



Pennsylvania
Department of Human Services

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: APRIL 21, 2026

[REDACTED]
Sterling Home LLC
[REDACTED]

RE: Sterling Home
1318 Arch Street
McKeesport, PA 15132
License #: 452694

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspection on March 24, 2026 and March 25, 2026, of the above facility that is operating pending an appeal, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Licensing Inspection Summary were found.

Correction of these violations in accordance with the specified plan of correction is required. Failure to correct these violations may result in further licensing enforcement action.

Sincerely,

A handwritten signature in cursive script that reads "Juliet Marsala".

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

Facility Information

Name: STERLING HOME License #: 45269 License Expiration: 12/04/2025
Address: 1318 ARCH STREET, MCKEESPORT, PA 15132
County: ALLEGHENY Region: WESTERN

Administrator

Name: [Redacted]

Legal Entity

Name: STERLING HOME LLC
Address: [Redacted]

Certificate(s) of Occupancy

Type: C-2 LP Date: 01/30/2023 Issued By: L&I

Staffing Hours

Resident Support Staff: Total Daily Staff: 39 Waking Staff: 29

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Complaint, Monitoring Exit Conference Date: 03/25/2026

Inspection Dates and Department Representative

03/24/2026 - On-Site: [Redacted]
03/25/2026 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 42 Residents Served: 36

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 3

Number of Residents Who:

Receive Supplemental Security Income: 22 Are 60 Years of Age or Older: 33
Diagnosed with Mental Illness: 29 Diagnosed with Intellectual Disability: 1
Have Mobility Need: 3 Have Physical Disability: 1

Inspections / Reviews

03/24/2026 - Partial

Lead Inspector: [Redacted] Follow-Up Type:

42e - Telephone Access

1. Requirements

2600.

42.e. A resident shall have access to a telephone in the home to make calls in privacy. Nontoll calls shall be without charge to the resident.

Description of Violation

There was no telephone for residents to make telephone calls in private. The home's only phone for residents is corded and positioned directly outside and to the left of the administrator's office and across from the home's dining room in the main entranceway and lobby.

Plan of Correction

Directed [REDACTED] - 04/06/2026

Within five days of receipt of the plan of correction: The administrator shall provide access to a telephone in the home to make calls in privacy to include:

- *A telephone must be available to residents at all times of the day or night.*
- *The phone must be arranged so that residents can make private calls without being heard by staff or other residents.*
- *A home may not require residents to ask for the telephone or ask permission to use the telephone. Homes may not screen incoming calls to residents. [REDACTED] /3/26*

Within five days of receipt of the plan of correction: The administrator shall educate all staff on the regulation. Documentation shall be kept in accordance with Regulation 2600.65i. [REDACTED] 4/3/26

Within five days of receipt of the plan of correction: The administrator or designated staff person shall audit the resident telephone weekly to ensure compliance with the regulation. Documentation of the audits shall be kept. [REDACTED] 4/3/26

Directed Completion Date: 04/08/2026

60a - Staff/Support Plan

2. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

There were no qualified staff trained to pass medications present in the personal care home on numerous dates during the 11:00 p.m. to 7:00 a.m. shift to include:

3/15/26

3/16/26

3/17/26

3/18/26

3/19/26

3/20/26

3/21/26

3/22/26

60a - Staff/Support Plan (continued)

However, there are multiple residents prescribed pro re nata (PRN) medication to include:

Resident #2

Resident #3

Resident #4

Resident #5

Resident #6

Resident #7

Plan of Correction

Directed [REDACTED] - 04/06/2026)

Within one day of receipt of the plan of correction: The administrator shall schedule and ensure there is at least one staff person in the home qualified to administer medications if there are residents in the home who are prescribed PRN medications. [REDACTED] 4/3/26

Within five days of receipt of the plan of correction: The administrator or designated staff person who schedules staff will ensure there is at least one staff person in the home qualified to administer medications if there are residents in the home who are prescribed PRN medications. [REDACTED] 3/26

Within five days of receipt of the plan of correction: The administrator or designated staff person will audit the schedule and staff working hours weekly to ensure there is at least one staff person in the home qualified to administer medications if there are residents in the home who are prescribed PRN medications. [REDACTED] 4/3/26

Directed Completion Date: 04/08/2026

85b - Infestation**3. Requirements**

2600.

