

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to STAIRWAYS BEHAVIORAL HEALTH, INC.

LEGAL ENTITY

To operate STAIRWAYS

NAME OF FACILITY OR AGENCY

Located at 810 WALNUT STREET, ERIE, PA 16502

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 45  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from May 13, 2011 until May 13, 2012,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 407590

*Robert E. Robinson*

ISSUING OFFICER

*R. C. King*

DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable  
and should be posted in a conspicuous place in the facility.

PW 628 - 01/11



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
PO BOX 2675  
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

MAY 16 2011

PHONE: (717) 783-3670  
FAX: (717) 783-5662

Ms. Robin L. Dowling, Chief Compliance Officer  
Stairways Behavioral Health, Inc.  
2185 West Eighth Street  
Erie, Pennsylvania 16505

RE: Stairways  
810 Walnut Street  
Erie, Pennsylvania 16502

Dear Ms. Dowling:

As a result of the Department of Public Welfare's licensing inspection on March 2, 2011 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Melusky'.

Ronald Melusky  
Acting Director

Enclosures  
License  
Violation Report

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

P002  
Mar 18 2010 12:59pm

NAME AND ADDRESS OF PERSONAL CARE HOME STAIRWAYS, 810 WALNUT STREET ERIE, PA 16502		CURRENT LICENSE NUMBER 407590	
INSPECTION DATES (Include all dates of the inspection) 03/02/2011		REGIONAL REPRESENTATIVE Jason Williams, Larry Mazza	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Robert D. Day, Chief Compliance Officer</i>	DATE 3-18-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Joe J. Pizzino (JJP)</i>	DATE 4-12-11

STAIRWAYS REC 1ST FL Fax: 814-463-4757

REGULATION	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
25c3 (3) An explanation of the annual assessment, medical evaluation and support plan requirements and procedures, which shall be followed if either the assessment or the medical evaluation indicates the need of another and more appropriate level of care.	The contract for resident #1 does not explain the annual assessment, medical evaluation and support plan requirements and procedures to be followed if the assessment or medical evaluation indicates the need for another or more appropriate level of care.	4/4/11	A.) Contract will be expanded/ revised to include the required language re: annual assessment medical evaluation and support plans as outlined in regulation 25c3.	4-12-11 JJP
Adult Residential Licensing MAR 18 2011 Western Region		4/25/11	B.) Revision will be presented to all residents, their representative payee or designee for review. Documentation will be maintained in their file that verifies their review	

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

P003  
Mar 18 2010 01:00pm

NAME AND ADDRESS OF PERSONAL CARE HOME STAIRWAYS, 810 WALNUT STREET ERIE, PA 16502		CURRENT LICENSE NUMBER 407590	
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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Ron A. Davis, Chief Compliance Officer</i>	DATE 3-18-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JJP</i>	DATE 4-12-11

STAIRWAYS REC 1ST FL Fax: 814-453-4757

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
S4a Direct care staff persons shall have the following qualifications: (1) Be 18 years of age or older, except as permitted in subsection (b). (2) Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry. (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care	Direct care staff person A, hired 1/31/11, does not have a high school diploma, GED or active registration status on the PA nurse aide registry.  <p style="text-align: center; font-size: 1.2em;">Western Region</p> <p style="text-align: center;">MAR 18 2011</p> <p style="text-align: center;">Adult Residential Licensing</p>	3/17/11	A) Documentation obtained and placed in staff's employee file. (Reference attached)  The administrator will review all staff persons files to ensure all necessary documentation is present including educational requirements.	4-10-11 <i>JJP</i>

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

P004

Mar 18 2010 01:00pm

STAIRWAYS REC 1ST FL Fax: 814-463-4757

NAME AND ADDRESS OF PERSONAL CARE HOME STAIRWAYS, 810 WALNUT STREET ERIE, PA 16502		CURRENT LICENSE NUMBER 407590	
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SIGNATURE OF LEGAL ENTITY <i>Robert D. Dowdy, Chief Compliance Officer</i>	DATE 3-18-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JJP</i>	DATE 4-12-11

REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
services with reasonable skill and safety.				

