

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 14, 2012 until May 14, 2013,
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

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

JUN 01 2012

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 May 2, 2012 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 be 'R Melusky'.

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 40759 - 05/02/2012 - McConnell, Deb

1. REGULATION 55 Pa.Code §2600

2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2. DESCRIPTION OF VIOLATION

There was sliced meat in a plastic container in the kitchen refrigerator not labeled and dated.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

RECEIVED

Western Field Office
Adult Residential Licensing

A.) Food service staff will be trained on regulation 103e by June 1st 2012.

B.) Food service manager will monitor management of stored foods to ensure proper storage. Food service manager will monitor daily for the next 3 months.

C.) PCH Administrator will do routine inspections of kitchen freezers/ fridge monthly to ensure food is stored appropriately 5/23/12

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Rochelle Yrakors*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Rochelle Yrakors* Date *5/18/12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 5/23/12 (Date) Verification of Legal Entity Representative Signature 5/23/12 (Date)

The above plan of correction was approved by *JM* (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *JM*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 40759 - 05/02/2012 - McConnell, Deb

1. REGULATION 55 Pa.Code §2600

2600.103(g) - Food shall be stored in closed or sealed containers.

2. DESCRIPTION OF VIOLATION

There was a package of hamburger in the kitchen refrigerator opened and unsealed.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

RECEIVED

Western Field Office
Adult Residential Licensing

A.) Food service staff will be trained on regulation 103g by June 1, 2012.

B.) Food service manager will monitor management of stored food daily to ensure appropriate/safe storage. Food service manager will monitor daily for next 3 months.

C.) PCH Administrator will complete routine inspections of kitchen to ensure compliance w/ regulation 103g. *at least monthly per step 12*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Rochelle Grubers

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Rochelle Grubers

Date *5/18/12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

5/18/12
(Date)

Verification of Legal Entity Representative Signature

5/18/12
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

[Signature]
(Initials)

Violation Report: 40759 - 05/02/2012 - McConnell, Deb

1. REGULATION 55 Pa.Code §2600

2600.132(d) - 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.

2. DESCRIPTION OF VIOLATION

The home's designated safe evacuation time established by a fire safety expert is 6 minutes. The home exceeded this time on the following dates:

- 12/13/11 - Evacuation time of 8 min. 30 sec.
- 12/29/11 - Evacuation time of 8 min. 25 sec.
- 02/9/12 - Evacuation time of 8min. 45sec.
- 3/30/12 - Evacuation time of 8 min. 55 sec.
- 04/30/12 - Evacuation time of 6 min 15 sec

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MAY 2 2012

Western Field Office
Adult Residential Licensing

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

A.) Residents & staff will be educated regarding fire evacuation procedures by June 1, 2012.

B.) Individual residents who are unable to evacuate within timeframes will be provided individual support to practice evacuations until they demonstrate the ability to fully evacuate or utilize a fire safe area.

C.) Weekly drills will be facilitated until residents are able to evacuate within ~~advised timeframes~~.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

03/02/2011

Signature of Legal Entity Representative
(Required on EVERY Page)

Richelle Youker

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Richelle Youker

Date 5/18/12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

5/21/12
(Date)

Verification of Legal Entity Representative Signature

5/21/12
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

[Signature]
(Initials)

Violation Report: 40759 - 05/02/2012 - McConnell, Deb

1. REGULATION 55 Pa.Code §2600

2600.132(f) - Alternate exit routes shall be used during fire drills.

2. DESCRIPTION OF VIOLATION

The home has not been alternating exit routes used during fire drills.
 2/9/12 (10am) - first floor east fire exit
 2/9/12 (10:10pm) - first floor east fire exit
 3/22/12 (4:05pm) - first floor east fire exit
 3/30/12 (12:15pm) - first floor east fire exit
 4/2/12 (11:15pm) - first floor east fire exit
 4/30/12 (10:50am) - first floor east fire exit and dining room

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MAY 2 2012

Western Field Office
 Adult Residential Licensing

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Residents
 A.) Staff will be educated on regulation 132F by June 1, 2012

B.) Effective June 1, 2012 alternative paths of egress will be used during fire drills & documented.

C.) Pelt Administrator will monitor fire drill log to ensure all evacuations meet regulatory guidelines for the next 6 months.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Handwritten signature: Rochelle Youkers

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Handwritten name: Rochelle Youkers

Date 5/18/12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

5/29/12
 (Date)

Verification of Legal Entity Representative Signature

5/29/12
 (Date)

The above plan of correction was approved by

Handwritten initials
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Handwritten initials

Violation Report: 40759 - 05/02/2012 - McConnell, Deb

1. REGULATION 55 Pa.Code §2600

2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2. DESCRIPTION OF VIOLATION

During the fire drill on 4/2/12, at 11:15pm, 3 staff people participated in the drill. According to staff records, the average number of staff people on duty at this time of day is 2.