85.b. There may be no evidence of infestation of insects or rodents in the home.

Description of Violation

On 3/25/26 at approximately 2:02 p.m., there were as many as six carcasses of bed bugs found in the beds and on the walls of the shared resident bedroom #5 belonging to resident #6 and resident #8.

REPEAT VIOLATION 6/24/25

Plan of Correction

Directed [REDACTED] - 04/06/2026)

Within one day of receipt of the plan of correction: The administrator shall audit resident bedroom #5 and all other bedrooms to ensure there are no active bedbugs in the home, and all remains have been cleaned up. If there are any signs of infestation, the administrator shall take steps to remediate the infestation. [REDACTED] 4/3/26

Within five days of receipt of the plan of correction: The administrator shall audit the home weekly for potential infestation and signs of infestation. Documentation of audits shall be kept. [REDACTED] 4/3/26

Within five days of receipt of the plan of correction: Residents and all staff persons shall be educated on signs of infestation and monitoring for signs of infestation. Documentation shall be kept in accordance with Regulation 2600.65i. [REDACTED] 4/3/26

Directed Completion Date: 04/08/2026

85e - Trash Outside Home

4. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 3/24/26 at approximately 10:07 a.m., both lids of the home's dumpster were flipped open, there was a bag of trash on the ground, a series of boxes to the right of the dumpster, as well as a bed frame for a hospital bed on the ground. Approximately fifteen feet from the dumpster area and immediately to the right of the wooden fencing next to the B-Hall emergency exit door, there was a wooden chair broken into several pieces and laying in the grass.

Plan of Correction

Directed [REDACTED] 04/06/2026)

Within one day of receipt of the plan of correction: The administrator shall have all trash on the ground removed and the dumpster lids closed. [REDACTED] 4/3/26

Within five days of receipt of the plan of correction: The administrator shall educate all staff on the requirement to keep trash in covered receptacles and to notify the administrator when the dumpster is full. Documentation shall be kept in accordance with Regulation 2600.65i. [REDACTED] 4/3/26

Within five days of receipt of the plan of correction: A designated staff person shall audit the dumpster daily to ensure the dumpster is covered and trash is in covered receptacles. Documentation of audits shall be kept. [REDACTED] /3/26

Within five days of receipt of the plan of correction: The administrator shall schedule for earlier or additional trash removal if needed. [REDACTED] 4/3/26

Directed Completion Date: 04/08/2026

141a - Medical Evaluation

5. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

Resident #1's initial medical evaluation, dated [REDACTED] /25, was missing the medical professional's license number, that area of the form was left incomplete.

Plan of Correction

Directed [REDACTED] - 04/06/2026)

Within one day of receipt of the plan of correction: The administrator shall contact resident #1's medical professional who completed the medical evaluation and have the medical professional complete the document. [REDACTED] 4/3/26

Within five days of receipt of the plan of correction: The administrator or designee shall audit of all current and newly completed resident medical evaluations for accuracy and completeness. [REDACTED] 4/3/26

Directed Completion Date: 04/08/2026

141b1 - Annual Medical Evaluation

6. Requirements

141b1 - Annual Medical Evaluation (*continued*)

2600.

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

Description of Violation

Resident #2's annual medical evaluation, dated [REDACTED]/25, was missing the medical professional's license number, that area of the form was left incomplete.

Resident #5's annual medical evaluation, dated 9/18/25, did not indicate the medical professional's determination whether or not the resident's needs can be met safely at the personal care home or if the resident is Nursing Facility Clinically Eligible (NFCE), that section of the form was left incomplete.

