

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 June 14, 2013 until June 14, 2014,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 407590

*Robert E. Robinson*

ISSUING OFFICER

*[Signature]*

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



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

JUN 14 2013

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 (Department) licensing inspection on February 13, 2013 and February 14, 2013, 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 Human Services 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**  
**PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: STAIRWAYS		License Number: 407590
Address: 810 WALNUT STREET, ERIE, PA 16502		County: Erie
Administrator: HEATHER FILSON		Region: WEST
Legal Entity Name: STAIRWAYS BEHAVIORAL HEALTH INC		
Legal Entity Address: 2185 WEST EIGHTH STREET, ERIE, PA 16505		
<b>Certificate(s) of Occupancy</b> C-2 A3 12/05/1986 Labor & Industry		
<b>Staffing Hours</b> Resident Support: 27                      Total Daily Staff: 63                      Waking Staff: 47		
Type of Inspection: Full                      BHA Docket Number:                      Notice: Unannounced		
<b>Reason(s) for inspection(s)</b> Renewal, Complaint		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 02/13/2013: Flinner-Alman, Lisa; Bacher, Mike 02/14/2013: Flinner-Alman, Lisa; Bacher, Mike		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<div style="border: 1px solid black; padding: 5px; transform: rotate(-10deg);"> <p align="center"><b>RECEIVED</b></p> <p align="center">APR 05 2013</p> <p align="center">WEST REGION FIELD OFFICE Human Services Licensing</p> </div>		
<b>Other Details</b> Partial or Full Triggers:                      Random Indicators:		
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 38 <i>45 - per MAPPER + APP -</i> Number of Residents Served: 36 <i>no change on</i> Secured Dementia Care Unit In Home: No <i>transmittal</i> Area: <i>letter JB</i> Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	<b>Number of Residents who:</b> Receive Supplemental Security Income: 11 Are 60 Years of Age or Older: 3 Have Mental Illness: 36 Have an Intellectual Disability: 4 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 40759 - 02/13/2013 - Flinner-Alman, Lisa  
 PCH Name: STAIRWAYS

1. REGULATION 55 Pa.Code §2600  
 2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION  
 On 2/13/13, the home's current violation report and copy of 55 Pa.Code Chapter 2600 were not posted in a conspicuous and public place in the home.

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.

1. All staff and residents will be educated on regulation 3c by May 1, 2013.
2. A copy of 55 Pa Code Chapter 2600 & current violation code has been laminated, to deter residents from using the paper, & is hanging in a conspicuous & public place in the home.
3. PCH administrator will do routine inspections to ensure the 55 Pa Code Chapter 2600 & violations are available.

RECEIVED

APR 25 2013

WEST REGION FIELD OFFICE  
 Human Services Licensing

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

Signature of Legal Entity Representative (Required on EVERY Page) *Heather Filson - Robt Dowling*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Heather Filson* *Robt Dowling* Chief Compliance Officer      Date *4-3-13*

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

The above plan of correction is approved as of 4/5/13 (Date)

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

Plan of correction implementation status as of 4/5/13 (Date)

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

Violation Report: 40759 - 02/13/2013 - Flinger-Alman, Lisa  
 PCH Name: STAIRWAYS

1. REGULATION 55 Pa.Code §2600  
 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION  
 The contracts for Residents #1, 2 and 3 were not signed by the payer.

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.

1. PCH Staff will be trained on regulation ~~25~~ 25b by May 1, 2013
2. All contracts will be signed by representative Payee Services by June 30, 2013.
3. PCH administrator will review all Resident contracts to ensure this has been completed.

RECEIVED

APR 15 2013

WEST REGION FIELD OFFICE  
 Human Services Licensing

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

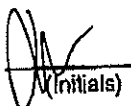
Signature of Legal Entity Representative (Required on EVERY Page) *Heather Filson - Robin Dowling*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Heather Filson Chief Compliance Officer*      Date *4.3.13*

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

The above plan of correction is approved as of 4/5/13 (Date)

Plan of correction implementation status as of 4/5/13 (Date)

The above plan of correction was approved by  (Initials)

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

Violation Report: 40759 - 02/13/2013 - Flinner-Alman, Lisa

PCH Name: STAIRWAYS

**1. REGULATION 55 Pa. Code §2600**

2600.26(b) - The quality management plan shall address the periodic review and evaluation of the following:

- (1) The reportable incident and condition reporting procedures.
- (2) Complaint procedures.
- (3) Staff person training.
- (4) Licensing violations and plans of correction, if applicable.
- (5) Resident or family councils, or both, if applicable.

**2a. DESCRIPTION OF VIOLATION**

A quality management review was not conducted in 2012.

