STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 396083	(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00 B. WING:	(X3) DATE SURVEY COMPLETED: 04/27/2026

NAME OF PROVIDER OR SUPPLIER: **STERLING HEALTH CARE AND REHAB CENTER** STATE LICENSE NUMBER: **17450201**	STREET ADDRESS, CITY, STATE, ZIP CODE: **318 S. ORANGE STREET MEDIA, PA 19063**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
F 0000	INITIAL COMMENT Findings of an Abbreviated Complaint Survey completed on April 27 2026, Sterling Health Care and Rehab Center identified deficient practice, related to the reported complaint allegations, under the requirements of 42 CFR Part 483, Subpart B Requirements for Long Term Care Facilities and the 28 PA Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations as they relate to the Health portion of the survey process.	F 0000		
F 0689 SS=D	483.25(d)(1)(2) Free of Accident Hazards/Supervision/Devices §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by:	F 0689	Past noncompliance: no plan of correction required.	Completion Date: **05/20/2026** Status: **APPROVED** Date: **05/22/2026**

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE: (X6) DATE:

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

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F 0689 SS=D	Continued from page 2 Findings include: Review of facility policy "Wandering and Elopements" dated November 2025, stated "Missing Resident- Process: ... if a resident is missing, initiate the elopement/missing resident emergency procedure; determine if the resident is out on an authorized leave or pass; if the resident was not authorized to leave, initiate a search of the building(s) and premises; and if the resident is not located, notify the Nursing Home Administrator and the Director of Nursing Services, the resident's legal representative, the attending physician, and law enforcement officials and(as necessary) volunteer agencies." Review of Resident 1's clinical record revealed Resident 1 was admitted to the facility on November 19, 2025. Review of Resident 1's clinical record revealed diagnoses including unspecified dementia,	F 0689		

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F 0689 SS=D	Continued from page 3 unspecified severity, without behavioral disturbance,(general loss of cognitive abilities, including memory without specific behavioral symptoms)psychotic disturbance(disruption in a person's thoughts and perceptions) mood disturbance(involves prolonged emotions that can be either excessively sad or excessively happy, and anxiety(persistent and excessive worry). Review of facility investigation documentation revealed that on April 14, 2026, Resident 1 closely followed the housekeeper through the double doors on the ground floor into the back hallway and out the side door. The housekeeper was unaware the resident came through the door. Review of information submitted by the facility to Department of Health, dated April 14, 2026, revealed that "On 4/14/2026, An elopement alarm was activated after the resident was not accounted for on the secured unit. The facilities established protocols were immediately initiated, including notification of local law enforcement. The resident	F 0689		

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F 0689 SS=D	Continued from page 4 was located a short time later and safely returned to the facility without injuries." Review of facility investigation documentation revealed a written statement dated April 14, 2026, from Director of Nursing that stated "A call was received from local police regarding an individual found matching the description of resident (Resident 1). The Corporate Nurse, Business Office Director and I responded to the provided location. Upon arrival Resident 1 was observed sitting in a relaxed manner conversing appropriately with officers and holding a beverage (coke). He presented with no visible injuries and denied any pain or discomfort ...When asked about his whereabouts, he stated he was attempting to get to 69th street and reported that a woman had approached him to ask if he needed assistance or if he was lost. He also mentioned intending to take a train but acknowledged he had gone in the wrong direction ..."	F 0689		

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F 0689 SS=D	Continued from page 5 Review of facility documentation provided by facility of receipt from McDonald's dated April 14, 2026, at 1:53pm revealed evidence of a purchase Resident 1 had made of a filet o-fish sandwich and a small coke. Review of Resident 1 clinical record revealed progress note dated April 14, 2026, at 17:01 a health status note stated "Resident noted not on unit and a immediate search was conducted with administration/staff notified. Proper authorities notified and family notified by administration of event. Resident returned safely after aggressive search completed. Skin check completed by 3-11 charge nurse. Message left with answering service of Team Health for CRNP on call@ 4:35 pm. Resident currently in his room eating dinner." Observations made on the ground floor on April 27, 2026, 2026, at 11:10am revealed that a code is required to be entered to exit the unit and the floor. Observations made on the ground unit confirmed that the unit is a locked unit.	F 0689		