RECEIVED

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

MAY 2 2012

Western Field Office
Adult Residential Licensing

begin to
We have increased our staffing pattern to 3 on third shift to address support residents in evacuating to designated safe areas so to fully evacuate the building

By June 30, 2012:

- k) We will facilitate fire drills @ the average # of staff persons
- B) PCIT Administrator will educate & organize staff & facilitate fire drills with the minimum staff.
- C) PCIT will monitor fire drill log to ensure compliance

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Rockelle Youkers*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Rockelle Youkers* Date *5/18/12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *5/23/12* (Date)

Verification of Legal Entity Representative Signature *5/23/12* (Date)

The above plan of correction was approved by *[Signature]* (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 40759 - 05/02/2012 - McConnell, Deb

1. REGULATION 55 Pa.Code §2800

2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2. DESCRIPTION OF VIOLATION

During the 2/9/12 fire drill, 29 residents were in the home, 25 residents evacuated.

During the 4/2/12 fire drill, 31 residents were in the home, 30 residents evacuated.

RECEIVED

MAY 2 2012

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages. ^{Western Field Office} ^{Adult Residential Licensing} Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

A.) Residents: staff will be educated on regulation 132h & evacuation procedures. by June 1, 2012. Each resident will be evaluated on their knowledge of fire safe areas and designated meeting location.

B.) Staff will be educated on documentation expectations; designating location of unevacuated residents.

C.) PCH administrator will monitor fire drill logs ^{monthly on-site} to ensure residents are evacuating to fire safe areas (OR) designated meeting location.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Rochelle Youkers*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Rochelle Youkers* Date *5/18/12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 5/23/12 (Date)

Verification of Legal Entity Representative Signature [Signature] (Date)

The above plan of correction was approved by [Signature] (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress *ju 5/23/12*
- Not Implemented

Violation Report: 40759 - 05/02/2012 - McConnell, Deb

RECEIVED

1. REGULATION 55 Pa.Code §2600

2600.144(d) - Smoking outside of the smoking room is prohibited.

2. DESCRIPTION OF VIOLATION

The home's designated outside smoke area is under a gazebo in the rear of the home. ^{Was also observed in the} a smoking room on the lower level of the home. On 5/2/12, at 2pm, residents were observed smoking in the doorway of the home's front entrance.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

A.) Residents & staff will be educated on smoking policy & designated smoking areas by June 1, 2012.

B.) Staff will be assigned effective ~~June 1, 2012~~ ^{May 20th, 2012} to monitor building & grounds routinely to ensure compliance & policy & regulation

My 5/31/12:
C.) PCH will monitor compliance at least monthly to ensure there is no smoking

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Rochelle Yuleo

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Rochelle Yuleo

Date 5/18/12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

5/21/12
(Date)

Verification of Legal Entity Representative Signature

JZ
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *Om*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

[Signature]
(Initials)

Violation Report: 40759 - 05/02/2012 - McConnell, Deb

RECEIVED

1. REGULATION 55 Pa.Code §2600

2600.187(d) - The home shall follow the directions of the prescriber.

2. DESCRIPTION OF VIOLATION

The medical administration record (MAR) did not indicate the purpose or diagnosis for resident #1's medication Abilify 30mg, Olanzapine 10mg, Senna Plus 8.6mg-50mg, and Docusate Sod Cap 100mg. Western Field Office
Resident #1's Licensing

The medical administration record (MAR) did not indicate the purpose or diagnosis for resident #2's Clonzapine 25mg.

The medical administration record (MAR) did not indicate the purpose or diagnosis for resident #3's Aspirin 81mg.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

A.) PCH nursing team will be educated on regulation 187d. by June 1, 2012.

B.) PCH Administrator will complete ^{AT LEAST MONTHLY (or more)} routine audits of MARs to ensure diagnostic information documented per regulation 187d.

By 5/31/12: All diagnoses for medications for resident #1, #2 and #3 added to the MAR.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Richelle Youkers

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Richelle Youkers

Date 5/18/12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 5/23/12
(Date)

Verification of Legal Entity Representative Signature *[Signature]* 5/23/12
(Date)

- Fully Implemented *on 5/23/12*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *[Signature]*
(Initials)