**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.

1. PCH administrator will attend a Quality Management Planning training in June 2013.

2. PCH administrator will ensure a Quality Management Plan is completed in 2013 per regulation ~~26~~ 26 b.

**RECEIVED**

APR 11 2013

WEST REGION FIELD OFFICE  
Human Services Licensing

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

Signature of Legal Entity Representative (Required on EVERY Page) *Heather Filson*      *Robin Dowling*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Heather Filson*      *Robin Dowling*      Chief Caption Officer      Date *4.3.13.*

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

The above plan of correction is approved as of 4/5/13  
(Date)

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

Plan of correction implementation status as of 4/5/13  
(Date)

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

Violation Report: 40759 - 02/13/2013 - Flinner-Alman, Lisa  
 PCH Name: STAIRWAYS

**1. REGULATION 55 Pa.Code §2600**

2600.82(c) - 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.

**2a. DESCRIPTION OF VIOLATION**

A bottle of carpet and upholstery cleaner, with a manufacturer's label indicating "If swallowed, contact doctor immediately" and a spray can of automotive corrosion remover with a manufacturer's label indicating "Harmful or fatal if swallowed. Contact physician immediately" were unlocked and accessible to residents in a cabinet under the sink in the dining room.

A can of disinfectant spray, with a manufacturer's label indicating "First Aid: Call poison control center or doctor for treatment advice" was unlocked and accessible to residents in the 2nd floor staff restroom.

Residents of the home, including Resident # 3, have not been assessed capable of recognizing and using poisons safely.

RECEIVED

Observed on 2/13/13

**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 recurring. If steps cannot be completed immediately, include dates by which the steps will be completed.

WEST REGIONAL OFFICE  
 Human Services

1. All PCH staff will be trained on Regulation 82c by May 1st, 2013.
2. All hazardous materials have been removed from areas accessible to residents.
3. PCH staff will conduct routine <sup>DAILY</sup> inspections to ensure all doors are locked appropriately.
4. PCH administrator will conduct, at least weekly inspections, to ensure all hazardous materials are locked & inaccessible to residents.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Heather Fikson - Bobk Only*

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

Heather Fikson  
 Robin Downing  
 Chief Compliance Officer

Date 4-3-13

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

The above plan of correction is approved as of 4/5/13  
 (Date)

Plan of correction implementation status as of 4/5/13  
 (Date)

The above plan of correction was approved by Jr  
 (Initials)

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

Violation Report: 40759 - 02/13/2013 - Flinner-Alman, Lisa  
 PCH Name: STAIRWAYS

1. REGULATION 55 Pa.Code §2600  
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

On 2/13/13, there were no paper towels, a mechanical air blower hand dryer, or other means of drying hands in the smoking room bathroom.

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.

1. The smoking room area is currently monitored on video to ensure the safety of residents. The bathroom area is NOT monitored. For the continued safety of residents, the bathroom in the smoking area is to be locked & not accessible to residents. All residents have private bathrooms in their rooms.

2. The bathroom door will be locked before May 1, 2013.

3. PCH administrator will ensure this has been completed. Immediately - Paper towels will be provided in all bathrooms.

**RECEIVED**

APR 05 2013

WEST REGION FIELD OFFICE  
 Human Services Licensing

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Heather Filson - Robin Dooling*

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

Heather Filson Robin Dooling  
 Compliance Officer

Date 4-3-13

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

The above plan of correction is approved as of 4/5/13  
 (Date)

Plan of correction implementation status as of 4/5/13  
 (Date)

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

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

Violation Report: 40759 - 02/13/2013 - Flinner-Alman, Lisa  
 PCH Name: STAIRWAYS

1. REGULATION 55 Pa.Code §2600  
 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

The exhaust fan in the smoking room bathroom has excessive dust and lint and is stained dark yellow with dried water marks.

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.

1. The exhaust fan has been cleaned.
2. The smoking room area is currently monitored on video to ensure the safety of the residents. The bathroom area is NOT monitored. For the continued safety of the residents, the bathroom in the smoking area is to be locked & not accessible to the residents. All residents have private bathrooms in their rooms.
3. The bathroom door will be locked before May 1, 2013
4. PCH administrator will ensure this has been completed.

RECEIVED

APR 05 2013

WEST REGION FIELD OFFICE  
 Human Services Licensing

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Heather Gilson* - *Admin Dir*

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

Heather Gilson *Admin Dir*

Date 4-3-13

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

The above plan of correction is approved as of 4/5/13  
 (Date)

Plan of correction implementation status as of 4/5/13  
 (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 - 02/13/2013 - Flinner-Alman, Lisa  
 PCH Name: STAIRWAYS

1. REGULATION 55 Pa. Code §2600  
 2600.102(i) - A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

2a. DESCRIPTION OF VIOLATION  
 There is no soap available at the sink in the smoking room bathroom.

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.