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F 0689 SS=D	Continued from page 6 Observed Resident 1 on April 27, 2026, at 11:20 am sitting at table writing in notepad. Resident 1 was wearing a shirt and jacket with dress pants, and wander guard was on left wrist. Interview with Resident 1 on April 27, 2026, at 11:21am, on the April 14, 2026, incident, Resident 1 stated "It was taking too long to get out the building, and so I waited for the opportunity and took it" Resident 1 stated "They brought me here and wouldn't let me leave. I wanted to go back to my place." Interview with the Nursing Home Administrator on April 27, 2026, at 1:45pm confirmed that the staff failed to ensure Resident 1's safety by not checking for residents before and after exiting the unit. The facility self-identified the deficient practice at the time of the incident, April 14, 2026. The facility implemented a corrective action of staff education and review of residents for elopement risk.	F 0689		

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F 0689 SS=D	Continued from page 7 The facility's immediate action plan included the following: QAPI (Quality Assurance Performance Improvement) conducted April 14, 2026. Signs were placed on doors to check for residents before and after exiting doors. Resident 1 was immediately placed on 1:1 supervision Facility Maintenance Director changed the facility door codes. Facility Maintenance Director checked facility door to ensure securement and function. Nursing Home Administrator reviewed the elopement policy. Education was completed for Employee 4 including a documented counselling warning on April 16,	F 0689		

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F 0689 SS=D	Continued from page 8 2026. Education was initiated for all facility staff on the policy of Elopement, which includes recognizing, preventing and responding to resident elopement to ensure resident safety. All staff completed training by April 19, 2026. Residents were reviewed for elopement risk and to ensure interventions were in place. No other residents were identified as immediate risk. Residents with code alert bracelets/ wander guards were checked for placement and functioning. Facility Maintenance Director or designee will check exit doors daily for function and security. Maintenance immediately intervenes if a door is identified with any issues. Results of these checks are reviewed by the QAPI committee for further actions as needed. Director of Nursing or designee will review newly	F 0689		

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F 0689 SS=D	Continued from page 9 completed elopement assessments daily for 5 days, weekly for 3 weeks, then monthly to ensure residents identified with risk have a plan in place. Results of these checks are reviewed by the QAPI committee for further recommendations as needed. Nursing Home Administrator or designee will complete door audits daily for 5 days and weekly for 3 weeks and monthly for 3 months. During an interview on April 14, 2026, at 11:35 a.m. LPN (Licensed Practical Nurse) Employee E5 verified receiving education on Elopement and was able to verbalize understanding. During an interview on April 14, 2026, at 11:40 a.m. CNA (Certified Nurse Assistant) Employee 6 verified receiving education on Elopement and was able to verbalize understanding. The facility has demonstrated compliance with the above since April 15, 2026.	F 0689		

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F 0689 SS=D	Continued from page 10 28 Pa. Code 201.14(a) Responsibility of licensee. 28 Pa. Code 201.18(b)(1)(e)(1) Management. 28 Pa. Code 211.10(d) Resident care policies. 28 Pa. Code 211.12(d)(5) Nursing services.	F 0689		

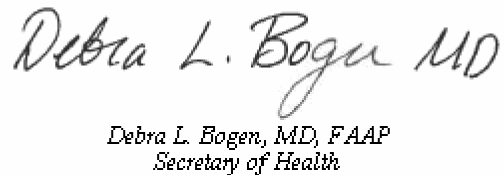
Certified End Page

STERLING HEALTH CARE AND REHAB CENTER

STATE LICENSE NUMBER: 17450201

SURVEY EXIT DATE: 04/27/2026

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey



Pennsylvania
Department of Health

THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY