



CERTIFIED MAIL – RETURN RECEIPT
REQUESTED MAILING DATE: MAY 9, 2023

[REDACTED]
Sterling Home LLC
[REDACTED]

RE: Sterling Home
1318 Arch Street
McKeesport, Pennsylvania 15132
License/COC #: 452691

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on August 23, 2022, August 24, 2022, August 25, 2022, October 19, 2022, October 20, 2022, and October 21, 2022, of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), failure to submit an acceptable plan to correct noncompliance items, failure to comply with the acceptable plan to correct noncompliance items, and mistreatment or abuse of residents being cared for in the facility, the Department hereby REVOKES your certificate of compliance (license number 452690) dated December 6, 2022 – December 6, 2023, and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026 (b)(1); (5) and 55 Pa. Code § 20.71(a)(2); (3); (4); (5) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from May 9, 2023 to November 9, 2023.

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.

Pursuant to 62 P.S. 1085-1087 and 55 Pa. Code § 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

55 Pa. Code Chapter 2600	Class of Violation	Census at Inspection	Fine Per resident X Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
<u>Section:</u>					
23(a)	II	22	\$5	\$110	5 calendar days from mailing date of this letter
85(a)	II	22	\$5	\$110	5 calendar days from mailing date of this letter
95	II	22	\$5	\$110	5 calendar days from mailing date of this letter
101(j)(2)	III	22	\$3	\$66	15 calendar days from mailing date of this letter
101(o)	II	22	\$5	\$110	5 calendar days from mailing date of this letter
121(a)	II	22	\$5	\$110	5 calendar days from mailing date of this letter

A fine will be assessed daily beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

[REDACTED]
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120
PH: 717-214-1304

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,



Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc:

[REDACTED]
[REDACTED]
[REDACTED]

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

Facility Information

Name: *STERLING HOME* License #: *45269* License Expiration: *12/06/2023*
Address: *1318 ARCH STREET, MCKEESPORT, PA 15132*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *STERLING HOME LLC*
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *01/30/2003* Issued By: *L & I*
Type: *C-2 LP* Date: *08/22/2001* Issued By: *L & I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *23* Waking Staff: *17*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *12/09/2022*

Inspection Dates and Department Representative

10/19/2022 - On-Site: [REDACTED]
10/20/2022 - On-Site: [REDACTED]
10/21/2022 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *42* Residents Served: *22*

Secured Dementia Care Unit

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

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *12* Are 60 Years of Age or Older: *15*
Diagnosed with Mental Illness: *9* Diagnosed with Intellectual Disability: *3*
Have Mobility Need: *1* Have Physical Disability: *0*

Inspections / Reviews

10/19/2022 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *12/31/2022*

01/06/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: *01/16/2023*

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *01/09/2023*

04/11/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: *01/16/2023*

Reviewer: [REDACTED]

Follow-Up Type: *Enforcement*

5a1 - DHS Access

1. Requirements

2600.

5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:

1. Agents of the Department.

Description of Violation

On 10/19/2022 at 10:30 am, an agent of the Department requested access to the closed record of resident #1, date of admission 8/9/2022. Staff person A, the assistant administrator, indicated she did not have access to this record.

Plan of Correction

Accept [REDACTED] - 01/06/2023)

1. Extra keys were made for all DCS to have access to records. Additional keys were labeled and placed in Administrative office for future access

2. Staff meeting held on 10/26/2022 and 11/30/2022 with new DCS staff members educating them on policy and procedures, current VR report's and where to access keys to locked resident files.

3. Administrator and assistant administrator will continue to review lock box monthly using facility physical site checklist to ensure keys are present and employees are aware of how to access them should they need to

Licensee's Proposed Overall Completion Date: 01/02/2023

Not Implemented [REDACTED] 04/11/2023)

23a - Activities of Daily Living Assistance

2. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

The assessment and support plan, dated 10/22/2021 for resident [REDACTED] indicate the resident wears pull ups and sometimes needs assistance with bathroom use and per care, and is usually able to manage own bowels, but will request assistance if needed. On 8/26/2022, the resident did not receive this assistance when she had an incident of bowel incontinence right before leaving for her senior day program. Staff person C refused to assist in cleaning [REDACTED] and changing her pull up.

