

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

May 19, 2023

[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 04/04/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *ST. STEPHEN'S LIVING CENTER* License #: 32736 License Expiration: 04/20/2024
 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: 0 Total Daily Staff: 15 Waking Staff: 11

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal, Complaint, Incident* Exit Conference Date: 04/04/2023

Inspection Dates and Department Representative

04/04/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 44 Residents Served: 15

Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:

Hospice
 Current Residents: 0

Number of Residents Who:
 Receive Supplemental Security Income: 12 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: 0

Inspections / Reviews

04/04/2023 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: 05/02/2023

05/01/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 05/15/2023
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: 05/08/2023

Inspections / Reviews *(continued)*

05/10/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/15/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 05/17/2023

05/19/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/15/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

101j1 - Mattress Fire Retardant

1. Requirements

2600.

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

- 1. A bed with a solid foundation and fire retardant mattress that is in good repair, clean and supports the resident. A legal entity with a personal care home license for the home as of October 24, 2005, shall be exempt from the requirement for a fire retardant mattress.

Description of Violation

On 4/4/23, the mattress for Resident # 1 was not in good repair and could not support the resident. There was a large indentation in the mattress, and upon exertion of pressure, a metal spring was able to be felt protruding from the mattress.

Plan of Correction

Accept () - 05/09/2023)

The mattress for Resident #1 was replaced immediately on April 04,2023 by Direct Care Staff Person.
 An audit of all mattresses was completed on 04/10/2023 by a Direct Care Staff person.
 All staff were in-serviced in regard to regulation 2600.101(j) 1 on 04/12/2023 by the Administrator.
 Staff member doing the weekly room checks will inspect the mattress in all resident rooms.
 Any mattress not in good repair and needs replaced will be brought to the attention of the Administrator, and the mattress in question will be replaced immediately.
 Starting on 5/7/2023, a Direct Care Staff person will perform weekly room checks of every room for 8 weeks, and monthly thereafter to verify that all mattresses remain in good condition and that all rooms continue to have all items required by regulation. Documentation of these audits will be kept and discussed at the next quality management review meeting.
 The Administrator or designee will monitor for compliance.

Licensee's Proposed Overall Completion Date: 05/07/2023

Implemented () - 05/19/2023)

101j3 - Bed/Linens/Pillows/Blankets

2. 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 sheets for both beds in room () for Residents # 2 and # 3 were very thin and threadbare, to the point of being see-through. The sheets for both residents were also heavily stained and not in good repair.

Plan of Correction

Accept () - 05/09/2023)

The sheets in room 12 for residents #2 and #3 were replaced on April 04/06/2023 by a Direct Care Staff person.
 New bed linens and blankets were ordered by the President of the company on April 6,2023.
 All staff were in-serviced in regard to regulation 2600.101.j 3 on 04/12/2023, and instructed to discard linens that are threadbare, thin, and/or stained by the Administrator.
 An audit of all rooms was done on 04/13/2023, and all sheets were replaced by a Direct Care Staff person.
 Staff member will do weekly room checks and notify the Administrator of any items that need to be replaced.
 Starting 5/7/2023, a Direct Care Staff Person will perform weekly room checks for 8 weeks, and then monthly thereafter to verify that all bed linens are not threadbare and free of stains and in good condition and that all

101j3 - Bed/Linens/Pillows/Blankets (continued)

rooms continue to have all items required by regulation. Documentation of these audits will be kept and discussed at the quality management review meeting.

The Administrator and/or designee will monitor for compliance.

Licensee's Proposed Overall Completion Date: 05/07/2023

Implemented () - 05/19/2023

101j7 - Lighting/Operable Lamp

3. 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

Resident #2 does not have access to a source of light that can be turned on/off at bedside. In room [redacted] Resident #2 has his/her own nightstand with a press-button style light/lamp. However, when pressed, the lamp did not illuminate.

Plan of Correction

Accept () - 05/09/2023

The press-button style light/ lamp that did not illuminate when pressed was replaced with an LED press-button light which illuminates immediately when pressed on 04/04/2023 by a Direct Care Staff person.

All staff were in- serviced in regard to regulation 2600.101j 7 on 04/12/2023 by the Administrator.

Staff member when doing weekly room checks, will monitor for an operable lamp or other source of lighting to ensure that it is operable and can be turned on at bedside.

An audit sheet is used for weekly room checks.

Starting 5/7/2023, a Direct Care Staff person will perform weekly room checks of every room for 8 weeks, and monthly thereafter to verify that there is an operable bedside light for every resident. Documentation of these audits will be kept and discussed at the next quality management review meeting.

The Administrator or the designee will monitor for compliance.

Licensee's Proposed Overall Completion Date: 05/07/2023

Implemented () - 05/19/2023

105g - Lint Removal and Duct Cleaning

4. 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.

Description of Violation

The home has no documentation of any internal/external dryer ductwork cleaning. There were no manufacturer specific recommendations on cleanings anywhere to be found in the home's documentation.

Plan of Correction

Accept () - 05/09/2023

All staff were in-serviced in regard to regulation 2600.105g on 04/12/2023 by the Administrator. Direct Care Staff re-educated/ in-serviced on manufacturers recommendation to clean the dryer internal/external vents.

