowitz, Partner
Sterling Home, LLC
320 Roebling Street, #628
Brooklyn, New York 11211

RE: Sterling Home
1318 Arch Street
McKeesport, Pennsylvania 15132
Certificate #: 452691

Dear Mr. Jacobowitz

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licer _____, of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

In accordance with 55 Pa.Code § 2600.11(b) (relating to procedural requirements for licensure or approval of personal care homes) a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

During the inspection, citations on the enclosed Licensing Inspection Summary were found. All citations specified on the Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your PROVISIONAL license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

Sincerely,

A handwritten signature in black ink that reads "Jamie L. Buchenauer". The signature is written in a cursive style.

Jamie L. Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

Facility Information

Name: *Sterling Home* License #: *45269* License Expiration Date:
 Address: *1318 Arch Street, McKeesport, PA 15132*
 County: *ALLEGHENY* Region: *WESTERN*

Administrator

Name: *Toni Petrulak* Phone: *412-672-4545* Email: *toni@quietridgemanor.com*

Legal Entity

Name: *Sterling Home LLC*
 Address: *320 Roebling Street #628, Brooklyn, NY, 11211*
 Phone: *347-978-5151* Email: *sterlinghomepa@gmail.com*

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *26* Waking Staff: *20*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Change Legal Entity* Exit Conference Date: *04/06/2021*

Inspection Dates and Department Representative

04/06/2021 - On-Site: Karen Georgoulis

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *42* Residents Served: *26*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *14* Are 60 Years of Age or Older: *15*
 Diagnosed with Mental Illness: *15* Diagnosed with Intellectual Disability: *4*
 Have Mobility Need: *0* Have Physical Disability: *3*

Inspections / Reviews

04/06/2021 - Partial

Lead Inspector: *Karen Georgoulis* Follow-Up Type: *POC Submission* Follow-Up Date: *04/25/2021*

Inspections / Reviews *(continued)*

4/26/2021 - POC Submission

Lead Reviewer: *Jon Kimberland*Follow-Up Type: *POC Submission*Follow-Up Date: *04/28/2021*

4/27/2021 - POC Submission

Lead Reviewer: *Jon Kimberland*Follow-Up Type: *Document Submission*Follow-Up Date: *05/03/2021*

5/10/2021 - Document Submission

Lead Reviewer: *Jon Kimberland*Follow-Up Type: *Exception*

42e - Telephone Access

1. Requirements

2600.

42.e. A resident shall have access to a telephone in the home to make calls in privacy. Nontoll calls shall be without charge to the resident.

Description of Violation

On 4/6/21, there was a hospital bedtable with a black desk phone and a chair along the wall a few feet from the administrator's office in a common hallway. The location of the telephone does not allow the residents any privacy to make or receive telephone calls.

Plan of Correction

Accept

A cordless phone was purchased and installed in the hallway so that the residents have access to use the phone and make calls in privacy. The new cordless phone is accessible to all residents in the home and can be transported into private areas (eg: resident bedrooms) by the resident to ensure that the resident(s) can make and receive calls in private. All staff was addressed and educated at a staff meeting held on 4/21/2021 on rectifying and/or reporting to administration any concerns regarding the cordless phone location and ensure that the phone is charging when not in use and works properly at all times (please see attached documentation). Staff was also re-addressed on the resident's right to privacy when making and receiving phone calls (please see attached photos).

Completion Date: 04/22/2021

Document Submission

Implemented

Please see attached documents

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

85a - Sanitary Conditions (continued)

Description of Violation

On 4/6/21, at approximately 9:50 a.m., on the exterior deck and designated smoking area, between the white resin chair and the pebbled smoke stand to the left of the door was a blackish/brownish build-up of an unidentified substance against the pebbled smoke stand and a heavy layer of cigarette ashes on top, measuring approximately 1' in diameter. Also, on top of the ashes closer to the chair was a clear, semi-whitish fluid, that looked like expectorant, that recently had been spat, approximately five times in the concentrated area next to the chair, posing unsanitary concerns.