REPEAT VIOLATION 1/10/22

Plan of Correction

Accept [REDACTED] 01/06/2023)

1. Staff person C was interviewed during the time of incident "resident did get a shower prior to leaving for [REDACTED] day program". Staff person C indicated that resident left [REDACTED] day program shortly after that. Staff person C indicated to Administrator that day program called the home and explained [REDACTED] had an accident under their care and [REDACTED] returning early. Program coordinator wanted resident to be showered immediately upon return, staff person C indicated [REDACTED] would but she would have to wait until she was done serving lunch. Staff persons indicated to Administrator that resident refused to get back in shower but agreed to wash hands. Administrator instructed to staff members to try and calm resident down and encourage to get cleaned up. Resident was very worked up, staff members monitored [REDACTED]

2. Staff meeting was held with all DCS members 10/26/2022 and 11/30/2022 reviewing care plans and resident

23a - Activities of Daily Living Assistance (continued)

rights. DCS members were instructed to ensure that all residents are to receive care as it pertains to the RASP and when requested. DCS reviewed ways to calm residents with mental health issues and how to redirect them. DCS was instructed to notify supervisor of any changes in resident care needs to update it on support plan. Administrator and DRC contacted day program to coordinate a schedule and meeting on how to accommodate needs of residents they provide care for. Day program never responded back to Administrator. Resident is no longer at Sterling home

3. Administrator, Assistant administrator and DRC will complete resident RASP audits monthly to ensure all proper documentation is completed and all DCS is aware of any changes to residents and their care needs. documentation will be placed on administrative office

Licensee's Proposed Overall Completion Date: 01/02/2023

Not Implemented (██████████ - 04/11/2023)

42b - Abuse**3. Requirements**

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On 8/26/2022, staff from an unaffiliated agency called the home to inquire if resident #2 was coming to the day program. The staff at Sterling home answered the phone yelled for resident #2 to get on the phone. Resident #2 asked who was calling and the staff person stated "Don't who me, just get on the phone." Staff stated she was too busy to call for a ride for resident #2 that morning.

Staff from the unaffiliated agency came to the home to pick up resident #2 and noticed a smell of feces on resident #2 and saw "feces under ██████ nails and caked on ██████ hands." The agency staff accompanied resident #2 back into the home and asked 2 staff persons for assistance with a shower for resident #2. Staff at the home refused to assist, yelling that they gave ██████ a shower just an hour before. At this time, resident #2 was getting anxious from the yelling of the staff. The unaffiliated agency staff assisted resident #2 with washing ██████ hands in the bathroom. After returning to the van, resident #2 was crying and said ██████ did not want to go back to Sterling Home. At the day program, the resident's soiled brief was changed and soiled clothes washed.

Resident #2 was returned to Sterling Home later in the day to collect ██████ belongings as ██████ was moving to another location. The Sterling Home staff attempted to take resident #2 out of the van and told her to come inside to eat dinner. A verbal and physical altercation occurred between the agency staff and staff person C which resident #2 also witnessed and police were called to the home.

Plan of Correction

Accept (██████████ 01/06/2023)

1. Staff person C notified Administrator immediately upon altercation. Administrator was on the phone the entire time during altercation. Staff person C admitted ██████ stepped on the bus next to resident to assist ██████ to come back

42b - Abuse (continued)

but never once touched resident the program employee held █████ arm, resident was scared. Administrator heard the verbal altercation with staff person C and member of program both were screaming at each other. Administrator then spoke with Resident she indicated she was scared and didn't know what to do. Administrator asked resident what █████ wanted to do she stated "I want to go back". Administrator then spoke with McKeesport police officer who was present on scene along with program director. Administrator told staff person C to remove █████ from bus, at that time █████ did. Police officer confirmed she was back inside. Administrator approved program director to remove all her personal belongings and medications from the facility and a form was signed for release. Program director stated resident will go to a shelter. Family was notified, phone calls were never returned. Resident is no longer there. State reportable was filed on 8/26/2022 by Administrator.

2. Staff meeting was held with all DCS members 10/26/2022 and 11/30/2022 reviewing care plans and resident rights. DCS members were instructed to ensure that all residents are to receive care as it pertains to the RASP and when requested. DCS reviewed ways to calm residents with mental health issues and how to redirect them. DCS was instructed to notify supervisor of any changes in resident care needs to update it on support plan. All resident care plans were reviewed on 8/28/2022 by Administrator and DRC, monthly staff meetings are still in effect to train and re-educate DCS on proper ways to handle residents with mental health needs. Documentation will be placed in Administrative file. Administrator still tries to contact Mon Yough, nothing has yet to be resolved. Staff person C is no longer employed at Sterling Home

3. Administrator, assistant administrator and DRC will continue to review all resident care plans, medications, and training to ensure DCS has all the necessary tools available to assist them with the care needs of all residents. DCS continues to be encouraged to notify supervisor of any changes to resident physical or mental health needs. All documentation will be updated, reviewed and stored in resident file.

Licensee's Proposed Overall Completion Date: 01/02/2023

Not Implemented (██████ 04/11/2023)

127a - Portable Space Heaters

4. Requirements

- 2600.
- 127.a. Portable space heaters are prohibited.

Description of Violation

On 11/19/2022 at 10:50 am, there was a portable space heater in use next to the chair in resident #3's room.

Plan of Correction

Accept █████ 01/06/2023)

1. Space heater was removed during inspection
2. Resident was educated █████ is not permitted to have a space heater in █████ room at any time, Staff was re-educated on 10/26/2022 regarding regulation and to notify management if they witness any heaters present in home for them to remove it.
3. Administrator or assistant administrator will continue to complete daily morning rounds of all resident rooms to ensure all rooms are free and safe of any hazards to resident or facility and notify family if applicable to remove equipment from home.

