

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

October 15, 2024

[REDACTED]
STERLING HOME LLC
[REDACTED]

RE: STERLING HOME
1318 ARCH STREET
MCKEESPORT, PA, 15132
LICENSE/COC#: 45269

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/12/2024 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: *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]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *37* Waking Staff: *28*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint, Provisional, Incident* Exit Conference Date: *08/12/2024*

Inspection Dates and Department Representative

08/12/2024 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *42* Residents Served: *37*

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

Hospice
 Current Residents: *0*

Number of Residents Who:
 Receive Supplemental Security Income: *28* Are 60 Years of Age or Older: *11*
 Diagnosed with Mental Illness: *22* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

08/12/2024 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/21/2024*

09/20/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: *10/11/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/27/2024*

Inspections / Reviews *(continued)*

10/01/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/11/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 10/08/2024

10/15/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/11/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

42b - Abuse

1. 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

Resident [redacted] moved into the home on [redacted]. Resident [redacted] power of attorney notified staff person A, the home's administrator, on Monday, [redacted] at approximately 10:00 a.m., that the resident's debit card was used to make fraudulent charges. Staff person A states that [redacted] searched the resident's room and wallet for the debit card and it was not present on [redacted] at 10:30 a.m. However, on [redacted] at 7:32 p.m., the administrator received a text from staff person B that the resident had just given [redacted] debit card to staff person B and asked [redacted] to lock it up somewhere safe. Staff person B was sliding the debit card under the door to the administrator's office. The fraudulent charges to resident [redacted] s debit card totaling [redacted] were as follows:

[redacted]

Repeat Violation 9/21/23

Plan of Correction

Directed [redacted] - 10/01/2024)

When admitting a new resident, the administrator will offer to lock up any cards, cash and any valuables the resident may have in the office so that they can remain safe as the administrator is the only one with the key to my office. The administrator also has the option to double lock valuables up in a drawer where no one can access it but myself. Staff has been re-educated on abuse as well as residents rights. I have attached my interview questionnaire that will be conducted started on October 7th.

Proposed Overall Completion Date: 09/30/2024

DIRECTED

Within 5 calendar days of receipt of the accepted plan of correction: The administrator shall reimburse the resident for any funds not reimbursed from the bank. Documentation of reimbursement shall be kept, 10/1/24 [redacted]

Within 1 day or receipt of the accepted plan of correction: The administrator shall conduct private interviews of at least three residents a week for three month and three residents a month to ensure compliance with Regulation 2600.42(b). 10/1/24 [redacted]

Directed Completion Date: 10/05/2024

Implemented [redacted] - 10/15/2024)

51 - Criminal Background Check

2. Requirements

2600.

51 - Criminal Background Check (continued)

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.101 10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff person C was hired [redacted] However, a criminal history check was not requested until [redacted].

Plan of Correction

Directed [redacted] 10/01/2024)

Administrator will audit all new and current employee files to ensure compliance as well as once a new employee is hired the criminal check will be completed by the administrator before they are put on the floor to work. Audit will be completed by October 7th.

A criminal check for staff person C was requested on 3-20-23 as you can see on the attached document. For some reason we did not receive the document for that and that is why we re-submitted the request on the 12th of June.

Proposed Overall Completion Date: 09/30/2024

DIRECTED

Within 1 day or receipt of the accepted plan of correction: The administrator shall audit all of the home's current and new employees to ensure compliance with Regulation 2600.51. 10/1/24

Within 5 days or receipt of the accepted plan of correction: The administrator shall educate all staff persons responsible for the hiring process on the requirements of Regulation 2600.51. Documentation of education shall be kept in accordance with Regulation 2600.65(i)

Directed Completion Date: 10/05/2024

Implemented ([redacted] 10/15/2024)

65d - Initial Direct Care Training

3. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

- 2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person C was hired [redacted]. However, staff person C did not complete and pass the Department approved competency test until [redacted].

Plan of Correction

Accept [redacted] 10/01/2024)

Staff person C was hired for housekeeping only on [redacted] It was not until [redacted] that we had switched [redacted] to Direct Care Staff which is why [redacted] test was completed on [redacted]. The administrator completed the training on Regulation 2600 65(d). The administrator will also audit all current and newly hired direct care staff to ensure all have completed the required education in accordance with Reg.2600 65(d) The audit will be completed by October 7th.

Proposed Overall Completion Date: 09/30/2024

Licensee's Proposed Overall Completion Date: 09/30/2024

65d - Initial Direct Care Training (continued)

Implemented (█ - 10/15/2024)

101j3 - Bed/Linens/Pillows/Blankets

4. 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

At 2:00 p.m., the pillowcase and sheets for resident █ bed in room █ were speckled with red and reddish-brown dots.

Plan of Correction

Directed (█ 10/01/2024)

Administrator provided training for all staff on 9-17-24. All staff were trained on 9-17-24. Administrator as well as housekeeping will check all beds daily and change sheets as needed. All beds linens are changed on each resident's shower days as well.

Proposed Overall Completion Date: 09/30/2024

DIRECTED

Within 5 days or receipt of the accepted plan of correction: The administrator shall ensure the pillowcase and sheets for resident █ bed in room █ have been replaced. 10/1/24 █

Directed Completion Date: 10/05/2024

Implemented (█ - 10/15/2024)

227g -Support Plan Signatures

5. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

The initial support plan completed █ for resident █ was not signed by the assessor or the resident

Plan of Correction

Accept (█ - 10/01/2024)

Moving forward as soon as a support plan or any document for matter is finished. Administrator will have the necessary personal/persons sign it immediately. Administrator will go through all support plans to ensure they are all signed by the correct people in the correct time frame.

The support plan was signed immediately by the assessor and the resident. The administrator will complete an audit of all support plans for accuracy and completeness by October 14th and then by the 14th of each month following.

Licensee's Proposed Overall Completion Date: 09/30/2024

Implemented (█ 10/15/2024)