On 4/6/21, the bottom half of a cat carrier appeared to be used as a litter box. In the box was what appeared to be kitty litter and approximately three dark brown/black clumps of what appeared to be cat feces in the kitty litter in the box. The box was on the left side of the AC unit along the kitchen side of the building and emergency egress route, from deck to the parking lot.

On 4/6/21, at approximately 10:00 a.m. resident #1 had a CPAP machine (Fisher Paykel- HC150) on a small stand near ■ bed in bedroom #9. The CPAP machine was on a small tray on the stand and the tray bottom had what appeared to be dark brown drops from a liquid or spillage that had dried at the front side of the CPAP machine. The clear domed container that holds the water in the machine, was approximately ¼ full of a yellowish colored liquid. There appeared to be a residue on the inside the clear plastic dome and particles floating in the yellowish liquid. The mask was still connected to the hose and lying face down on the carpet. Interviews indicated resident #1 cleans the CPAP equipment just prior to bedtime with no oversight by the staff for the cleaning and sanitary conditions of the medical equipment. However, the manufacture care instructions indicate: "Use only distilled water. Wipe off the exterior with a wet cloth daily and wash chamber daily with dish soap, rinse well, allow to air dry."

On 4/6/21, there was a thick blackish/brownish substance that had coagulated and dried on the right side of the carpet in the hallway at the emergency exit door by bedrooms #10 and #11. Also, there was a light brown/beige substance that appeared to look like oatmeal that had spilled down the wall, puddled on the carpet, and dried. The substance measured approximately 14" up the right wall closer to the door. Interviews indicated staff take the kitchen garbage and set the bags at the emergency exit door to take to the dumpster. The bags leaked onto the wall and carpet and was not cleaned up, posing unsanitary conditions and a risk of infestations due to the spillage not being cleaned up from the garbage and the 1 ½" gap at the bottom of the emergency exit door.

On 4/6/21, at approximately 11:20 a.m., there was an uncovered urinal containing approximately 200cc's of urine on the floor between resident # 2's bed and nightstand in bedroom ■ Interviews indicated the resident does not have an identified need for the urinal and cleans it out him/herself.

85a - Sanitary Conditions (continued)

Plan of Correction

Accept

The area on the exterior deck in the smoking area that the department inspector identified as expectorant and cigarette ashes was cleaned via power washer. Weekly inspections by administration of the smoking areas have been implemented (please see attached) to ensure that sanitary conditions are maintained. The plastic bin noted in this violation was immediately disposed of and on site inspector was notified to verify. To clarify this violation, the bin was not utilized as a litter box nor did it contain cat feces due to the facility does not house any animals. Resident #1's C Pap machine was immediately cleaned and a daily cleaning log has been implemented to ensure that staff cleans the machine on a daily basis. Administration will also complete weekly checks to ensure that staff is maintaining the C Pap's cleanliness to prevent any unsanitary conditions. Please see attached documentation. The wall was immediately cleaned and the on site inspector was notified to verify. A professional company was contracted to clean the carpet (please see attached photographs and invoice. Weekly inspections by administration of all flooring and walls have been implemented (please see attached) to ensure that sanitary conditions are maintained. A separate contractor was retained to repair the 1 1/2" gap at the bottom of the emergency door located by bedrooms #10 and #11 to prevent any form of infestations per the department inspector. The urinal that resident #2 had possessed was immediately discarded and on site inspector was notified to verify. All staff was addressed and educated at a staff meeting held on 4/21/2021 on rectifying and/or reporting to administration any concerns regarding the cleanliness of the smoking areas (cigarette butts, spitting, trash/debris), demonstrating the daily cleaning and documenting of resident #1's BiPap machine, ensuring that carpets and walls are clean and to report tears or any potential tripping hazards so that sanitary conditions shall be maintained (please see attached documentation).

Completion Date: 04/22/2021

Document Submission

Not Implemented

Please see attached documents

88a - Surfaces

1. Requirements

2600.

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

88a - Surfaces (continued)

Description of Violation

The emergency exit door #5, in the TV/sitting room, leading out to the exterior deck and designated smoking area is in disrepair. The framed glass insert in the middle of the door measuring 23" by 65" is not secured and being held into place by black duct tape along the top of both interior/exterior side of the door. There is black duct tape along the entire interior right side and exterior left side of the door.

