

Department of Human Services
Bureau of Human Service Licensing

September 22, 2022

[REDACTED]
ST STEPHENS LIVING CENTER LLC
1075 CHESTNUT STREET
NANTY GLO, PA, 15943

RE: ST. STEPHEN'S LIVING CENTER
1075 CHESTNUT STREET
NANTY GLO, PA, 15943
LICENSE/COC#: 32736

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/22/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *ST. STEPHEN'S LIVING CENTER* License #: *32736* License Expiration: *04/20/2022*
Address: *1075 CHESTNUT STREET, NANTY GLO, PA 15943*
County: *CAMBRIA* Region: *CENTRAL*

Administrator

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

Legal Entity

Name: *ST STEPHENS LIVING CENTER LLC*
Address: *1075 CHESTNUT STREET, NANTY GLO, PA, 15943*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *01/26/1989* Issued By: *Labor & Industry*

Staffing Hours

Resident Support Staff: *4* Total Daily Staff: *22* Waking Staff: *17*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Complaint* Exit Conference Date: *07/22/2021*

Inspection Dates and Department Representative

07/22/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *44* Residents Served: *18*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *15* Are 60 Years of Age or Older: *13*
Diagnosed with Mental Illness: *11* Diagnosed with Intellectual Disability: *2*
Have Mobility Need: *0* Have Physical Disability: *1*

Inspections / Reviews

07/22/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/29/2021*

09/22/2022 - POC Submission

Inspections / Reviews (*continued*)

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *09/30/2022*

09/22/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

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

On [redacted] 2021, Resident #1 had a fall while walking outside of the home [redacted]. This fall resulted in an admission to the hospital. The resident was discharged back to the home on [redacted] 2021. The home did not report this incident to the Department.

Plan of Correction

Accept

The administrator of the home will report all incidents and change of conditions to the department's personal care home regional office and/or the personal care home complaint hotline within 24 hours in a manner designated by the department. All staff will be inserviced on the reporting requirements by the administrator on 7/23/21. The administrator and/or the designee will monitor for compliance and will report it's compliance to the Quality Management Committee on a regular basis, beginning August 2021.

Completion Date: 07/23/2021

Document Submission

Implemented

The administrator of the home will report all incidents and change of conditions to the department's personal care home regional office and/or the personal care home complaint hotline within 24 hours in a manner designated by the department. All staff will be inserviced on the reporting requirements by the administrator on 7/23/21. All steps have been completed. The administrator and/or the designee will monitor for compliance and will report it's compliance to the Quality Management Committee on a regular basis, beginning August 2021.

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 7/22/2021, upon entering the basement access, there was a pungent odor of sewage. A puddle of water, approximately 6 feet by 5 feet, surrounded the basement drain.

Plan of Correction

Accept

On 08/12/2021 [redacted] Plumbing were contracted to clear the drainage. They cleared the sewage backup. The puddle of water has been cleared. The administrator will monitor the basement on a regular basis (weekly) on noticing any sewage or water backing up the administrator will immediately call the plumbing company to deal with the issue. The administrator will monitor for compliance.

Completion Date: 08/12/2021

Document Submission

Implemented

On 08/12/2021 [redacted] Plumbing were contracted to clear the drainage. They cleared the sewage

85a - Sanitary Conditions (continued)

backup. The puddle of water has been cleared. The administrator will monitor the basement on a regular basis (weekly) on noticing any sewage or water backing up the administrator will immediately call the plumbing company to deal with the issue.

The administrator will monitor for compliance. All steps have been completed

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.

Description of Violation

The steps and railing of the exterior exit in the rear of the building, on the School Street side, is in poor repair. Part of the steps and railing have rotten and deteriorated wooden timbers.

Plan of Correction

Accept

The personal care home is in the process of soliciting bids on repairing and/or replacing the steps and railing that has become rotten and deteriorated. Due to the pandemic vendors are not inclined to do any work presently as there is a backlog of 5 to 6 months. As soon as a vendor is contracted work will begin.

The administrator will continue to follow up on contracting with a vendor.

Update - the steps and railing were repaired/replaced by the home's maintenance staff during July, 2021.

The administrator will continue to check the exterior of the building, to ensure that these areas are in good repair and free of hazards. Any problems with the building will be addressed when found.

Completion Date: 02/28/2022

Document Submission

Implemented

The personal care home is in the process of soliciting bids on repairing and/or replacing the steps and railing that has become rotten and deteriorated. Due to the pandemic vendors are not inclined to do any work presently as there is a backlog of 5 to 6 months. As soon as a vendor is contracted work will begin.

The administrator will continue to follow up on contracting with a vendor. All steps have been completed

Update - the steps and railing were repaired/replaced by the home's maintenance staff during July, 2021.

The administrator will continue to check the exterior of the building, to ensure that these areas are in good repair and free of hazards. Any problems with the building will be addressed when found.

101j6 - Mirror

1. Requirements

2600.

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

- 6. A mirror.

Description of Violation

There is no mirror in the shared bedroom, Room #6

Plan of Correction

Accept

There is now a mirror in the shared bedroom #6, placed by administrator on 7/22/21.

The administrator will assign staff to make regular rounds (weekly) to make sure all resident rooms have a mirror in the bedroom, beginning August 2021.

101j6 - Mirror (continued)

The administrator will monitor for compliance.

Completion Date: 07/22/2021

Document Submission

Implemented

There is now a mirror in the shared bedroom #6, placed by administrator on 7/22/21.

The administrator will assign staff to make regular rounds (weekly) to make sure all resident rooms have a mirror in the bedroom, beginning August 2021.

The administrator will monitor for compliance.

All steps have been completed

101j7 - Lighting/Operable Lamp

1. Requirements

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

The resident in Room #6, with a bureau beside the bed, does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept

There is now an access to a source of light that can be turned on and off at bedside in room #6, placed by staff per the administrator on 7/22/21.

The staff assigned will make regular rounds (weekly) to make sure all resident rooms have access to a source of light at bedside, beginning August 2021.

The administrator will monitor for compliance.

Completion Date: 07/22/2021

Document Submission

Implemented

There is now an access to a source of light that can be turned on and off at bedside in room #6, placed by staff per the administrator on 7/22/21.

The staff assigned will make regular rounds (weekly) to make sure all resident rooms have access to a source of light at bedside, beginning August 2021.

The administrator will monitor for compliance. All steps have been completed

103f - Refrigerator/Freezer Temps

1. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 7/22/2021 at approximately 12:15 PM, the temperature in the Haier freestanding refrigerator in the Dining Room was 48 degrees Fahrenheit.

The tan Frigidaire freezer, located in the hallway across from the kitchen, was 21 degrees Fahrenheit at 12:15 PM.

103f - Refrigerator/Freezer Temps (*continued*)**Plan of Correction****Accept**

The freestanding refrigerator and the freezer have been replaced as of 8/4/21. All staff will be inserviced by the administrator to monitor the temperatures daily. Any variants will be immediately reported to the administrator. The kitchen staff assigned will monitor for compliance. The administrator will follow up regularly (weekly) beginning August 2021.

Completion Date: 08/04/2021

Document Submission**Implemented**

The freestanding refrigerator and the freezer have been replaced as of 8/4/21. All staff will be inserviced by the administrator to monitor the temperatures daily. Any variants will be immediately reported to the administrator. The kitchen staff assigned will monitor for compliance. The administrator will follow up regularly (weekly) beginning August 2021. All steps have been completed

183b - Meds and Syringes Locked

1. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On 7/22/2021 at 9:30 AM, the Medication Cart outside the kitchen beside Room #10, across from the pantry, was unlocked, unattended, and accessible.

Plan of Correction**Accept**

The medication cart will be locked at all times when not in attendance. All med staff to be inserviced by the administrator on 7/23/22 to ensure that all medications are locked and inaccessible to residents and unqualified personnel. The administrator will monitor for compliance by completing daily walk-throughs of the home beginning August 2021.

Completion Date: 07/23/2021

Document Submission**Implemented**

The medication cart will be locked at all times when not in attendance. All med staff to be inserviced by the administrator on 7/23/22 to ensure that all medications are locked and inaccessible to residents and unqualified personnel. The administrator will monitor for compliance by completing daily walk-throughs of the home beginning August 2021. All steps have been completed