

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

March 11, 2026

[REDACTED] ED
STERLING HOUSE LLC
432 EAST TULPEHOCKEN STREET
PHILADELPHIA, PA, 19144

RE: STERLING HOUSE
432 EAST TULPEHOCKEN STREET
PHILADELPHIA, PA, 19144
LICENSE/COC#: 14292

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/12/2026 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 HOUSE* License #: *14292* License Expiration: *03/19/2026*
 Address: *432 EAST TULPEHOCKEN STREET, PHILADELPHIA, PA 19144*
 County: *PHILADELPHIA* Region: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *STERLING HOUSE LLC*
 Address: *432 EAST TULPEHOCKEN STREET, PHILADELPHIA, PA, 19144*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *R-3* Date: *12/21/2016* Issued By: *Phila L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *8* Waking Staff: *6*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *01/14/2026*

Inspection Dates and Department Representative

01/12/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *10* Residents Served: *7*

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

Hospice
 Current Residents: *0*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *6*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *1* Have Physical Disability: *0*

Inspections / Reviews

01/12/2026 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/21/2026*

02/24/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *03/06/2026*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *03/09/2026*

Inspections / Reviews (*continued*)

03/11/2026 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/06/2026

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

42s - Privacy

1. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On 1/12/2026, there were several cameras recording in the home. There was a sign in the front window indicating that cameras were in use, but most of the text was blocked by a vertical bar between two panes and could not be read. There were no signs near the cameras recording in the kitchen or stairway.

Plan of Correction

Accept ([redacted]) - 02/24/2026

Regulation: 2600.42(s) – Resident Right to Privacy

Statement of Understanding:

The facility acknowledges that residents have the right to privacy of self and possessions. Privacy must be ensured at all times, including protection from unauthorized video recording in private areas. The facility recognizes that signage regarding camera use must be clearly visible and readable to all residents and visitors.

1. How the facility will correct the violation:

Signage in the front window was removed and replaced with a clearly visible, unobstructed notice stating that video surveillance is in use in common areas.

Additional signage has been posted at each entrance and in visible locations near common-area cameras (kitchen).

A sign was already in place for the sole camera located in the stairway; photo documentation will be provided.

Date Completed: 1/20/2026

2. How the facility will prevent recurrence:

A quarterly environmental audit will be conducted by the Administrator to verify:

Appropriate camera placement

Proper functioning

Clear and visible signage

Documentation of each quarterly audit will be maintained on file.

3. Person Responsible:

Administrator: [redacted]

Licensee's Proposed Overall Completion Date: 02/22/2026

Implemented ([redacted]) - 03/11/2026

64a - Admin Training

2. Requirements

2600.

64.a. Prior to initial employment as an administrator, a candidate shall successfully complete the following:

Description of Violation

[redacted] the home's administrator, did not have a certificate of passing the Department-approved

64a - Admin Training (continued)

competency-based training test.

Plan of Correction

Directed (████) - 02/24/2026)

The facility respectfully submits documentation verifying that the Administrator successfully completed and passed the Department-approved competency-based training test in 2015. A copy of the certificate is attached for review.

See attached:

Personal Care Home Administrator 100-Hour Training
Commonwealth PA DHS Personal Care Home Administrator Orientation Program

Proposed Overall Completion Date: 02/22/2026
Proposed Overall Completion Date: 04/01/2026

Directed Plan of Correction (████ 2/24/26)

1. In addition to the steps noted in the submitted Plan of Correction the administrator will add the following steps to the plan:
2. The administrator will schedule and take the Department approved competency-based training test with a passing grade within the next 30 days.
3. The administrator will provide a copy of the test results with the Department within 15 days of receipt of the results.

Directed Completion Date: 04/01/2026

Implemented (████) - 03/11/2026)

65f - Training Topics

3. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

Description of Violation

Direct care staff person B did not receive training in the following topics during training year 2025:

- Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- Safe management techniques.

Plan of Correction

Accept (████) - 02/24/2026)

Regulation: 2600.65(f) – Annual Training Requirements for Direct Care Staff

Statement of Understanding:

The facility acknowledges that annual training for direct care staff must include all required topics under 2600.65(f), including resident-specific care needs, infection control, and safe management techniques.

1. How the facility will correct the violation:

65f - Training Topics (continued)

Direct care staff person B completed annual training for 2025 that included: Instruction on meeting the needs of residents as described in the preadmission screening form, assessment tool, medical evaluation, and support plan.

Infection control and general principles of cleanliness and hygiene, including prevention of decubitus ulcers, incontinence, malnutrition, and dehydration.

Safe management techniques, including instruction on de-escalation strategies, recognizing early signs of agitation, behavior redirection and verbal intervention skills.

Documentation verifying completion of these required topics has been stored in staff training record.

Date Completed: 1/23/2026

2. How the facility will prevent recurrence:

A standardized annual training checklist aligned directly with 2600.65(f) requirements will be implemented for all direct care staff.

The Administrator will conduct a semi-annual internal audit of staff training records to ensure all required topics are documented and current.

3. Person Responsible:

Administrator: [REDACTED]

Licensee's Proposed Overall Completion Date: 02/22/2026

Implemented ([REDACTED] - 03/11/2026)

86a - Ventilation

4. Requirements

2600.