Plan of Correction**Directed [REDACTED] - 04/06/2026)**

Within one day of receipt of the plan of correction: The administrator shall contact resident #2's and resident #5's medical professionals who completed the medical evaluations and have the medical professionals complete the document. [REDACTED] 4/3/26

Within five days of receipt of the plan of correction: The administrator or designee shall audit of all current and newly completed resident medical evaluations for accuracy and completeness. [REDACTED] 4/3/26

Directed Completion Date: 04/08/2026

141b2 - Medical Evaluation Changes

7. Requirements

2600.

141.b.2. A resident shall have a medical evaluation: If the medical condition of the resident changes prior to the annual medical evaluation.

Description of Violation

Resident #3's status change medical evaluation, dated [REDACTED] 25, was missing the medical professional's license number, that area of the form was left incomplete.

Plan of Correction**Directed [REDACTED] - 04/06/2026)**

Within one day of receipt of the plan of correction: The administrator shall contact resident #3's medical professional who completed the medical evaluation and have the medical professional complete the document. [REDACTED] 4/3/26

Within five days of receipt of the plan of correction: The administrator or designee shall audit of all current and newly completed resident medical evaluations for accuracy and completeness. [REDACTED] 4/3/26

Directed Completion Date: 04/08/2026

183b - Meds and Syringes Locked

8. 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 3/25/26 at approximately 1:50 p.m. there was a four-ounce tube of Calmoseptine Ointment that was approximately half full and was unlocked, unattended, and accessible on the bedside table to the right of resident #3 in the shared resident bedroom #15 belonging to resident #3 and resident #9.

183b - Meds and Syringes Locked (*continued*)**Plan of Correction****Directed** [REDACTED] - 04/06/2026

Within one day of receipt of the plan of correction: The administrator shall secure resident #3's four-ounce tube of Calmoseptine Ointment. [REDACTED] 4/3/26

Within one day of receipt of the plan of correction: The administrator shall audit the entire home to ensure prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. [REDACTED] 4/3/26

Within two days of receipt of the plan of correction: The administrator shall educate all staff persons qualified to administer medications regarding the regulation and the home's policy and procedures to ensure compliance. Documentation of education will be kept in accordance with Regulation 2600.65i. [REDACTED] 4/3/26

Within five days of receipt of the plan of correction: The administrator or designated staff person shall audit the home weekly to ensure prescription medications, OTC medications, CAM and syringes are kept in an area or container that is locked. Documentations of audits shall be kept [REDACTED] 4/3/26

Directed Completion Date: 04/08/2026

184a - Resident's Meds Labeled

9. Requirements

2600.

- 184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
4. The prescribed dosage and instructions for administration.

Description of Violation

The pharmacy label for resident #4's Acetaminophen 325mg tablet indicated "Take three tablets by mouth three times a day as needed." However, resident #10 was prescribed Acetaminophen 325mg tablet, take two tablets (650mg) every 6 hours as needed.

Plan of Correction**Directed** [REDACTED] - 04/06/2026

Within one day of receipt of the plan of correction: The administrator or designated staff person qualified to administer medication shall contact the prescriber and clarify the medication order. [REDACTED] 4/3/26

Within one day of receipt of the plan of correction: The administrator shall or designated staff person qualified to administer medication shall have the prescription label corrected if needed. [REDACTED] 4/3/26

Within two days of receipt of the plan of correction: The administrator shall educate all staff persons qualified to administer medications regarding the regulation and required labeling of medications. Documentation of education will be kept in accordance with Regulation 2600.65i. [REDACTED] 4/3/26

Within five days of receipt of the plan of correction: The administrator shall or designated staff person qualified to administer medication shall audit all medication labels and medication orders to ensure accuracy monthly. Documentation of audits shall be kept [REDACTED] 4/3/26

Directed Completion Date: 04/08/2026

185a - Implement Storage Procedures

10. Requirements

2600.