127a - Portable Space Heaters (continued)

Licensee's Proposed Overall Completion Date: 01/02/2023

Not Implemented [redacted] - 04/11/2023)

226b - Mobility Requirements

5. Requirements

2600.

226.b. If a resident is determined to have mobility needs as part of the initial or annual assessment, specific requirements relating to the care, health and safety of the resident shall be met immediately.

Description of Violation

Resident #1's assessment, dated [redacted] indicates the resident is physically mobile but "can be unsteady at times." However, according to staff interviews, resident #1 was unable to bear weight on legs and was using a wheelchair to ambulate. Resident #1 was admitted to the hospital on 9/11/2022 and diagnosed with a fracture of the left leg distal fibula.

Plan of Correction

Accept [redacted] - 01/06/2023)

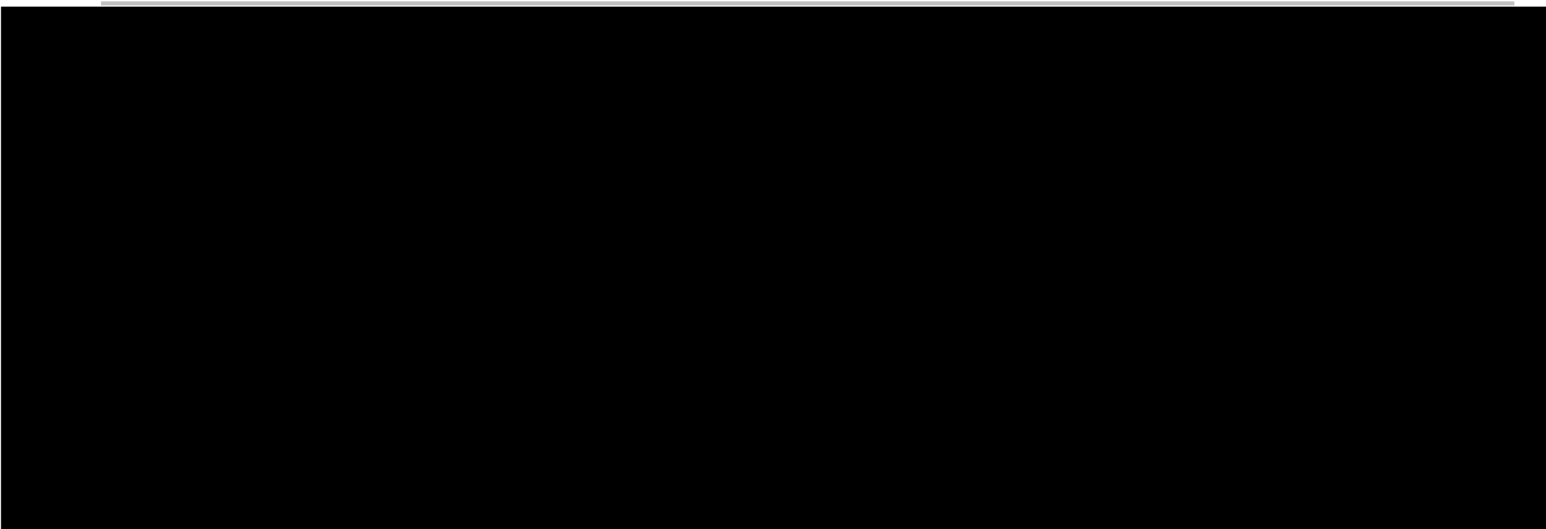
1. Resident #1 walked into home on day of admission. [redacted] asked for a wheelchair a few days following, one was given to [redacted] Case manager was present in the home at time of admission no mention of pain at that time. Resident complained of ankle pain on 9/11/2022, [redacted] was sent out to hospital. Hospital confirmed to DRC LP that fracture was old and there was no new fractures at present time. DRC spoke with case manager, [redacted] agreed it was an old fracture and DRC requested more documentation from previous home and hospital findings. DRC reviewed admission notes nothing stated "resident couldn't walk". Administrator, DRC, case manager all reviewed resident discharge documents, nothing stated "resident was unable to walk"

2. DRC LP and Administrator reviewed resident charts along with all other resident updates to ensure all updates were added to care plan. DRC and Administrator will continue to check resident RASP to confirm updates are being added. Monthly DCS meetings are implemented to go over all resident care plans and updates to ensure everyone is aware of any changes. Monthly DME/RASP reviews are in effect as of 10/26/2022 for Administrator and DRC to review and clarify all updates are documented and DCS are notified of any changes to resident care needs

3. Administrator and DRC will continue to review care plans monthly and as needed. Monthly DCS meetings are in place to review all resident charts and review any changes in resident status. Documentation will be completed and placed in resident file for review

Licensee's Proposed Overall Completion Date: 01/02/2023

Not Implemented [redacted] - 04/11/2023)



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