1. The smoking room area is currently monitored on video to ensure the safety of the residents. The bathroom area is NOT monitored. For the continued safety of the residents, the bathroom will be locked & not accessible to the residents. All the residents have bathrooms in their individual rooms.
2. The bathroom door will be locked before May 1, 2013.
3. The PCH administrator will ensure this has been completed.

RECEIVED

APR 5 2013

WEST REGION FIELD OFFICE  
 Human Services Licensing

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Heather Filson - Robin DeLong*

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

Heather Filson  
 Robin DeLong  
 Chief Compliance Officer

Date 4-3-13

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

The above plan of correction is approved as of 4/5/13  
 (Date)

Plan of correction implementation status as of 4/5/13  
 (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 - 02/13/2013 - Flinner-Alman, Lisa  
 PCH Name: STAIRWAYS

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.

2a. DESCRIPTION OF VIOLATION  
 Undated items, including containers of scalloped potatoes, pork chops and pizza sauce were stored in cooler #1 in the kitchen.

The walk in cooler contained two unlabeled and undated containers of an unknown liquid.

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.

1. Food service staff will be trained in the regulations of 103e by May 1, 2013.
2. Food service manager will create a checklist for staff to complete on a daily basis, indicating they are labeling foods correctly.
3. Food service manager will monitor stored foods to ensure proper storing & labeling of food on a daily basis.
4. PCH administrator will complete at least weekly inspections to ensure the food is being stored appropriately.

RECEIVED

APR 15 2013

WEST REGION FIELD OFFICE  
 Human Services Licensing

Repeat Violation: Yes  Date(s) of Previous Violation(s): 05/02/2012

Signature of Legal Entity Representative (Required on EVERY Page) *Heather Flinner - PCH Admin*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Heather Flinner PCH Admin Date 4.3.13

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

The above plan of correction is approved as of 4/5/13 (Date)

Plan of correction implementation status as of 4/5/13 (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 - 02/13/2013 - Flinner-Alman, Lisa  
PCH Name: STAIRWAYS

1. REGULATION 55 Pa.Code §2600  
2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION

A bag of tortilla chips on the kitchen counter was 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.

1. Food service staff will complete training on regulation 1039 by May 1, 2013.
2. Food service manager will monitor management of stored food, to ensure it is properly stored in closed or sealed containers, on a daily basis.
3. PCH administrator will complete at least weekly inspections of the kitchen to ensure food is being stored appropriately.

RECEIVED

WEST REGION FIELD OFFICE  
Human Services Licensing

Repeat Violation: Yes      Date(s) of Previous Violation(s): 05/02/2012

Signature of Legal Entity Representative (Required on EVERY Page) *Heather Fikson - Robin DeWig*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Heather Fikson Chief Compliance Officer* Date *4.3.13.*

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

The above plan of correction is approved as of 4/5/13 (Date)

Plan of correction implementation status as of 4/5/13 (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 - 02/13/2013 - Flinner-Alman, Lisa  
 PCH Name: STAIRWAYS

1. REGULATION 55 Pa.Code §2600  
 2600.132(a) - An unannounced fire drill shall be held at least once a month.

2a. DESCRIPTION OF VIOLATION  
 No fire drills were conducted during May or June 2012.

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.

1. The drills were completed in May & June 2012 (supporting document attached), however, due to procedural issues the drills were not recorded in the fire drill log book.
2. The fire drill log book will be available to Wilkys Alarm Services at all times, as this is the company that conducts the routine fire drills.
3. PCH administrator will conduct monthly inspections of the fire drill log book to ensure that all drills have been properly documented.

RECEIVED

APR 15 2013

WEST REGION FIELD OFFICE  
 Human Services Licensing

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

Signature of Legal Entity Representative (Required on EVERY Page) *Heather Filson - Peter A. Dwyer*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Heather Filson Chief Compliance Officer*      Date *4.3.13*

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

The above plan of correction is approved as of 4/5/13 (Date)

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

Plan of correction implementation status as of 4/5/13 (Date)

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

Violation Report: 40759 - 02/13/2013 - Flinner-Alman, Lisa  
 PCH Name: STAIRWAYS

**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.

**2a. DESCRIPTION OF VIOLATION**

The home's designated evacuation time is six minutes. The home exceeded the allowed evacuation time during the two sleeping hours fire drills held in August 2012.

**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.

1. All residents & staff will be trained on Regulation 132d regarding evacuating the home within the allowed evacuation time.
2. PCH administrator will meet with those residents who have a difficult time evacuating the home within the allowed time to discuss the importance of appropriately evacuating the building, and assisting them if needed.
3. PCH administrator will conduct monthly reviews of the fire drill log book to ensure the home was ~~evacuated~~ in an appropriate amount of time.
4. By 4/30/13 - In the event a fire drill exceeds the designated evacuation time of 6 minutes, a repeat fire drill will be held in the same month.

