



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: SEPTEMBER 6, 2024

[REDACTED], Owner
Sterling Home LLC

[REDACTED]
[REDACTED]

RE: Sterling Home
1318 Arch Street
McKeesport, Pennsylvania 15132
License/COC #: 452693

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on February 15, 2024, March 5, 2024, March 19, 2024, March 22, 2024, and May 17, 2024, 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, and failure to comply with the acceptable plan to correct noncompliance items, the Department hereby issues you a THIRD PROVISIONAL license to operate the above facility. A THIRD 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) and 55 Pa. Code § 20.71(a)(2); (3); (4) (relating to conditions for denial, nonrenewal or revocation). Your THIRD PROVISIONAL license is enclosed and is valid from September 6, 2024 to March 6, 2025.

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)
Section:					
103(f)	III	35	\$3	\$105	15 calendar days from mailing date of this letter
101(j)(7)	III	35	\$3	\$105	15 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:

██████████, Workload Manager
 Pennsylvania Department of Human Services
 Bureau of Human Services Licensing
 Room 631, Health and Welfare Building
 625 Forster Street
 Harrisburg, Pennsylvania 17120
 PH: ██████████

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.



Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc: [REDACTED], Office of General Counsel
[REDACTED], Bureau Director
[REDACTED], Director of Operations
[REDACTED], Regional Director

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

Facility Information

Name: *STERLING HOME* License #: *45269* License Expiration: *06/08/2024*
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]

Certificate(s) of Occupancy

Type: *C 2 LP* Date: *01/30/2023* Issued By: *Labor and Industry*
Type: *C 2 LP* Date: *08/22/2001* Issued By: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *29* Waking Staff: *22*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Complaint, Provisional, Incident* Exit Conference Date: *03/17/2024*

Inspection Dates and Department Representative

02/15/2024 On Site [REDACTED]
03/05/2024 On Site [REDACTED]
03/19/2024 Off Site [REDACTED]
03/22/2024 Off Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *42* Residents Served: *29*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *17* Are 60 Years of Age or Older: *8*
Diagnosed with Mental Illness: *19* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

02/15/2024 Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *04/05/2024*

04/15/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: *05/02/2024*

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *04/22/2024*

04/25/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: *05/02/2024*

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *05/01/2024*

07/24/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: *05/02/2024*

Reviewer: [REDACTED]

Follow-Up Type: *Enforcement*

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 2/15/24, the license inspection summary, dated 12/27/23. was not posted in a public and conspicuous place in the home

Repeat Violation: 8/10/23 et al

Plan of Correction

Accept [redacted] - 04/08/2024)

1. Licensure was posted on bulletin board while inspectors were on site.

2. Administrator reviewed all POC's for 2023 and 2024 on 3.16.2024 to ensure all POC's were located in the binder at the front desk. Administrator did a full physical site on 3.16.2024 to review all licensure was posted and compliant. Monthly physical site checklist's have been implemented on 3.16.2024 to approve all licensure is posted according to regulation standards.

3. Administrator will complete monthly physical site checklist at the beginning of every month to verify all licensure is posted in a conspicuous area. All documentation will be signed off and filed in administrator office for review.

Licensee's Proposed Overall Completion Date: 04/05/2024

Not Implemented [redacted] - 07/24/2024)

17 - Record Confidentiality

2. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On [redacted], at approximately [redacted] the medication room located in hallway A was unlocked, unattended and accessible. Numerous resident records were present in the unlocked room, to including those of residents #1, #2 and #3.

Repeat Violation: 8/10/23 et al

Plan of Correction

Accept [redacted] - 04/15/2024)

1. Medication room was immediately locked upon arrival.

2. DCS meeting was held on 2.20.2024 re-educating staff members to check the med room during walk-thrus to ensure it is locked at all times. Administrator or Medication technician will conduct hourly rounds starting 2-15-2024 verifying the medication room is locked and records are secured

17 - Record Confidentiality (continued)

3. Administrator, Medication techs, or DCS will complete hourly rounds to ensure medical room is locked at all times.

Licensee's Proposed Overall Completion Date: 04/05/2024

Implemented [redacted] - 07/24/2024)

18 - Compliance With Laws

3. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

Section 3(b)(3) of the Pennsylvania Care Facility Carbon Monoxide Alarms Standards Act indicates: The battery shall be labeled with the date of installation and replaced at least once annually or at such time as the unit signals a drained or failing battery, whichever is sooner.