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 #4's EasyTouch glucometer indicated a reading of 219 bs/dL on 3/19/26 at 11:17 a.m., however, the resident's medication administration record (MAR) indicated 207 bs/dL on 3/19/26 at 12:00 p.m.

Resident #4 is prescribed Lidocaine Ointment 5% apply moderate amount topically three times a day as needed to affected area of right shoulder. However, on 3/25/26 the medication was not on the medication cart or in the home to administer if requested by resident #4.

REPEAT VIOLATION 11/17/25, 8/20/25 et. al.

Plan of Correction

Directed [REDACTED] - 04/06/2026)

Within one day of receipt of the plan of correction: The administrator shall ensure resident #4's prescribed Lidocaine Ointment 5% is available for administration. [REDACTED] 4/3/26

Within one day of receipt of the plan of correction: The administrator or staff person qualified to administer medications shall complete an audit of all medication orders and medications to ensure all medications are in the home and available for administration. [REDACTED] 4/3/26

Within five days of receipt of the plan of correction: The administrator or designated staff person qualified to administer medications shall audit all medication orders and medications weekly to ensure all medications are available in the home for administration. Documentation of audits shall be kept. [REDACTED] 4/3/26

Within two days of receipt of the plan of correction: The administrator shall review and update the policy and procedures for obtaining and documenting blood glucose levels. [REDACTED] 4/3/26

Within two days of receipt of the plan of correction: The administrator or a qualified medication administration train the trainer shall educate all staff persons qualified to administer medications on the procedures to obtain, and document blood glucose levels. Documentation shall be kept in accordance with Regulation 2600.65i. [REDACTED] 4/3/26

Within five days of receipt of the plan of correction: The administrator or designated staff person qualified to administer medications shall audit the blood glucose readings and the blood glucose documentation weekly to ensure accuracy. Documentation of audits shall be kept/ [REDACTED] 4/3/26

Directed Completion Date: 04/08/2026

187a - Medication Record**11. 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 #4 is prescribed Olanzapine 20mg tablet, give 1 tablet by mouth once daily at bedtime. The resident's medication was dispensed as 10mg tablets and the home applied a "directions changed refer to MAR" sticker to the

187a - Medication Record (continued)

pharmacy label, however, the medication administration record (MAR) was not updated to reflect Olanzapine 10mg tablet, take two tablets (20mg) by mouth once daily at bedtime and still indicated Olanzapine 20mg tablet, give 1 tablet by mouth once daily at bedtime.

REPEAT VIOLATION 11/17/25, 8/20/25 et. al.

Plan of Correction

Directed [REDACTED] - 04/06/2026

Within one day of receipt of the plan of correction: The administrator shall update resident #4's MAR with the correct medication order. [REDACTED] 4/3/26

Within one day of receipt of the plan of correction: The administrator or designated staff person qualified to administer medications shall review all resident MARs and medication orders to ensure accuracy. Documentation of the audit shall be kept. [REDACTED] 4/3/26

Within two days of receipt of the plan of correction: The administrator or a qualified medication administration train the trainer shall educate all staff persons qualified to administer medications on the information required on medication administration record. Documentation shall be kept in accordance with Regulation 2600.65i. [REDACTED] 4/3/26

Within five days of receipt of the plan of correction: The administrator or designated staff person qualified to administer medications shall audit the medication administration records and medication orders weekly to ensure accuracy. Documentation of audits shall be kept. [REDACTED] /3/26

Directed Completion Date: 04/08/2026

187b - Date/Time of Medication Admin.**12. Requirements**

2600.