On 4/6/21, at approximately 10:06 a.m., there was a red smear, measuring approximately ½" in diameter that appeared to be blood, on the exterior side of the door to bedroom #8. The smear measured approximately 4½' up from the bottom and was just off center to the right.

On 4/6/21, the door to bedroom #14, does not stay shut. The hole under the strike plate on the left side of the doorjamb is damaged. The strike plate is missing the bottom screw to secure in place and the hole for the catch appears to have been dug out larger than the hole of the strike plate, preventing the catch to secure.

On 4/6/21 at approximately 11:40 a.m., the metal grate on the exterior side of the laundry room door was missing screws, was not secure and was removed, leaving an opening, measuring approximately 13" by 21". The door has a keypad lock; however, the opening is large enough for a resident to gain access to the laundry room where cleaning supplies, bleach and laundry detergent are stored.

On 4/6/21, the emergency exit door at the end of the hallway by bedrooms #10 and #11 has gap/opening between the bottom of the door and the floor, measuring approximately 1½", and there is no threshold at the doorway. The opening poses a risk for infestations that can enter home under the door.

Plan of Correction

Accept

The frame molding around the glass of the emergency exit door #5 has been repaired (please see attached photo). The red smear of craft acrylic paint that was on bedroom #8 door was cleaned during the department inspection (please see attached photos). Bedroom #14 was repaired in a timely manner and now is able to be closed securely and remain closed. The doorjamb is not damaged and the screw on the strike plate was replaced (please see attached photos). The grate on the laundry room door was repaired (please see attached photos). Though residents may have been able to access where cleaning supplies, bleach and laundry detergent are stored, all residents that reside in the home are deemed able to safely use and avoid poisonous materials per each resident's physician signed DME. The emergency exit door by bedrooms #10 and #11 was repaired and there is no longer a gap at the door's threshold (please see attached photo). Weekly documented inspections by administration of the home's floors, walls, ceilings, windows, doors and other surfaces to ensure cleanliness and are in good repair and free of hazards (please see attached). All staff was addressed and educated at a staff meeting held on 4/21/2021 on rectifying and/or reporting to administration any concerns regarding the items listed in this violation (please see attached documentation).

Completion Date: 04/22/2021

Document Submission

Not Implemented

Please see attached documents

93a - Handrails

1. Requirements

2600.

93a - Handrails (*continued*)

93.a. Each ramp, interior stairway and outside steps must have a well-secured handrail.

Description of Violation

On 4/6/21, the handrailing on the exterior left side of the home, in front of the wooden fence, that runs along the walkway with the slight downward grade to the parking lot is in disrepair. The first three posts are in disrepair of the five and are approximately 3 ½' high and approximately 54" apart. The broken pieces of railing are still attached to the posts with jagged edges, as follows, The first post has a broken piece measuring approximately 46 ½" long, second post has a broken piece measuring approximately 74" long and the third post has a broken piece measuring 16" long.

Plan of Correction**Accept**

The first three (3) hand rails that were in disrepair were immediately removed and the on site department inspector was made aware to verify (please see attached photos). A private contractor has replaced the missing handrails that were removed. Administration has implemented and will conduct weekly checks that the facility's outside ramp's handrail is maintained, well secured and in good repair (please see attached). All staff was addressed and educated at a staff meeting held on 4/21/2021 on rectifying and/or reporting to administration any concerns regarding the any handrails within or outside of the facility (please see attached documentation).

Completion Date: 04/22/2021

Document Submission**Implemented**

Please see attached documents

95 - Furniture and Equipment

1. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

The chair in bedroom #8, has a rust color vinyl seat that is poor condition. The seat vinyl is cracked in multiple places and the vinyl has peeled off in an area measuring approximately 4" by 3".