On 2/15/24, at approximately 10:25 a.m., the carbon monoxide detector on the wall outside of the kitchen in hallway A indicated the batteries were most recently replaced on 9/20/21.

Plan of Correction

Accepted [redacted] - 04/15/2024)

1. Battery was changed on site 2-15-2024

2. Physical site was completed by administrator on 2-16-2024 to check all carbon monoxide detector batteries. Physical site checklist has been implemented on 2-16-2024 for administrator to check all carbon monoxide detector dates monthly to ensure the batteries are operable and within yearly compliance.

3. Administrator will complete monthly physical site checklist to check all carbon monoxide dates and batteries. all documentation will be placed in administrators office

Licensee's Proposed Overall Completion Date: 04/05/2024

Implemented [redacted] - 07/24/2024)

95 - Furniture and Equipment

4. Requirements

2600.

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

Description of Violation

On 2/15/24, the ceiling light fixture in resident bedroom #1 had numerous wires that were not secured and the light was inoperable.

Plan of Correction

Accepted (JD - 04/15/2024)

1. Resident #1 Light fixture was repaired on 2-16-2024. Resident #1 received a bed side lamp on site 2-15-2024

2. Administrator checked all resident rooms on 2-16-2024 to ensure their furniture and equipment was in good repair and functional. Resident monthly room checklist was created and implemented on 2-16-2024 for

95 Furniture and Equipment (continued)

Administrator to check all resident rooms monthly to ensure all furniture is in operable condition

Licensee's Proposed Overall Completion Date: 04/05/2024

Implemented [redacted] - 07/24/2024)

101j7 - Lighting/Operable Lamp

5. 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

Residents #2, #3, #4, #5 and #6 do not have a source of lighting that can be turned on/off at bedside.

Repeat violation: 8/10/23 et al

Plan of Correction

Accept [redacted] - 04/25/2024)

1. Resident #2, #3, #4, #5, #6 received bedside lamps on 2 16 2024.

2. Administrator checked all resident bedrooms to ensure all residents had bed side lamps. Resident room checklist has been implemented on 2 16 2024 to check all resident rooms to ensure each resident has a bed side lamp. All staff were re educated on regulation and shown new checklist on 2 16 2024. All resident rooms will be checked daily by DCS during morning and evening rounds to ensure bedside lamps are working and in good condition.

3. Administrator will complete monthly resident room checklist. DCS will monitor and check bedside lamps daily during rounds. All documentation will be kept in administration office

Licensee's Proposed Overall Completion Date: 04/22/2024

Not Implemented [redacted] - 07/24/2024)

103f - Refrigerator/Freezer Temps

6. 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 2/15/24, at approximately 10:18 a.m., the temperature in the freezer measured 20 degrees Fahrenheit.

Repeat violation: 8/10/23 et al

Plan of Correction

Accept [redacted] - 04/15/2024)

1. all food was removed and discarded on site 2 15 2024. Freezer was defrosted on 2 16 2024.

2. All Staff meeting was held on 2 20 2024 re educating staff members on 2600.130f. Should the temperature go higher than 0 degrees, they must remove the food immediately and place it in a different freezer. daily temperature logs are still in place as of 8/2023. Administrator and dietary staff will check temperatures morning and evening, record temperatures and plan accordingly. All temperature logs will be placed on freezers with date, temp and

103f - Refrigerator/Freezer Temps (continued)

signature. Administator and Dietary are aware to remove all food should it become harmful to residents

3. Administator and dietary staff will complete logs twice daily as policy states. Administrator or dietary will remove food as soon. All documentation will be placed in administator's office for review

Licensee's Proposed Overall Completion Date: 04/05/2024

Not Implemented ([redacted] - 07/24/2024)

107c - Food/Water 3 Day Supply

7. Requirements

2600.

107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

On 2/15/24, the home served 29 residents, requiring 87 gallons of emergency drinking water. However, the home had only 30 gallons stored in the home. The home does not have a contract with a local bottled water supplier.