Western Region

MAR 18 2011

Adult Residential Licensing

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

P005

Mar 18 2010 01:00pm

STAIRWAYS REC 1ST FL Fax: 814-453-4757

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SIGNATURE OF LEGAL ENTITY <i>Rosal H. Dwyer, Chief Compliance Officer</i>	DATE 3-18-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JJP</i>	DATE 4-12-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
82c Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.	The first floor laundry area, which is accessible to all residents, had a one-gallon bottle of bleach on the floor beside the washer. The label indicated to call poison control if ingested. No residents of the home are assessed to safely use or avoid poisonous materials.	4/10/11	A.) Direct Care Staff & Ancillary Staff will be educated on regulation 82c regarding management of poisonous materials	4-12-11 JJP
		4/16/11	B.) PCH Administrator / Designee will implement routine checks of laundry areas to ensure poisonous materials are secured properly. Checks will be documented.	

Western Region

APR 18 2011

Adult Residential Licensing

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

P006  
Mar 18 2010 01:00pm  
STAIRWAYS REC 1ST FL Fax: 814-453-4757

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SIGNATURE OF LEGAL ENTITY <i>Row &amp; Dwyer Chief Compliance Officer</i>	DATE 3-18-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JJP</i>	DATE 4-12-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
89b Hot water temperature in areas accessible to the resident may not exceed 120°F.	-The hot water from the sink in room B-12 measured 127.2 degrees Fahrenheit. -The hot water from the sink in room C-31 measured 136.6 degrees Fahrenheit.	3/16/11	A) PM adjusted temperature on both hot water tanks to regulate water temperature.	4-12-11 <i>JJP</i>
		3/17/11	B.) PNL coordinated with outside vendor to have them evaluate the system to ensure it is working properly and make necessary adjustments to improve performance.	
		3/21/11	C) PCH Administrator / Designee will monitor water temps weekly and maintain record; if temperature reaches 120+	

Western Region  
MAR 18 2011  
Adult Residential Licensing

PCH Administrator / Designee will coordinate with PM to reduce water temperature

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

P007

Mar 18 2010 01:00pm

STAIRWAYS REC 1ST FL Fax: 814-453-4757

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SIGNATURE OF LEGAL ENTITY <i>Robert A. Drey, Chief Compliance Officer</i>	DATE 3-18-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JFP</i>	DATE 4-12-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
100a The exterior of the building and the building grounds or yard shall be in good repair and free of hazards.	-There was a garden hose lying on the external steps and sidewalk leading from the door on the 8th street side of the building.  -There was a large metal stake lying in the yard on the 8th street side of the building.  These both present a tripping hazard to residents.	3/21/11	Dist Administrator / Designee will monitor grounds weekly to ensure property is in good repair & free of hazards. Documentation will be maintained of issues that arise.	4-12-11 <i>JFP</i>
Western Region  MAR 18 2011  Adult Residential Licensing		5-15-11	The garden hose and the large metal stake were removed. 4-12-11 <i>JFP</i>	

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

P008

Mar 18 2010 01:00pm

STAIRWAYS REC 1ST FL Fax: 814-453-4757

NAME AND ADDRESS OF PERSONAL CARE HOME STAIRWAYS, 810 WALNUT STREET ERIE, PA 16502		CURRENT LICENSE NUMBER 407590	
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SIGNATURE OF LEGAL ENTITY <i>RWS to Daily, Chief Compliance Officer</i>	DATE <i>3-18-11</i> <del>3-18-11</del>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JJP</i>	DATE <i>4-12-11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
132b 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.	The home has not had a fire inspection or observed fire drill within the past year from a fire safety expert.	<i>3/17/11</i>	<i>A.) Home inspection completed on as documented on attached letter. Moving forward the annual inspection will be facilitated in June.</i>	
<b>Western Region</b>		<i>3/17/11</i>	<i>Annual observed fire drill was completed 6/15/10 - please reference attachment. Annual observed fire drill will be coordinated annually.</i>	

MAR 8 2011

**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600**

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SIGNATURE OF LEGAL ENTITY <i>Robert A. Dooly, Chief Compliance Officer</i>	DATE 3-18-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JWP</i>	DATE 4-12-11

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P009

Mar 18 2010 01:00pm

STAIRWAYS REC 1ST FL Fax: 814-453-4757

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

P010  
Mar 18 2010 01:00pm

STAIRWAYS REC 1ST FL Fax: 814-453-4757

NAME AND ADDRESS OF PERSONAL CARE HOME STAIRWAYS, 810 WALNUT STREET ERIE, PA 16502		CURRENT LICENSE NUMBER 407590	
INSPECTION DATES (Include all dates of the inspection) 03/02/2011		REGIONAL REPRESENTATIVE Fason Williams, Larry Mazza	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Rita A. Dwyer - Chief Compliance Officer</i>	DATE 3-18-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 4-12-11

REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
132d Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.	-All of the home's fire drills from the past year exceed 2 minutes and 30 seconds. The home does not have a designated evacuation time from a fire safety expert within the past year.  -The home's fire drill record indicates that for the following fire drills not all residents in the building were evacuated.  4/14/10 - 23 residents in the home/17 evacuated 6/29/10 - 28 residents in the home/27 evacuated 7/30/10 - 23 residents in the home/22 evacuated 8/31/10 - 35 residents in the home/34 evacuated	3/17/11  4/6/11  ongoing	A.) PCH has obtained documentation to extend our evacuation time to 6 min. (Reference attached)  B.) PCH Administrator will coordinate a resident meeting/training regarding evacuation expectations & fire safety  C.) PCH Administrator will coordinate additional fire drills as needed to ensure residents are evacuating within the	<i>[Signature]</i> Date 4-12-11 Initials (DPW)
Western Region				

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

P011

Mar 18 2010 01:01pm

STAIRWAYS REC 1ST FL Fax: 814-453-4757

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VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

P012

Mar 18 2010 01:01pm

STAIRWAYS REC 1ST FL Fax: 814-463-4757

NAME AND ADDRESS OF PERSONAL CARE HOME STAIRWAYS, 810 WALNUT STREET ERIE, PA 16502		CURRENT LICENSE NUMBER 407590	
INSPECTION DATES (include all dates of the inspection) 03/02/2011		REGIONAL REPRESENTATIVE Jason Williams, Larry Mazza	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Rita A. Daily, Chief Compliance Officer</i>	DATE 3-18-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JWP</i>	DATE 4-12-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
183b 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.	Resident #2 self administers Clotrimazole 1% cream and Ammonium Lac. 12% cream. Resident #2 keeps these creams in his/her room unlocked and accessible to Resident #3, who is Resident #2's roommate.	4/6/11	Direct Care Staff & Nursing will be educated on regulation 183b and their role in ensuring medications that are kept in a resident's room are secured.	
Western Region  MAR 18 2011  Adult Residential Licensing		4/6/11	Nursing will work w residents who maintain medications in their rooms on the regulatory requirements & safety issues. Locked boxes will be provided to residents as needed.	

Steps have been taken to correct violation; full compliance is not verifiable  
Date: \_\_\_\_\_ Initials (DPW): \_\_\_\_\_

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

P013

Mar 18 2010 01:01pm

STAIRWAYS REC 1ST FL Fax:814-453-4757

NAME AND ADDRESS OF PERSONAL CARE HOME STAIRWAYS, 810 WALNUT STREET ERIE, PA 16502		CURRENT LICENSE NUMBER 407590	
INSPECTION DATES (Include all dates of the inspection) 03/02/2011		REGIONAL REPRESENTATIVE Jason Williams, Larry Mazza	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Ron M. Daily Chief Compliance Officer</i>	DATE 3-18-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JJP</i>	DATE 4-12-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
224a A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.	Resident #4 was admitted to the home on 3/24/10. The pre-admission screening for this resident is dated 2/10/10.  Repeated Violations: 03/12/2010	4/30/11  <i>ongoing</i>	PC# Administrator will coordinate a review to Designee to ensure under standing of regulation 224a & outline timeframes for required documentation.  Designee will meet w/ PC# Administrator to review all new admission paperwork for the next 6 months.	4-12-11 <i>JJP</i>

Western Region  
MAR 18 2011  
Adult Residential Licensing

VIOLATION REPORT  
 PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PO14

Mar 18 2010 01:01pm

STAIRWAYS REC 1ST FL Fax:814-463-4757

NAME AND ADDRESS OF PERSONAL CARE HOME STAIRWAYS, 810 WALNUT STREET ERIE, PA 16502		CURRENT LICENSE NUMBER 407590	
INSPECTION DATES (Include all dates of the inspection) 03/02/2011		REGIONAL REPRESENTATIVE Jason Williams, Larry Mazza	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Robert L. Davis, Chief Compliance Officer</i>	DATE 3-18-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 4-12-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
252 Each resident's record shall include the following information: (1) Name, gender, admission date, birth date and Social Security number. (2) Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks. (3) A photograph of the resident that is no more than 2 years old. (4) Language or means of communication spoken or used by the resident. (5) The name,	Staff person B, the administrator, states that the home files all reportable incident forms in a single binder and not in the individual resident's charts.  Western Region  MAR 18 2011	9/21/11  3/17/11	<i>existing</i> A) All 2011 state reportable incident forms will be placed in individual resident files.  B) Moving forward all state reportable incidents that are generated will be filed in individual resident files.	4-12-11 <i>[Signature]</i>