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

Description of Violation

Resident #1 is prescribed numerous medications at 8:00 a.m. and 12:00 p.m. to include:

- Folic Acid 1mg tablet, take one tablet by mouth daily
- Lansoprazole DR 30mg capsule, take one capsule by mouth daily before breakfast
- Levetiracetam 500mg tablet, take one tablet by mouth twice daily
- Loratadine 10mg tablet, take one tablet by mouth daily in the morning

However, on numerous dates the medications were not administered at 8:00 a.m. or 12:00 p.m. to resident #1 and the medication was still contained in the resident's pharmacy blister packs, but had been documented as administered to include:

- 3/9/26 the medication administration record was initialed by direct care staff person A.
- 3/10/26 the medication administration record was initialed by direct care staff person B.
- 3/15/26 the medication administration record was initialed by direct care staff person A.
- 3/20/26 the medication administration record was initialed by direct care staff person B.

Resident #4 is prescribed Lidocaine 5% Patch, Apply 1 patch topically to upper back/neck area once daily for pain. However, on 3/24/26 at 8:00 a.m., the medication was not available in the home to administer to resident #4 and the medication was documented as administered in the resident's March 2026 medication administration record by direct

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

care staff person A.

REPEAT VIOLATION 11/17/25, 8/20/25 et. al.

Plan of Correction

Directed [REDACTED] - 04/06/2026)

Within two days of receipt of the plan of correction: The administrator or a qualified medication administration train the trainer shall educate all staff persons qualified to administer medications on the regulation and the procedures for medication administration including documentation. Documentation shall be kept in accordance with Regulation 2600.190c. [REDACTED] 4/3/26

Within five days of receipt of the plan of correction: The administrator or designated staff person qualified to administer medications shall audit the medication administration records and medication orders weekly to ensure accuracy. Documentation of audits shall be kept, [REDACTED] 4/3/26

Directed Completion Date: 04/08/2026

187d - Follow Prescriber's Orders

13. Requirements

2600.

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

Description of Violation

Resident #1 is prescribed numerous medications at 8:00 a.m. and 12:00 p.m. to include:

- Folic Acid 1mg tablet, take one tablet by mouth daily
- Lansoprazole DR 30mg capsule, take one capsule by mouth daily before breakfast
- Levetiracetam 500mg tablet, take one tablet by mouth twice daily
- Loratadine 10mg tablet, take one tablet by mouth daily in the morning

However, on numerous dates the medications were not administered at 8:00 a.m. or 12:00 p.m. to resident #1 to include:

- 3/9/26
- 3/10/26
- 3/15/26
- 3/20/26

Resident #1 is prescribed numerous medications in the morning to include:

- Amlodipine 5mg tablet, take by mouth one tablet once daily
- Breo Ellipta 200-25mcg inhaler, inhale one puff by mouth once daily
- Folic Acid 1mg tablet, take one tablet by mouth daily
- Lansoprazole DR 30mg capsule, take one capsule by mouth daily before breakfast
- Levetiracetam 500mg tablet, take one tablet by mouth twice daily
- Loratadine 10mg tablet, take one tablet by mouth daily in the morning

However, on 3/8/26, between the hours of 7:00 a.m. and 9:00 a.m., the medications were not administered to resident #1.

187d - Follow Prescriber's Orders (continued)

Resident #1 is prescribed numerous medications to be administered at noon to include:

- Tamsulosin 0.4mg capsule, take one capsule by mouth daily
- Vitamin B-1 100mg tablet, take one tablet by mouth daily
- Zinc Sulfate 220mg capsule, take one capsule by mouth daily

However, on 3/8/26 at 12:00 p.m., the medications were not administered to resident #1.

Resident #1 is prescribed MAPAP 325mg, take three tablets by mouth every six hours. However, the MAPAP 325mg tablet was not administered to resident #1 on multiple dates and times to include:

- 3/8/26 at 12:00 a.m., 6:00 a.m., and 12:00 p.m.
- 3/11/26 at 12:00 a.m.
- 3/15/26 at 12:00 a.m.
- 3/18/26 at 12:00 a.m.
- 3/19/26 at 12:00 a.m.