Plan of Correction

Accept [redacted] - 04/15/2024)

1. Water was ordered from Turners Dairy on 2-15-2024. There is currently 95 gallons of water on hand

2. Administrator reviewed water supply on 2-15-2024, called Turners dairy it was delivered on 2-16-2024. Monthly physical site checklist has been implemented on 2-16-2024 to check the 3 day water supply monthly to ensure all drinking water is on hand.

3. Administrator will use monthly physical site checklist, count all water to ensure compliance and order as needed. All documentation will be placed in administrators office for review

Licensee's Proposed Overall Completion Date: 04/05/2024

Not Implemented [redacted] - 07/24/2024)

121a - Unobstructed Egress

8. 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 3/5/24 at approximately 9:33 a.m., the emergency exit door in hallway A was blocked by caution tape and a chair.

On 3/5/24 at approximately 9:35 a.m., the emergency exit door near the smoking area was blocked by caution tape and a chair.

Plan of Correction

Accept [redacted] - 04/25/2024)

1. Caution tape was removed on site.

2. Administrator was educated by DHS to submit a waiver form before work is being done to the facility should exit routes need to be blocked. All staff meeting and resident council held on 2-20-2024 re-educating them on the

121a - Unobstructed Egress (continued)

importance of exit routes and why they cannot be blocked for any reason

3. Administrator will complete DHS approved waiver form prior to having work completed to the home. Administrator will contact the regional office prior to any repair work that may require adjusting emergency exits. Work will not start until waiver form has been approved and given to Administrator to post.

Licensee's Proposed Overall Completion Date: 04/22/2024

Implemented [redacted] - 07/24/2024)

141b1 - Annual Medical Evaluation

9. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

The medical evaluation for resident #1, dated [redacted] is not signed by a physician, physician's assistant or certified registered nurse practitioner.

Repeat Violation: 8/10/23 et al

Plan of Correction

Accept [redacted] - 04/15/2024)

1. Resident #1 DME was sent to CM on [redacted] with completion date of [redacted] with MD signature

2. Administrator and DON reviewed all resident records to ensure MD signatures were on file. A monthly resident file checklist has been implemented on 2-16-2024 to ensure all residents have MD signatures on medical records

3. DON and Administrator will review all resident records monthly, sign off on complication and all documentation will be placed in administer office

Licensee's Proposed Overall Completion Date: 04/05/2024

Not Implemented [redacted] - 07/24/2024)

182c - Medication Administration

10. Requirements

2600.

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

1. Identify the correct resident.
2. If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
3. Remove the medication from the original container.
4. Crush or split the medication as ordered by the prescriber.
5. Place the medication in a medication cup or other appropriate container, or in the resident's hand.
6. Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in subsection (b)(4).
7. Complete documentation in accordance with § 2600.187 (relating to medication records).

182c - Medication Administration (continued)

Description of Violation

Multiple resident interviews indicate staff are not always placing residents' medications in their hands and observing residents take their medication. Medications are placed in a cup and left on the dining room table or at bedside.

Plan of Correction

Accept [redacted] - 04/15/2024)

1. DON and Administrator spoke to staff members on site 2.15.2024 re-educating them on medication administration.

2. Medication tech meeting was held on 2-20-2024 re-educating staff members on the rules of medication administration. Administrator and DON observed medication techs from 2-16-2024 - 2-21-2024 on medication administration to ensure they are aware of regulation 2600.182c. Administrator and DON have put a system in place starting 2-16-2024 to observe medication techs once weekly during medication pass to ensure compliance

3. Administrator and DON will complete medication tech observation paperwork during medication pass to ensure compliance. All reports will be placed in administrator office

Licensee's Proposed Overall Completion Date: 04/05/2024

Not Implemented [redacted] - 07/24/2024)

183b - Meds and Syringes Locked

11. 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 [redacted] the medication carts were unattended and unlocked in the A hallway across from the medication room. The cart contained medications for all of the residents in the home to include the following: resident #7's [redacted] resident #8's [redacted] and resident #9's [redacted]

Plan of Correction

Accept [redacted] - 04/25/2024)

1. Medication carts were immediately locked upon arrival.

2. DCS/ Medication tech meeting was held on 2.20.2024 re-educating staff members to check the medication carts during walk-thrus to ensure it is locked at all times. Administrator or Medication technician will conduct hourly rounds and during medication rounds starting 2-15-2024 verifying the medication carts are locked and medications are secured. on 4/17/2024 DON and Administrator observed two med passes to ensure all procedures were followed. System in place on 4/17/2024 for Administrator or DON to observe a medication pass every month to continue to monitor procedures are being followed.

183b - Meds and Syringes Locked (continued)

3. Administrator, DON, ADON will check carts hourly and during medication passes to ensure all medication carts are locked and medications are secure. Administrator or DON will observe a medication pass once monthly to ensure procedures are being followed. All documentation will be on file in administrator office.

Licensee's Proposed Overall Completion Date: 04/22/2024

Implemented ([redacted] - 07/24/2024)

184a - Resident's Meds Labeled

12. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

Resident #1 is prescribed [redacted], inject [redacted] 2 times a day at [redacted] and [redacted], inject [redacted] units Sub Q at noon. However, there were no medication labels on the pens providing administration instructions on either of these medications.

Plan of Correction

Directed [redacted] - 04/25/2024)

1. Pharmacy insulin bag was ordered on 2-15-2024. Arrived on 2-15-2024

2. Diabetic supply audit was conducted by DON on 2-16-2024. All diabetic supplies have been placed in their own separate bags with pharmacy labels and instructions. System in place for DON and Pharmacy to do a med cart audit once monthly starting 2.16.2024. Documentation will be placed on file Medication Techs were re-educated on 2-20-2024 and 4-17-2024

3. DON, Administrator or Pharmacy will complete an insulin audit once monthly to ensure all residents have their medications, medications are labeled and their placed inside their labeled bags. Documentation will be placed inside administrator office for review

Within 7 calendar days of receipt of the plan of correction - All staff who administer medications will be reeducated on this requirement and to keep insulin and medication labels together during administration. [redacted] 4/25/24

Directed Completion Date: 04/30/2024

Implemented [redacted] - 07/24/2024)

185a - Implement Storage Procedures

13. Requirements

2600.

185a Implement Storage Procedures (continued)

[Redacted text block]

AD 8/30/24

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

187a - Medication Record

14. Requirements

2600.

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

6. Dose.

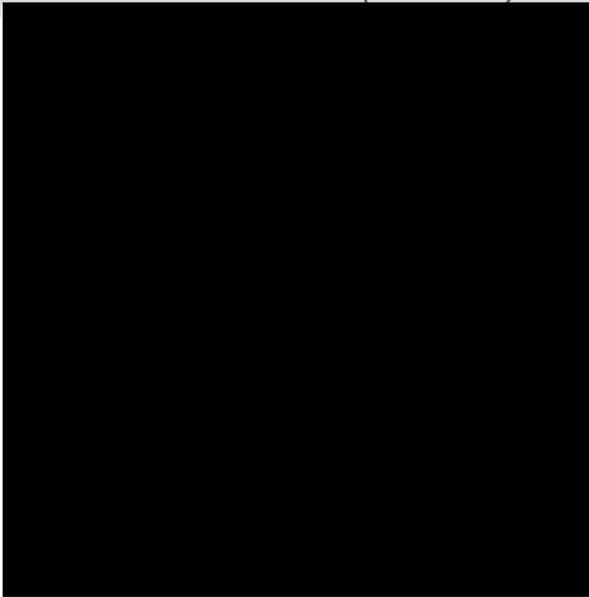
Description of Violation

Resident #12 is prescribed insulin, [Redacted] 3 times a day per sliding scale: [Redacted], [Redacted].

On the following dates and times, the resident's blood glucose level indicated the resident should receive insulin based on the above sliding scale; however, the February 2024 MAR does not indicate the amount of insulin that was administered to the resident:

Date & time Blood glucose reading

187a - Medication Record (continued)



Plan of Correction

Directed [redacted] - 04/25/2024)

1. Administrator and DON immediately spoke to medication techs on schedule 2.15-2024 regarding blood sugar recordings.

2. DON reviewed all resident diabetic recordings on 2.15.24 Medication tech meeting was held on 2-20-2024 re-educating medication techs on the importance of recording glucose readings. System in place for ADON to check readings daily to ensure there are no missing readings and to notify DON system in place on 2-20-2024, re-education on 4-14-2024. Medication pass was observed on 4-17-2024 by DON and Administrator. DON to review all diabetic orders monthly to ensure readings are being recorded on the MAR. Documentation will be placed on file in administrator office.