Plan of Correction**Accept**

The chair in this violation was immediately disposed of and was replaced with a chair that is in good repair, clean and free of hazards. Administrator immediately notified on site department inspector that the chair was disposed of and replaced to verify. Moving forward, administration will conduct weekly checks that the facility furniture is in good repair, clean and free of hazards (please see attached). All staff was addressed and educated at a staff meeting held on 4/21/2021 on rectifying and/or reporting to administration any concerns regarding any broken or torn furniture including beds, chairs, couches, tables, dressers, nightstands, toilets, sinks, showers/bathtubs, any durable medical equipment for immediate repair or disposal (please see attached documentation).

Completion Date: 04/22/2021

Document Submission**Not Implemented**

Please see attached documents

100a - Exterior - Free of Hazards

1. Requirements

2600.

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

100a - Exterior - Free of Hazards (*continued*)**Description of Violation**

On 4/6/21, there is wooden fence, approximately 4' high on the left exterior side of the building to the front parking lot. A large section of the fence, measuring approximately 14', just before the hand railing, has begun to lean back toward neighbors and the end section has pulled out of the end post exposing five nails that are protruding measure approximately 3" and pose a hazard.

On 4/6/21, the exterior wooden deck has a board approximately 2 ½' from the down spout, that had a chunk of the wood missing, measuring approximately 19" by 2 ½" by 1 ½" deep, posing a tripping hazard.

Plan of Correction**Accept**

The five (5) nails that were exposed on the fence were repaired immediately and the on site inspector was notified to verify (please see attached photos). A private contractor repaired the cracked piece of wood of the deck near the downspout (please see attached photos). Moving forward, administration has implemented and will conduct weekly checks to ensure that the exterior of the building and the building grounds or yard must be in good repair and free of hazards. All staff was addressed and educated at a staff meeting held on 4/21/2021 on rectifying and/or reporting to administration any concerns regarding the decks and fences in order to prevent any hazards (please see attached documentation).

Completion Date: 04/22/2021

Document Submission**Implemented**

Please see attached documents

101j2 - Bedroom Chairs

1. Requirements

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

On 4/6/21, bedroom #7 has two residents; however, there is only one chair in the room.

Plan of Correction**Accept**

The above is not a violation due to there are two (2) chairs in resident bedroom #7 at the time of the inspection, one of which was folded and was propped against the wall (please see attached photo). Department on site inspector was immediately made aware of the chair's existence in room #7. Administration to continue to ensure that every room has a chair for each resident that meets the resident's needs by performing weekly documented checks. All staff was addressed and educated at a staff meeting held on 4/21/2021 on rectifying and/or reporting to administration any concerns regarding chairs in the residents rooms are available in the rooms, are clean and are in good repair (please see attached documentation).

Completion Date: 04/22/2021

Document Submission**Implemented**

Please see attached documents

101j3 - Bed/Linens/Pillows/Blankets

1. Requirements

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

On 4/16/21, at approximately 11:20 a.m., there was a blackish color that appeared to be dirt and multiple unknown bodily fluid stains on two of the pillowcases on resident #3's bed in bedroom [REDACTED]

On 4/6/21, at approximately 11:50 a.m., there were red large drops, of what appeared to be blood, on resident #4's single white fitted bed sheet near the edge of mattress at the bottom.

Plan of Correction

Accept

All linens in this violation were discarded and replaced immediately and on site inspector was notified to verify on 4/6/2021. Department inspectors were not on site 4/16/2021. New linens (fitted sheets and pillowcases) were purchased (please see attached invoice). Administration to continue to ensure that every room has clean linens in good repair for each resident by performing implemented weekly documented checks. All staff was addressed and educated at a staff meeting held on 4/21/2021 on rectifying and/or reporting to administration any concerns regarding the importance of ensuring that all resident's bed lines are clean at all times and if linens are needed, staff to continue to notify administration to obtain needed linens (please see attached documentation).

Completion Date: 04/22/2021

Document Submission

Not Implemented

Please see attached documents

101o - Walls, Floors, Ceilings

1. Requirements

2600.

101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

Description of Violation

On 4/6/21, there were cobwebs along the ceiling and upper part of the walls throughout bedroom #9, with the heaviest accumulation of cobwebs is on the wall with the window. Some of the cobwebs measure approximately a foot from the ceiling down, over the curtain valance and along the upper wall at the ceiling measure approximately 3' or 4' long.

