



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [REDACTED]
November 15, 2022

[REDACTED]
[REDACTED]

Sterling House
432 East Tulpehocken Street
Philadelphia, Pennsylvania 19144

RE: Sterling House
License #: 14292

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on November 30, 2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]

[REDACTED]

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: *07/31/2022*
Address: *432 EAST TULPEHOCKEN STREET, PHILADELPHIA, PA 19144*
County: *PHILADELPHIA* Region: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *STERLING HOUSE LLC*
Address: *432 EAST TULPEHOCKEN STREET, PHILADELPHIA, PA, 19144*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *7* Waking Staff: *5*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *11/30/2021*

Inspection Dates and Department Representative

11/30/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *10* Residents Served: *7*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *7* Are 60 Years of Age or Older: *4*
Diagnosed with Mental Illness: *7* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

11/30/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/20/2021*

Inspection Dates and Department Representative (*continued*)

01/11/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *01/27/2022*

20b1 - Financial Records

1. Requirements

2600.

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

1. The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

Description of Violation

The home manages the finances for resident #2. However, the home's record of financial transactions does not include the dates and amounts of deposits.

Plan of Correction**Directed**

Sterling House has been using the PA PCH form Cash Distribution record for years. The form requires the date, time, amount withdrawn, balance, resident signature and staff signature. In addition, our residents receive funds on a weekly basis and it was explained how we use this state form to track and keep accountability.

DPOC - SP - 01-11-2022

Within 10 business days receipt of POC, Administrator will ensure financial transaction form is kept for residents whom assistance with financial management is needed. Financial transaction form will capture all specifications of 266.20b1

Completion Date:

SW 11.4.22 Implemented

89b - Hot Water Temperature

1. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 11/30/21 at 11:33AM, the hot water temperature in the 2nd floor bathroom measured 125.7 degrees Fahrenheit.

On 11/30/21 at 11:42AM, the hot water temperature in the 3rd floor bathroom measured 124.1 degrees Fahrenheit.

Plan of Correction**Directed**

It was reported that the state inspector ran the water in excess of 25 minutes. Running the water that long which is a waste of home resources will eventually get the hotter temperature water at the lower end of the tank which is at its lowest setting currently.

DPOC - SP - 01-11-2022

Within 10 business days receipt of POC, the administrator will ensure all hot water temperatures in the home do not exceed 120 degrees Fahrenheit. The administrator or a designated staff person will create a water temperature log check to be completed weekly beginning 01-17-2022. Temperature on the homes hot water heater will be dialed back so water temperatures remain in compliance.

Completion Date:

SW 11.4.22 Implemented

101j2 - Bedroom Chairs

1. Requirements

2600.

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

101j2 - Bedroom Chairs (continued)

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

Description of Violation

A 2nd floor Bedroom is occupied by resident [redacted] however on 11/30/21 at 11:25AM, there was not a chair in this room.

Plan of Correction

Accept

All residents have the required bedroom chair. At the time of inspection, the resident had taken [redacted] chair to the living room. This was corrected on site.

Completion Date: 11/30/2021

SW 11.4.22 Implemented

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

The bed for resident #3 does not have bed linens that are clean and in good repair. The bed linens have holes in them.

Plan of Correction

Accept

Resident 3 placed the holes in [redacted] sheets. The sheets were replaced and are in good repair. Staff will continue to monitor this.

Completion Date: 11/30/2021

SW 11.4.22 Implemented

103i - Outdated Food

1. Requirements

2600.

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

Description of Violation

On 11/30/21 at 9:12AM, in the freezer there was open undated hot dogs, shredded cheddar cheese, turkey sausage, bag of fries, and 2 bags of vegetables.

On 11/30/21 at 12:00PM, in the refrigerator there 8 Tupperware containers of food that were unlabeled and undated.

On 11/30/21 at 12:00PM, in dry food storage there was a Tupperware container of cereal that was unlabeled and undated.

Plan of Correction

Directed

The unlabeled food was discarded that evening

DPOC - SP - 01-11-2022

The administrator will ensure outdated, spoiled food items, and dented cans are not used. All leftover food items will be dated. Outdated food and dented cans will be discarded.