3. DON, ADON, administrator will review MAR daily and monthly to ensure all glucose readings are being recorded in MAR according to regulation. Daily documentation will be placed in admin office for review.

Within 30 calendar days of receipt of the plan of correction - The Administrator, DON or ADON will observe a medication pass by each staff person who administers medications to ensure all procedures are followed. Documentation will be kept.-- [redacted] 4/25/24

Directed Completion Date: 05/25/2024

Implemented [redacted] - 07/24/2024)

187b - Date/Time of Medication Admin.

15. Requirements

2600.

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

187b Date/Time of Medication Admin. (continued)

Description of Violation

Resident #7 is ordered [redacted] tab take 1 tab 3 times a day. On [redacted], staff person C initialed the medication administration record (MAR) with staff person's D's initials.

The staff person(s) who administered the following medications for resident #1 did not initial the MAR on the following dates and times:

[redacted]

On [redacted], the staff person(s) who administered the following medications for resident #2 did not initial the [redacted]

On [redacted] the staff person(s) who administered the following medications for resident #12 did not initial the [redacted]

Plan of Correction

Directed ([redacted] - 04/25/2024)

1. Staff person C and D were immediately re educated on 2.15.2024
2. Medication tech meeting was held on 2 20 2024 re educating medication techs to sign off and on during daily count. System in place starting 2 15 2024 for Administrator, DON or ADON to ensure all medication techs have signed off their username and oncoming medication tech is currently signed in daily during change of shift. DON and Administrator will check MAR daily beginning 2 20 2024. to ensure the proper medication tech has signed off on meds on the specific date they were clocked in. Medication pass was observed on 4 17 2024 by DON and Administrator to ensure both medications did narc count, signed off and oncoming medication tech signed on.
3. Once a week DON or Administrator starting 4 17 2024 will monitor medication sign in/sign off on med techs per shift to ensure procedures are still in place and working effectively. Documentation will be kept on file in administrator office

Within 30 calendar days of receipt of the plan of correction The Administrator, DON or ADON will observe a medication pass by each staff person who administers medications to ensure all procedures are followed. Documentation will be kept. JD 4/25/24

187b - Date/Time of Medication Admin. (continued)

Directed Completion Date: 05/25/2024

Implemented [REDACTED] - 07/24/2024)

187c - Refusal of Medication**16. Requirements**

2600.

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] take 1 tablet by mouth two times a day. However, on [REDACTED] [REDACTED], the resident refused the medication. The prescriber was not notified of these refusals.

Plan of Correction

Directed [REDACTED] - 04/25/2024)

1. prescriber was notified on 2.15.2024. medication has since been discontinued

2. DON reviewed all resident medication records on 2.16.2024 to verify no other residents refused medications. Meeting held with medication techs re-educating med techs on regulation 2600.187c. and to immediately notify MD and DON. documentation will be completed and placed in admin office. DON and Administrator observed a med pass on 4-17-2024 to ensure all procedures are being followed. Documentation on file in admin office

3. DON and Admin will review MAR weekly to ensure all residents are not refusing their meds start date is 2-20-2024. DON, Admin or ADON will complete all paperwork regarding refusal of medications. All paperwork will be placed in resident charts. DON and Administrator will observe med passes once monthly. Documentation will be placed on file.

Within 30 calendar days of receipt of the plan of correction - The Administrator, DON or ADON will observe a medication pass by each staff person who administers medications to ensure all procedures are followed. Documentation will be kept.-- [REDACTED] 4/25/24

Directed Completion Date: 05/25/2024

Implemented [REDACTED] - 07/24/2024)

187d - Follow Prescriber's Orders**17. Requirements**

2600.