On 4/6/21, there are multiple cobwebs for varying lengths on the walls at the top and ceiling throughout bedroom #4. Some of the cobwebs stretched from the ceiling down onto the walls.

On 4/6/21, the right wall in bedroom #8, approximately 1½' above resident [REDACTED] bed had multiple holes in varying sizes and depths. There were two larger holes are near the head of the bed, measuring approximately 1" diameter and a 3" by 2" diameter, where it broke through the skim coat of plaster and drywall. From approximately the middle to the end of the bed there are approximately 15 smaller holes of varying sizes and depth, from just breaking through the skim coating on top of the dry wall and others were deeper and went through the drywall.

On 4/6/21, there is no carpet strip at the doorway in bedroom #9, where the bedroom and hallway carpet meet. The edge of the carpet along the entire doorway, measuring approximately 35" has frayed and from approximately the middle to the right side of the doorway is lifted, measuring an area approximately 17" by 3", posing a tripping hazard.

101o - Walls, Floors, Ceilings (continued)

Plan of Correction

Accept

All "cobwebs" in this violation were immediately cleaned. The holes in bedroom #8 were repaired by a private contractor in a timely manner (please see attached photos). A aluminum carpet strip was installed on the carpet seam at bedroom #9's doorway and excess frayed carpet was removed (please see attached photos). Weekly checks by administration will be completed and documented that all bedrooms in the home have walls, floors and ceilings, which are finished, clean and in good repair. All staff was addressed and educated at a staff meeting held on 4/21/2021 on rectifying and/or reporting to administration any concerns regarding the any cracks or holes in the walls, tears in the carpet or concerns related to cleanliness and potential hazards (please see attached documentation).

Completion Date: 04/23/2021

Document Submission

Not Implemented

Please see attached documents

101r - Bedroom - shades/drapes/window covering

1. Requirements

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

On 4/6/21, there is a heavy layer of dust and cobwebs over the entire green valance hanging on the window in bedroom #9. The cobwebs stretch from the valance to the walls and ceiling, in some areas. The cobwebs are visible from the bedroom doorway

Plan of Correction

Accept

The green valance was removed and was washed. The "cobwebs" in this violation were immediately cleaned. Weekly checks by administration will be completed and documented that all drapes, shades, curtains, blinds or shutters on the bedroom windows. Window coverings must be clean (free of dust and/or other debris), in good repair, provide privacy and cover the entire window when drawn. All staff was addressed and educated at a staff meeting held on 4/21/2021 on rectifying and/or reporting to administration any concerns regarding the cleanliness of resident bedroom including windows, blinds, drapes, valances, walls and ceilings for immediate maintenance (please see attached documentation).

Completion Date: 04/22/2021

Document Submission

Not Implemented

Please see attached documents

103g - Storing Food

1. Requirements

2600.

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

Description of Violation

On 4/6/21, at approximately 1:37 a.m., there was a large bag of bacon strips that was open/unsealed and undated in the upright freezer in the storage room.

103g - Storing Food (continued)

Plan of Correction**Accept**

The bacon was immediately resealed appropriately to prevent any potential contamination and on site department inspector was notified to verify. Moving forward, administration will continue to ensure that all purchased food will be accurately dated. If food items are to be repackaged, they will be appropriately sealed, labeled and stored upon delivery. Weekly checks by administration will be completed and documented that all food within the facility is appropriately dated and labeled and if opened, the food item is sealed to prevent any possible contamination (please see attached). Freezer compatible labels and permanent markers were purchased so that the food labels adhere to the items until they are prepared and used for consumption. All staff was addressed and educated at a staff meeting held on 4/21/2021 on rectifying and/or reporting to administration any concerns regarding the facility's food supply which includes properly dated food items that are labeled accordingly, sealed food items to prevent potential contamination, properly shelving food in the refrigerator/freezer and rotating and discarding food items (please see attached documentation).