86.a. All areas of the home that are used by the resident shall be ventilated. Ventilation includes an operable window, air conditioner, fan or mechanical ventilation that ensures airflow.

Description of Violation

On 1/12/2026 at 9:25 am, the third-floor bathroom had no operable window, fan, air conditioner or other mechanical ventilation to ensure airflow. The window was sealed with duct tape and could not be opened. The second-floor bathroom also had no fan, air conditioner or other mechanical ventilation to ensure airflow, and the window was difficult or impossible to open.

Plan of Correction

Accept ([REDACTED] - 02/24/2026)

See attachments of fully operational 2nd and 3rd floor bathroom windows.

1. How the facility will correct the violation:

Immediately following the inspection on 1/12/2026:

The third-floor bathroom window was repaired. The duct tape was removed, and the window was restored to full operability.

86a - Ventilation (continued)

The second-floor bathroom window was adjusted and repaired to ensure it opens freely and provides proper ventilation.

Both bathrooms were tested to confirm adequate airflow.

All cited windows are now fully operable and compliant.

Date Completed: 1/13/26

2. How the facility will prevent recurrence:

A quarterly environmental audit will be conducted by the Administrator to verify: That all resident-use areas maintain proper ventilation.

Windows and mechanical ventilation systems will be checked for operability and airflow.

Any necessary maintenance will be addressed immediately and documented.

3. Person Responsible:

Administrator: [REDACTED]

Licensee's Proposed Overall Completion Date: 02/22/2026

Implemented ([REDACTED] - 03/11/2026)

92 - Windows

5. Requirements

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

On 1/12/2026 at 9:25 am, the window in the third-floor bathroom was sealed with strips of duct tape running vertically along each side of the window to the base. The window could not be opened..

Plan of Correction

Accept ([REDACTED] - 02/24/2026)

See attachments of fully operational 2nd and 3rd floor bathroom windows.

1. How the facility will correct the violation:

Immediately following the inspection on 1/12/2026:

The duct tape sealing the third-floor bathroom window was removed.

The window was repaired and restored to full operability.

The window was inspected to ensure it opens, closes, and locks properly.

The cited window is now in good repair and fully compliant.

Date Completed: 1/13/26

2. How the facility will prevent recurrence:

All windows throughout the facility will be reviewed during quarterly environmental inspections to verify:

Good repair

Full operability

Any temporary repairs (e.g., tape) are prohibited. Permanent repairs will be completed promptly if issues arise.

3. Person Responsible:

Administrator: [REDACTED]

92 - Windows (continued)

Licensee's Proposed Overall Completion Date: 02/22/2026

Implemented () - 03/11/2026

132b - Safety Inspection/Fire Drill

6. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The last fire drill observed by a fire safety expert was conducted on 10/10/2025. However, the previous supervised fire drill was on 9/12/24, more than a year prior.

Plan of Correction

Accept () - 02/24/2026

Statement of Understanding:

The facility acknowledges that a fire safety inspection and fire drill conducted by a fire safety expert must be completed annually, and documentation must be maintained to verify compliance.

1. How the facility will correct the violation:

The most recent fire safety inspection and supervised fire drill were completed on 10/10/2025 by a fire safety expert. The prior supervised drill occurred on 9/12/2024. The 2025 drill was delayed due to scheduling and rescheduling with the fire safety expert, resulting in completion slightly beyond the 12-month timeframe.

2. How the facility will prevent recurrence:

The annual fire safety inspection and supervised drill will now be scheduled at least 60 days prior to the annual due date.

The Administrator will add this reminder/alert date to our house administrative calendar.

2026 Calendar Reminder alerts at:

60 days prior

If a scheduled inspection must be rescheduled, an alternate date within the 12-month period will be secured immediately.

Licensee's Proposed Overall Completion Date: 02/23/2026

Implemented () - 03/11/2026

162c - Menus Posted

7. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

On 1/12/2026, the home had menus posted reading "Week 1" and "Week 2." However, the menus were not marked with dates and it was unclear which was the current week.

162c - Menus Posted (*continued*)**Plan of Correction****Accept ([REDACTED] - 02/24/2026)***Statement of Understanding:*

The facility acknowledges that menus must be prepared one week in advance, must state the specific food being served at each meal, and must be posted one week in advance in a conspicuous and public place in the home. Menus must clearly reflect the applicable calendar dates to ensure residents and staff can easily identify the current and upcoming week.

1. How the facility will correct the violation:

Dated menus for March 2026 (Weeks 1–4 of the rotation cycle) have been prepared and posted in advance. The current week and upcoming week are clearly marked with beginning and ending dates. Copies of the dated March menus are attached for verification.

2. How the facility will prevent recurrence:

All rotating menus will include clearly labeled beginning and ending calendar dates. A standardized menu template including a date field has been implemented. The Administrator will verify proper dating and posting during weekly administrative review.

*3. Person Responsible:**Administrator: [REDACTED]***Licensee's Proposed Overall Completion Date: 02/23/2026****Implemented ([REDACTED] - 03/11/2026)**