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

Description of Violation

Resident #1 did not receive the following prescribed medications at the following dates and times:

[REDACTED]

On [REDACTED] resident #13 did not receive the following prescribed medications at the following dates and times:

187d - Follow Prescriber's Orders (continued)



Plan of Correction

Directed [redacted] - 04/25/2024)

1. Medication records were reviewed, medication techs did not sign off on medications.

2. A medication audit was performed on 2.16.2024 by DON to ensure all medications were in medication cart. System in place on 2.16.24 to check all medications once monthly by DON, Admin and Pharmacy staff. System in place on 2.16.24 to check all resident MAR once daily by DON, ADON or Admin to ensure all medications are signed off properly starting 2-16-2024. documentation will placed on file in office. Medication Tech meeting was held on 2.20.2024 re-educating med techs on the importance of prescriber's orders.

3. Admin, DON, ADON, and Pharmacy will complete audits daily and monthly to ensure all residents are receiving their medications as prescribed. Audits began daily on 2.16-2024, Monthly audits began on 2.20.2024 all documentation will be placed on file in admin office

Within 30 calendar days of receipt of the plan of correction - The Administrator, DON or ADON will observe a medication pass by each staff person who administers medications to ensure all procedures are followed. Documentation will be kept. -- JD 4/25/24

Directed Completion Date: 05/25/2024

Not Implemented [redacted] - 07/24/2024)

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

Facility Information

Name: *STERLING HOME* License #: *45269* License Expiration: *06/08/2024*
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]

Certificate(s) of Occupancy

Type: *C 2 LP* Date: *01/20/2023* Issued By: *Labor and Industry*
Type: *C 2 LP* Date: *08/22/2001* Issued By: *Labor and Industry*

Staffing Hours

Resident Support Staff: Total Daily Staff: *35* Waking Staff: *26*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Provisional, Monitoring* Exit Conference Date: *05/17/2024*

Inspection Dates and Department Representative

05/17/2024 On Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *42* Residents Served: *35*

Secured Dementia Care Unit

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

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *29* Are 60 Years of Age or Older: *27*
Diagnosed with Mental Illness: *20* Diagnosed with Intellectual Disability: *2*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

05/17/2024 - Partial

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow Up Date: *06/23/2024*

06/25/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/17/2024

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 07/02/2024

07/17/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/17/2024

Reviewer: [REDACTED]

Follow Up Type: Bypass Document Submission

07/24/2024 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/17/2024

Reviewer: [REDACTED]

Follow Up Type: Enforcement

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

Residents #1, #2 and #3, do not have access to a source of light that can be turned on/off at bedside.

Repeat Violation: 8/10/23 et al

Plan of Correction

Accept () - 07/08/2024)

All current residents do have access to a source of light that can be turned on/off at bedside. However, the administrator did add an extra source of light for these particular rooms for the residents #1,2,and 3. Administrator will continue to walk through daily to make sure all lights are in good repair and working order. Moving forward the administrator will also ensure that all sources of light are reachable at bedside. Staff has also been re-educated on this requirement on 6-28-24.

Licensee's Proposed Overall Completion Date: 07/01/2024

Not Implemented () - 07/24/2024)

103f - Refrigerator/Freezer Temps

2. 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 5/17/24, at 9:23 a.m., the temperature in the Danby refrigerator measured 50 degrees Fahrenheit. Repeat violation 8/10/2023 et al.

Plan of Correction

Accept () - 07/08/2024)

All food was immediately removed from that refrigerator as well as the freezer and has no longer been used and put out for trash. All refrigerators and freezers have temperature log sheets posted on the front of them and moving forward the administrator will check them weekly to ensure the temperatures are in the correct range. All staff have been re-educated on this requirement and know that if the temperature is not 40 degrees or below to notify the administrator immediately. Effective immediately the administrator will check temperatures daily.

Licensee's Proposed Overall Completion Date: 07/01/2024

Not Implemented () - 07/24/2024)

141b1 Annual Medical Evaluation

3. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

141b1 - Annual Medical Evaluation (continued)

Description of Violation

The following medical evaluations for the residents indicated do not include the license number of the medical professional who completed the exam:

- Resident #4, dated [REDACTED]
- Resident #5, dated [REDACTED]
- Resident #6, dated [REDACTED]

Repeat violation 8/10/2023 et al.

Plan of Correction

Accept [REDACTED] - 06/25/2024)

All medical evaluations have been checked and updated with the medical professional license number of the physician that they were completed by. Moving forward, the administrator will make sure that this is completed when the form is initially filled out. Lead medication technician will check monthly to make sure all documentation is filled out to entirety.