*4/5/13*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/02/2012	03/02/2011
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Signature of Legal Entity Representative (Required on EVERY Page) *Leather Filson* *Robin Downing*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Leather Filson* *Robin Downing* Date *4.3.13*

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

The above plan of correction is approved as of <u>4/5/13</u> (Date)	Plan of correction implementation status as of <u>4/5/13</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 40759 - 02/13/2013 - Flinner-Alman, Lisa  
 PCH Name: STAIRWAYS

1. REGULATION 55 Pa.Code §2600  
 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.

2a. DESCRIPTION OF VIOLATION  
 During the 8/30/12 fire drill, 31 residents were in the home, 30 residents evacuated.  
 During the 11/10/12 fire drill, 30 residents were in the home, 29 residents evacuated.

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.

1. Residents & staff will be trained on regulation 132h by May 1, 2013.
2. PCH administrator will meet with residents on an individual basis to discuss the regulation & discuss the importance of leaving the building during fire drills.
3. PCH administrator will review the fire drill log book on a monthly basis to ensure that all residents are evacuating the building.
4. The administrator will explore alternate solutions to resident evacuation, such as moving a resident's room closer to exit/fire safe area.

WEST REGION FIELD OFFICE  
 Human Services Licensing

*[Handwritten initials]*

Repeat Violation: Yes      Date(s) of Previous Violation(s): 05/02/2012

Signature of Legal Entity Representative (Required on EVERY Page) *Heather Filson*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Heather Filson, Robin Dooling, Chief Compliance Officer*      Date *4-3-13*

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

The above plan of correction is approved as of 5 (Date)  
 The above plan of correction was approved by \_\_\_\_\_ (Initials)

Plan of correction implementation status as of 4/5/13 (Date)

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

Violation Report: 40759 - 02/13/2013 - Flinner-Alman, Lisa  
 PCH Name: STAIRWAYS

1. REGULATION 55 Pa.Code §2600  
 2600.224(a) - 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.

2a. DESCRIPTION OF VIOLATION  
 The preadmission screening form for Resident #4, admitted 7/18/11, which includes the determination that the home can meet the resident's service needs, is dated 7/26/11.

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.

1. Staff will be educated on regulation 224a by May.1, 2013.
2. PCH administrator will conduct routine inspections of the required paperwork to ensure it is completed in a timely manner.

RECEIVED

WEST REGION FIELD OFFICE  
 Human Services Licensing

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

Signature of Legal Entity Representative (Required on EVERY Page) *Heather Filson - PCH Admin*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Heather Filson PCH Admin*      Date *4-3-13*

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

The above plan of correction is approved as of 4/5/13 (Date)

Plan of correction implementation status as of 4/5/13 (Date)

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

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

Violation Report: 40759 - 02/13/2013 - Flinner-Alman, Lisa  
PCH Name: STAIRWAYS

1. REGULATION 55 Pa.Code §2600  
2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION  
The initial assessment for Resident #1, admitted 11/1/12, was completed on 12/14/12.

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.

1. Staff will be trained on Regulation 225a, by May 1, 2013.

2. Pch administrator will conduct routine inspections of the required paperwork to ensure it is completed in a timely manner.

3. By 4/30/13 - The administrator will develop a tracking system to ensure initial assessments are completed within 15 days of resident admission.

*[Signature]*  
4/5/13

WEST REGION FIELD OFFICE  
Human Services Licensing

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

Signature of Legal Entity Representative (Required on EVERY Page) *Heather Filsom* *Robin Doherty*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Heather Filsom* *Chief Compliance Officer*      Date *4.3.13*

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

The above plan of correction is approved as of *4/9/13* (Date)

Plan of correction implementation status as of *4/17/13* (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 - 02/13/2013 - Flinner-Alman, Lisa  
 PCH Name: STAIRWAYS

**1. REGULATION 55 Pa.Code §2600**

2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

**2a. DESCRIPTION OF VIOLATION**

Resident #1 was admitted to the home on 11/1/12. The home did not develop a support plan for the resident until 12/21/12.

**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.

1. Staff will be trained on Regulation 227a by May 1, 2013.

2. PCH administrator will complete routine inspections of the required paperwork to ensure it is completed in a timely manner.

3. By 4/30/13 - The administrator will develop a tracking system to ensure support plans are completed within 30 days of admission.

**RECEIVED**

APR 05 2013

WEST REGION FIELD OFFICE  
 Human Services Licensing

*[Handwritten signature]*  
 4/5/13

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

Signature of Legal Entity Representative (Required on EVERY Page) *Heather Filson - PCH Dept*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Heather Filson PCH Dept*      Date *4-3-13*

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

The above plan of correction is approved as of 4/5/13 (Date)

Plan of correction implementation status as of 4/5/13 (Date)

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

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