Completion Date: 04/22/2021

Document Submission**Not Implemented**

Please see attached documents

103i - Outdated Food

1. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

On 4/6/21, at approximately 1:35 a.m., there were 3 one-gallon Ziploc baggies of bread sticks that were unlabeled and undated in the small white freezer chest in the storage room.

On 4/6/21, at approximately 1:37 a.m. there were the following undated/unlabeled items in the large upright freezer in the storage room, to include:

Inside freezer door:

- * 3 one-gallon Ziploc baggies of spareribs.*
- * A one-gallon Ziploc bag of spareribs with approximately 7 or 8 pieces.*
- * 2 one-gallon Ziploc bags with chicken*
- * A tube of ground meat wrapped in foil.*
- * A one-gallon Ziploc bag of breadsticks.*

Inside freezer shelves:

- * A ¼ bag of bacon toppings.*
- * A large bag of bacon slices.*
- * A one-gallon Ziploc bag of veal or chicken patties.*
- * A one-gallon Ziploc bag of breaded cod fillets (triangle shape).*

103i - Outdated Food (*continued*)**Plan of Correction****Do Not Accept**

The above is not a violation due to the food items listed were not outdated, spoiled or contaminated in any way. Attached is the invoice from the facility's food supplier which conclusively determines the exact dates when the food was purchased (please see attached invoices). Moving forward, administration will continue to ensure that all purchased food will be accurately dated and labeled upon delivery. Weekly checks by administration will be completed and documented that all food within the facility is appropriately dated and labeled (please see attached). Freezer compatible labels and permanent markers were purchased so that the food labels adhere to the items until they are prepared and used for consumption. All staff was addressed and educated at a staff meeting held on 4/21/2021 on rectifying and/or reporting to administration any concerns regarding the facility's food supply which includes properly dated food items that are labeled accordingly, sealed food items to prevent potential contamination, properly shelving food in the refrigerator/freezer and rotating and discarding food items (please see attached documentation).

Completion Date: 04/21/2021

Plan of Correction**Accept**

This violation was corrected by accurately dating and labeling the food items above by the dates on the attached invoice from the facility's food supplier which conclusively determines the exact dates when the food was purchased (please see attached invoices). Moving forward, administration will continue to ensure that all purchased food will be accurately dated and labeled upon delivery with freezer compatible markers and labels so that the labels remain adhered to the repackaged food items to avoid future potential violations. Weekly checks by administration will be completed and documented that all food within the facility is appropriately dated and labeled (please see attached). Freezer compatible labels and permanent markers were purchased so that the food labels adhere to the items until they are prepared and used for consumption. All staff was addressed and educated at a staff meeting held on 4/21/2021 on rectifying and/or reporting to administration any concerns regarding the facility's food supply which includes properly dated food items that are labeled accordingly, sealed food items to prevent potential contamination, properly shelving food in the refrigerator/freezer and rotating and discarding food items (please see attached documentation).

Completion Date: 04/26/2021

Document Submission**Not Implemented**

Please see attached documents

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 4/6/21, there is a cable wire on the floor that runs from the left side of bedroom #7 and is connected to the television on the right side of the room. The cable line is in direct path of the egress route and the residents must walk over the cable line at any given point to enter/exit the room, posing a tripping hazard.

On 4/6/21 at approximately 1:15 p.m., the emergency exit door by bedroom #1, required several pushes of great force to open. It appears to drag at the top and bottom right sides of the door. A resident could not easily open the door to evacuate, that would require multiple attempts or assistance to open the door.

121a - Unobstructed Egress (*continued*)

Plan of Correction

Accept

The cable wire was secured to the wall as per department inspector recommendation (see attached photos). The emergency exit door by bedroom #1 was repaired and now opens without complication. Weekly checks by administration will be completed and documented that all hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed (please see attached). All staff was addressed and educated at a staff meeting held on 4/21/2021 on rectifying and/or reporting to administration any concerns regarding egress routes including doorways and hallways from being obstructed in any way that may pose any potential hazards (please see attached documentation).

Completion Date: 04/22/2021

Document Submission

Not Implemented

Please see attached documents