Licensee's Proposed Overall Completion Date: 06/23/2024

Not Implemented [REDACTED] - 07/24/2024)

182c - Medication Administration

4. Requirements

2600.

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

- 6. Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in subsection (b)(4).

Description of Violation

Resident #8 is prescribed [REDACTED] take two tablets 3 times a day as needed for pain. On [REDACTED] staff person A brought the medication to resident #8, placed the medication on the resident's table but did not observe the resident take the medication. On [REDACTED], an agent of the Department found two [REDACTED] tablets on resident #8's bedside table.

Plan of Correction

Accept [REDACTED] - 07/08/2024)

Staff person A has been re-trained on the proper procedure as to how to pass medication to each resident. Administrator as well as lead medication technician observed Staff person A pass medication to ensure that he is doing it properly. Staff person A will be observed weekly to ensure that he continues to do this correctly and so we do not have this situation again. All staff was re-educated on 6-28-24 and by 7-30-24 all medical technician will be observed completing a medication pass to ensure they are following protocols correctly.

Licensee's Proposed Overall Completion Date: 07/01/2024

Not Implemented [REDACTED] - 07/24/2024)

185a - Implement Storage Procedures

5. Requirements

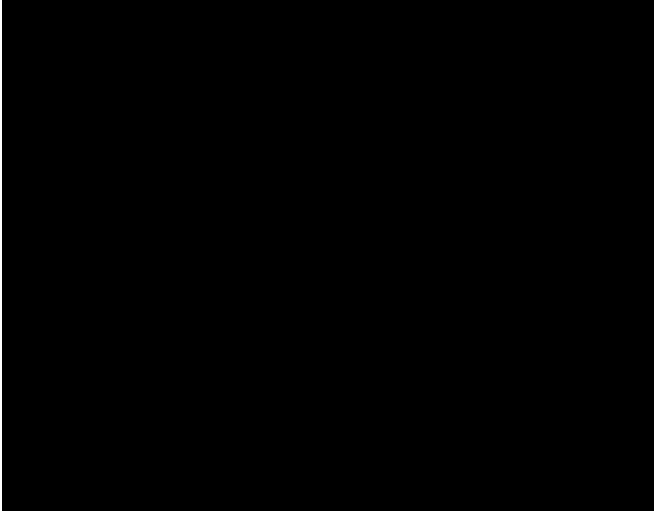
2600.

185a - Implement Storage Procedures (continued)

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 #7's glucometer does not indicate the blood glucose readings that are documented on the resident's medication administration record. (MAR):



Plan of Correction

Accept [redacted] - 07/08/2024)

All medication Technician's have re-taken the diabetic training course to understand the importance of the this violation. Blood glucose readings have been changed from 5:00pm-4:00pm to ensure that my daylight shift can assist with those before leaving for the day. All glucometers are calibrated as well. Lead medication technician as well as the administrator will continue to check them weekly to ensure they match the MAR. By 7-30-24 all medical technicians will be observed by the administrator or the lead medication technician to make sure they are following protocols correctly.

Licensee's Proposed Overall Completion Date: 07/01/2024

Not Implemented [redacted] - 07/24/2024)

187d - Follow Prescriber's Orders

6. Requirements

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

Description of Violation

Resident #7 is prescribed [redacted] AND UNWELL SEND TO HOSPITAL.

The May 2024 MAR indicates that at [redacted] on the below dates, the resident was administered [redacted] of insulin; however, the sliding scale indicates the resident should have received dosages as follows:

Date	Blood glucose reading on MAR	Units administered	Correct dosage per sliding scale
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187d - Follow Prescriber's Orders (continued)



Also, there are no corresponding blood glucose readings on the resident #7's glucometer for the above dates and times.

Plan of Correction

Accept ([redacted] 07/08/2024)

All medication technicians have re taken the diabetic education course and have been re-trained on how to add the sliding scale to the base dose as well. Glucometers are all calibrated correctly. Lead medication technician and administrator will check weekly to ensure the correct amount of insulin is being given .By 7-30-24 all medication technicians will be observed by the administrator or lead medication technician to make sure they are following all protocol correctly.

Licensee's Proposed Overall Completion Date: 07/01/2024

Not Implemented [redacted] - 07/24/2024)