Internal and external dryer vent cleaning of the clothes dryers downstairs and upstairs was completed on 04/12/2023 by a Direct Care Staff person.

105g - Lint Removal and Duct Cleaning (continued)

An audit sheet has been put in place to document the cleaning of the internal and external ductwork of the clothes dryers as to the manufacturer's instruction.
The audit sheet will be kept and discussed at the next quality management meeting.
The Administrator or designee will monitor for compliance.

Licensee's Proposed Overall Completion Date: 05/07/2023

Implemented () - 05/19/2023)

182c - Medication Administration

5. Requirements

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

7. Complete documentation in accordance with § 2600.187 (relating to medication records).

Description of Violation

On [redacted] /23 at [redacted], the home documented the administration of [redacted] and [redacted] [redacted] Tab for Resident #4. However, this resident was not in the home at the time.

Plan of Correction

Accept () - 05/09/2023)

Medication Trained staff person was in-serviced in regard to regulation 2600.182c on 04/05/2023 by the Administrator. The homes policy regarding medication administration was also reviewed with the staff person. The Administrator will do periodic checks of the MAR.

Starting 5/7/2023, the Administrator and /or the Med Trained Staff person will perform weekly MAR reviews for 25% of the residents per week for 4 weeks, and monthly thereafter to verify accuracy. Documentation of these audits will be kept and discussed at the next quality management meeting.

The Administrator will monitor for compliance.

Licensee's Proposed Overall Completion Date: 05/07/2023

Implemented () - 05/19/2023)

183d - Prescription Current

6. 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 4/4/23, a tube of [redacted] prescribed for Resident # 5 and a bottle of [redacted] tablets prescribed for Resident # 6, was in the home's treatment cart; however, both of these medications were previously discontinued for these residents.

In addition, on 4/4/23, a [redacted] ointment belonging to Resident # 7, was found in the treatment cart. However, Resident # 7 is no longer a resident of the home.

There was a box of [redacted] with a label prescribed to [redacted] found in the treatment cart. The administrator indicated that this person was neither a resident nor a staff person.

Plan of Correction

Accept () - 05/09/2023)

An audit of the medication and treatment carts were done by the Administrator on 04/11/2023. All unnecessary

183d - Prescription Current (continued)

items were removed from the carts to facilitate future cart audits.

The tube of [redacted] the [redacted], the tube of [redacted], and the [redacted] [redacted] were removed from the treatment cart and were disposed of in a proper manner on the day of the inspection by the Administrator.

Med trained staff person was in-serviced in regard to regulation 2600.183.d on 04/05/2023 by the Administrator.

The Administrator and/or Med Trained Staff person will do weekly cart audits to ensure that there are only current prescription medications for individuals who are living in the home starting on 05/07/2023.

The Administrator or designee will monitor for compliance.

Licensee's Proposed Overall Completion Date: 05/07/2023

Implemented ([redacted]) - 05/19/2023)

183e - Storing Medications

7. Requirements

2600.

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

Description of Violation

On 4/4/23, during the review of the medication and treatment carts, two loose pills were found in the side compartments of the carts. One of the pills was a red oval capsule with a [redacted] imprint, identified as a [redacted] [redacted] and the other was a pink capsule with an [redacted] imprint, identified as an [redacted] delayed release capsule.

Plan of Correction

Accept ([redacted]) - 05/09/2023)

Med trained staff person was in-serviced in regard to regulation 2600.183e on 04/05/2023 by the Administrator.

The medication and treatment carts were cleaned on 04/11/2023 by the Administrator.

The Administrator and/or Med Trained staff person will clean the medication cart weekly and monitor for loose medications. This will be documented on the weekly audit sheet.

The loose pills were disposed of by the Administrator on 04/04/2023.

Cart cleaning and weekly audits were started on 04/25/2023 with documentation being kept on an audit sheet.

The Administrator will monitor for compliance

Licensee's Proposed Overall Completion Date: 05/07/2023

Implemented ([redacted]) - 05/19/2023)

184b - Labeling OTC/CAM

8. Requirements

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On 4/4/23, the following OTC medications were found in the treatment cart, and not labeled with a resident's name: a 2 oz tube of [redacted], a 6 oz bottle of [redacted], a bottle of [redacted], and a 1.5 oz tube of [redacted]

184b - Labeling OTC/CAM (continued)**Plan of Correction****Accept (KB - 05/09/2023)**

The OTC medications found in the treatment cart were removed and disposed of the day of the inspection by the Administrator.

Medication trained staff person was in-serviced in regard to regulation 2700.184.b by the Administrator on 04/05/2023.

The Administrator did an audit check of the medication and treatment carts on 04/11/2023 and found no additional OTC medications in either cart.

The Administrator and/or Med Trained Staff person will do a weekly audit check to ensure that there are no OTC medications that does not have the resident's name on it and that the resident currently resides in the home. Weekly cart audits began on 04/25/2023. Documentation will be kept on the weekly audit sheet.

The administrator and/or the designee will monitor for compliance.

Licensee's Proposed Overall Completion Date: 05/07/2023

Implemented (█) - 05/19/2023)