

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

February 13, 2025

[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 01/13/2025 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: *03/06/2025*  
 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: *01/30/2023* 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: *41* Waking Staff: *31*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Incident* Exit Conference Date: *01/13/2025*

**Inspection Dates and Department Representative**

01/13/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *42* Residents Served: *41*

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

Hospice  
 Current Residents: *0*

Number of Residents Who:  
 Receive Supplemental Security Income: *33* Are 60 Years of Age or Older: *30*  
 Diagnosed with Mental Illness: *27* Diagnosed with Intellectual Disability: *2*  
 Have Mobility Need: *0* Have Physical Disability: *1*

**Inspections / Reviews**

01/13/2025 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/24/2025*

01/27/2025 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: *02/10/2025*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/01/2025*

Inspections / Reviews (*continued*)

## 02/03/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/10/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 02/10/2025

## 02/13/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/10/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

225c - Additional Assessment

1. Requirements

2600.

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

3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident [redacted] most recent assessment, dated [redacted], was not updated to include assessments for irritability, judgment, agitation, or aggression. However, on [redacted] at approximately 2:00 p.m. resident [redacted] struck resident [redacted] in the face over a conflict related to smoking, and as of [redacted] the assessment had not been updated to reflect the resident's behavioral service needs.

Resident [redacted] most recent assessment, dated [redacted] was not updated to include assessments for irritability, judgment, agitation, or aggression, or any need for monitoring around poisons. However, on dates to include [redacted] and [redacted], the home reported multiple repeat incidents related to suicide attempts, and verbally expressed desire to inflict self-harm by resident [redacted] and as of [redacted] the assessment had not been updated to reflect the resident's behavioral service needs.

Plan of Correction

Directed [redacted] - 02/03/2025)

Effective immediately, the administrator updated resident [redacted] assessment as well as resident [redacted] assessment accordingly to fit for such behaviors such as irritability, judgement, agitation or aggression.

As of 1-14-25 administrator will update all assessments of those residents that that have behaviors as well as keep documentation of monthly checks on all assessments and support plans.

On 1-28-25 Administrator completed an audit of all newly completed assessments and will continue to do so monthly. Documentation will be kept in accordance with regulation 2600.65(i)

Proposed Overall Completion Date: 02/28/2025

DIRECTED

Within five days of receipt of the accepted plan of correction: The administrator shall implement all aspects of the accepted plan of correction. [redacted] 2/3/25

Directed Completion Date: 02/08/2025

Implemented [redacted] 02/13/2025)

227c - Support Plan Revision

2. Requirements

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

Resident [redacted] most recent support plan, dated [redacted], did not include service needs related to irritability, judgment, agitation, aggression, safety around poisons, and also level of supervision. On dates to include [redacted] and [redacted] the home reported multiple repeat incidents related to suicide attempts, and verbally expressed intent to inflict self-harm by resident [redacted]. However, resident [redacted] support plan was not revised to provide

**227c Support Plan Revision (continued)**

plans to manage the resident's expressed desire to [REDACTED], plans to manage the resident's multiple and repeat instances of [REDACTED] or plans to increase supervision of the resident and ensure no access to unlocked and unattended poisonous materials.

**Plan of Correction****Directed ( [REDACTED] - 02/03/2025)**

Effective immediately Resident [REDACTED] support plan was updated to include her service needs of irritability, judgement, agitation, aggression, safety around poisons and also level of supervision. Resident [REDACTED] support plan was also updated to provide plans to manage the resident's expressed desire to commit suicide, plans to manage the residents multiple and repeat instances of inflicting self harm, or plans to increase supervision of the resident and ensure no access to unlocked and unattended poisonous materials.

As of 1 14 25 the administrator will ensure all support plans are updated according to all residents need as well as keep monthly documentation of audits.

On 1 28 25 Administrator completed an audit of all newly completed support plans and will continue to do so month. Documentation will be kept in accordance with regulation 2600.65(i)

Proposed Overall Completion Date: 02/28/2025

**DIRECTED**

Within five days of receipt of the accepted plan of correction: The administrator shall implement all aspects of the accepted plan of correction. [REDACTED] 2/3/25

**Directed Completion Date: 02/08/2025**

**Implemented ( [REDACTED] 02/13/2025)**