Resident #4 is prescribed numerous medications in the morning to include:

- Aspirin Child 81mg chewable tablet, chew one tablet by mouth once daily
- Benztropine 1mg tablet, take one tablet by mouth twice daily
- Carvedilol 3.125mg tablet, take one tablet by mouth twice a day
- Famotidine 40mg tablet, take by mouth one-half tablet twice daily at 7 a.m. and 7 p.m.
- Hydrochlorothiazide 25mg tablet, take one tablet by mouth once daily
- Mag-Ox 400mg tablet, take one tablet daily for magnesium replacement

However, on 3/8/26 at 8:00 a.m., the medications were not administered to resident #4.

Resident #4 is prescribed Insulin Apart 100 units/mL, inject subcutaneously four units as directed three times daily before meals. However, on 3/8/26, resident #4 was not administered four units of Insulin Aspart at 8:00 a.m. and at 12:00 p.m..

Resident #4 is prescribed Lidocaine 5% Patch, apply one patch topically to upper back/neck area once daily. However, at 8:00 a.m. on 3/8/26 the Lidocaine 5% patch was not administered to resident #4.

Resident #4 is prescribed Lidocaine 5% Patch, Apply 1 patch topically to upper back/neck area once daily for pain on in the morning and off at bedtime. However, on 3/24/26 at 8:00 a.m. the Lidocaine 5% patch was not available in the home to administer to resident #4.

Resident #4 is prescribed blood glucose checks to be performed four times daily. However, on 3/8/26 at approximately 12:00 p.m., resident #4's blood glucose reading was not taken and there was no exception documented on the medication administration record.

Resident #4 is prescribed knee-high anti-embolism stockings, on in the morning and off in the evening. However, on the morning of 3/8/26, the stockings were not applied to the resident and there was no exception entered on the resident's March 2026 medication administration record.

REPEAT VIOLATION 11/17/25

187d - Follow Prescriber's Orders (continued)

Plan of Correction**Directed** [REDACTED] - 04/06/2026)

Within one day of receipt of the plan of correction: The administrator shall notify resident #1's and resident #4's prescribers of the medication errors. Any directions from either prescriber shall be followed. Documentation of the notification and the follow-up orders shall be kept. [REDACTED] 4/3/26

Within one day of receipt of the plan of correction: The administrator shall notify resident #1's and resident #4's designated persons of the medication errors. Documentation of the notification and the follow-up orders shall be kept. [REDACTED] 4/3/26

Within two days of receipt of the plan of correction: The administrator or a qualified medication administration train the trainer shall educate all staff persons qualified to administer medications on the home's policy and procedures and the regulation. Documentation shall be kept in accordance with Regulation 2600.190c. [REDACTED] 4/3/26

Within five days of receipt of the plan of correction: The administrator or a qualified medication administration train the trainer shall observe each staff person administering medications at least once a week for four weeks to ensure the homes procedures and the regulations are followed. Documentation of observations shall be kept. [REDACTED] 4/3/26

Within one day of receipt of the plan of correction: The administrator shall submit an incident report to the Department for each medication error and maintain copies of the incident reports in the residents' records. [REDACTED] 4/3/26.

Directed Completion Date: 04/08/2026

252 - Record Content

14. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

3. A photograph of the resident that is no more than 2 years old.

Description of Violation

The most recent photograph in the resident record for resident #2 was dated [REDACTED]/23.

Plan of Correction**Directed** [REDACTED] - 04/06/2026)

Within one day of receipt of the plan of correction: The administrator shall update the photograph in resident #2's record. [REDACTED] 4/3/26

Within two days of receipt of the plan of correction: The administrator shall audit all resident records to ensure there is a photograph of the resident that is no more than 2 years old. [REDACTED] 4/3/26

252 - Record Content *(continued)*

Directed Completion Date: 04/08/2026