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

P015

Mar 18 2010 01:01pm

STAIRWAYS REC 1ST FL Fax: 814-453-4757

NAME AND ADDRESS OF PERSONAL CARE HOME STAIRWAYS, 810 WALNUT STREET ERIE, PA 16502		CURRENT LICENSE NUMBER 407590	
INSPECTION DATES (include all dates of the inspection) 03/02/2011		REGIONAL REPRESENTATIVE Jason Williams, Larry Mazza	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Robert D. Day, Chief Compliance Officer</i>	DATE 3-18-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 4-12-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
address, telephone number and relationship of a designated person to be contacted in case of an emergency. (6) The name, address and telephone number of the resident's physician or source of health care. (7) The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms. (8) A list of prescribed medications, OTC medications and CAM. (9) Dietary	Western Region  145 18 2011  Adult Residential Licensing			

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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Mar 18 2010 01:01pm

STAIRWAYS REC 1ST FL Fax:814-453-4757

NAME AND ADDRESS OF PERSONAL CARE HOME STAIRWAYS, 810 WALNUT STREET ERIE, PA 16502		CURRENT LICENSE NUMBER 407590	
INSPECTION DATES (Include all dates of the inspection) 03/02/2011		REGIONAL REPRESENTATIVE Jason Williams, Larry Mazza	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Robert D. Duff, Chief Compliance Officer</i>	DATE 3-18-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JYP</i>	DATE 4-12-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
restrictions, if any. (10) A record of incident reports for the individual resident. (11) A list of allergies, if any. (12) The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies. (13) The preadmission screening, initial intake assessment and the most current version of the annual assessment. (14) A support plan. (15) Applicable court order, if any.	Western Region  MAR 18 2011			

Adult Residential Licensing

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME STAIRWAYS, 310 WALNUT STREET ERIE, PA 16502		CURRENT LICENSE NUMBER 407590	
INSPECTION DATES (Include all dates of the inspection) 03/02/2011		REGIONAL REPRESENTATIVE Jason Williams, Larry Mazza	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Robert A. Dwyer, Chief Compliance Officer</i>	DATE 3-18-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JWP</i>	DATE 4-12-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
(16) The resident's medical insurance information. (17) The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity. (18) An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated. (19) An inventory of the resident's property entrusted to the administrator for safekeeping. (20) The financial records of residents	Western Region  MAR 18 2011			

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Mar 18 2010 01:01pm

STAIRWAYS REC 1ST FL Fax: 814-463-4757

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME STAIRWAYS, 810 WALNUT STREET ERIE, PA 16502		CURRENT LICENSE NUMBER 407590	
INSPECTION DATES (Include all dates of the inspection) 03/02/2011		REGIONAL REPRESENTATIVE Jason Williams, Larry Mazza	
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SIGNATURE OF LEGAL ENTITY <i>Robert Dwyer, Chief Compliance Officer</i>	DATE 3-18-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JYP</i>	DATE 4-12-11

REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
receiving assistance with financial management. (21) The reason for termination of services or transfer of the resident, the date of transfer and the destination. (22) Copies of transfer and discharge summaries from hospitals, if available. (23) If the resident dies in the home, a copy of the official death certificate. (24) Signed notification of rights, grievance procedures and applicable consent to treatment protections specified	<p>Western Region</p> <p>MAR 18 2011</p> <p>Adult Residential Licensing</p>			

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Mar 18 2010 01:01pm

STAIRWAYS REC 1ST FL Fax: 814-453-4757

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME STAIRWAYS, 810 WALNUT STREET ERIE, PA 16502		CURRENT LICENSE NUMBER 407590	
INSPECTION DATES (Include all dates of the inspection) 03/02/2011		REGIONAL REPRESENTATIVE Jason Williams, Larry Mazza	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Robert D. Ong, Chief Compliance Officer</i>	DATE 3-18-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JYP</i>	DATE 4-12-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
in 41. (25) A copy of the resident-home contract. (26) A termination notice, if any				

Western Station  
Mar 18 2011  
Adult Residential Licensing

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Mar 18 2010 01:02pm

STAIRWAYS REC 1ST FL Fax: 814-453-4157