Completion Date:

SW 11.4.22 Implemented

144c1 - Smoking Area Guidelines

1. Requirements

2600.

144c1 - Smoking Area Guidelines (continued)

- 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's designated smoking area is outside in front of the home. However, it was reported by staff member A that resident [redacted] will smoke in the bedroom. On [redacted]/21 at [redacted], there were burn holes in resident [redacted]'s sheets.

Plan of Correction

Accept

Residents are continuously reminded of the designated smoking areas. Smoking is prohibited within the home and residents are aware of this. Staff will continue to monitor residents are abiding by house rules.

Completion Date: 11/30/2021

SW 11.4.22 Implemented

183a - Original Containers and Injections

1. Requirements

- 2600.
- 183.a. Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration. Assistance with insulin and epinephrine injections and sterile liquids shall be provided immediately upon removal of the medication from its container.

Description of Violation

On [redacted]/21, resident #1's medications for [redacted] 21 were placed in a [redacted] weekly medication cartridge.

Plan of Correction

Directed

Medication cartridges are from the [redacted] hospital and use only when residents go away with family or other.

DPOC - SP - 01-11-2022

Medication cartridges are not to be used. Within 15 business days receipt of this POC, Administrator will review regulation with med administration staff. Medications are to be kept in original containers. Documentation of staff education to be maintained by home and made available for Department review.

Completion Date:

SW 11.4.22 Implemented

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 11/30/21 at 9:04AM, the medication cabinet was unlocked, unattended, and accessible by the dining table.

Resident #1 is prescribed [redacted] On [redacted]/21 at [redacted] PM, this medications was unlocked, unattended, and accessible in the resident's bedroom.

Plan of Correction

Accept

The medication cabinet was unlocked by staff after the inspector said they will be reviewing the medications. OTC Medication was locked and secured in medication cabinet. Was corrected same day

Completion Date: 11/30/2021

SW 11.4.22 Implemented

183b - Meds and Syringes Locked (continued)

183d - Prescription Current

1. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On [redacted]/21, [redacted] prescribed for resident #1, was in the home's medication cabinet; however, the medication was discontinued and not listed on the medication list provided by the home.

Plan of Correction

Directed

Discontinued medications will be and continue to be returned to the [redacted] hospital or safely discarded. This was corrected same day

DPOC - SP - 01-11-2022

Within 15 business days receipt of this POC, Administrator will audit all resident medications to ensure they are current. All expired or discontinued medications will be discarded and the pharmacy will be contacted for new meds.

Completion Date:

SW 11.4.22 Implemented

185a - Implement Storage Procedures

1. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #1 is prescribed [redacted]. On [redacted]/21 this medication was not available in the home.

Plan of Correction

Directed

The medication [redacted] and did not arrive in the mail at the Sterling house facility until that Friday [redacted].

DPOC - SP - 01-11-2022

Within 1 calendar day receipt of this POC, Administrator will audit all resident medications to ensure they are in the home. For any medications not available, the residents physician and pharmacy will be contacted for new meds.

Completion Date

SW 11.4.22 Implemented

187a - Medication Record

1. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.

187a - Medication Record (continued)

- 5. Dosage form.
- 6. Dose.
- 7. Route of administration.
- 8. Frequency of administration.
- 9. Administration times.
- 10. Duration of therapy, if applicable.
- 11. Special precautions, if applicable.
- 12. Diagnosis or purpose for the medication, including pro re nata (PRN).
- 13. Date and time of medication administration.
- 14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #1 does not have a medication administration record in the home. There is no documentation that resident #1's medications are being administered.

Plan of Correction

Directed

Medication record was being reviewed at the time by administrator. This was explained to inspector. Record was provided.

DPOC - SP - 01-11-2022

Within 1 calendar day receipt of this POC, Administrator will ensure all residents have a Medication Administration Record (MAR). All MAR's will document the 14 required steps indicated in regulation 2600.187a

Completion Date:

SW 11.4.22 Implemented

187b - Date/Time of Medication Admin.

1. Requirements

- 2600.
- 187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #1 does not have a medication administration record in the home. Staff do not initial when medication is being administered.

Plan of Correction

Directed

Medication record was being reviewed at the time by administrator. This was explained to inspector. Record was provided.

DPOC - SP - 01-11-2022

Within 1 calendar day receipt of this POC, Administrator will ensure all residents have a Medication Administration Record (MAR). All MAR's will document the 14 required steps indicated in regulation 2600.187a. Date and time medication is administered will be recorded in accordance with regulation 2600.187b

Completion Date:

SW 11.4.22 Implemented

187c - Refusal of Medication

1. Requirements

- 2600.

187c - Refusal of Medication (continued)

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

Resident #1 is prescribed [redacted]. Staff Member A reports resident #1 refuses the medication [redacted]. These refusals are not documented in the resident record

Plan of Correction

Directed

Refusals are documented. Medication record was being reviewed at the time by administrator. This was explained to inspector.

DPOC - SP - 01-11-2022

Administrator or designated staff person will document resident refusals in accordance with regulation 2600.187c. Refusals will be reported to the prescriber within 24 hours and documented for Department review. Completion Date:

187d - Follow Prescriber's Orders

1. Requirements

2600. 187.d. The home shall follow the directions of the prescriber.

Description of Violation

On [redacted]/21, Resident #1 did not receive their [redacted] medications. Resident #1's medications are put into a weekly pill organizer for all medications for [redacted] of each day of the week. On [redacted]/21 at [redacted], all of resident #1's [redacted] pills for that day remained in the organizer.

Resident #1 is prescribed [redacted] however on the following dates the [redacted] were only completed once: [redacted]. There were no [redacted] completed on the following dates: [redacted]

Plan of Correction

Directed

[redacted] Medications were given by [redacted] as [redacted] came in to work that [redacted]. [redacted] readings are done [redacted] the letter with the order arrived to the home [redacted]

DPOC - SP - 01-11-2022

Administrator will ensure all medications are being administered and recorded according to the directions of the prescriber. This includes [redacted] and readings. Medication administration staff will be trained on policy within 15 days receipt of this POC. Documentation of policy and training will be maintained by home and made available for Department review.

Completion Date:

SW 11.4.22 Implemented

190a - Completion Medication Course

1. Requirements

2600.

190a - Completion Medication Course (continued)

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 B, who has not successfully completed the Department-approved medications administration course, Staff member B reported during a staff interview that they will administer medications to the residents.

Plan of Correction

Directed

Staff B did not report giving any medication. Staff reported they are in training as the training to be officially concluded on [REDACTED]

DPOC - SP - 01-11-2022

Administrator will ensure only staff persons who completed the Department approved medication administration course, administer medications to residents. Staff certificates to be maintained by home and made available for residents.

Completion Date:

SW 11.4.22 Implemented

225c - Additional Assessment

1. Requirements

2600.

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

- 1. Annually.
- 2. If the condition of the resident significantly changes prior to the annual assessment.
- 3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident #1's current assessment was completed on [REDACTED]/21. However, the resident's previous assessment was completed on [REDACTED]/20.

Plan of Correction

Directed

Due to the on-going nature of the pandemic. We have encountered some great delays and we are have worked to get our documentation up to date. The assessment was late. Going forward we will continue to ensure they are completed prior to their annual anniversary date.

DPOC - SP - 01-11-2022

Within 15 business days receipt of this POC, the administrator or designated staff person will audit all resident assessment support plans (RASP). Any RASP which is out of date range will be updated by 01-26-2022. Administrator will continue to monitor RASP on an ongoing basis for continued compliance.

Completion Date:

SW 11.4.22 Implemented

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 11/30/21 at 11:20 AM, the exit door was locked and blocked egress from the home's second floor resident bedroom

121a - Unobstructed Egress (continued)

emergency exit.

On 11/30/21 at 11:30 AM the exit door was locked and blocked egress from the home's 3rd floor resident bedroom emergency exit.

Plan of Correction**Accept**

Residents are asked to keep egress areas clear and door is unlocked. Staff will continue to work to ensure egress is clear and doors are freely able to open for residents.

Completion Date: 11/30/2021

SW 11.4.22 Implemented