



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

MAY 12 2014

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

RE: Stairways
810 Walnut Street
Erie, Pennsylvania 16502
License #: 407590

Dear Mr. Dowling:

As a result of the Department of Public Welfare's licensing inspection on February 4, 2014 and February 5, 2014, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period June 14, 2014 to June 15, 2015 was issued on March 19, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal flourish extending to the right.

Matthew J. Jones
Director

Enclosure
License Inspection Summary

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

Page 1 of 17

PCH Name: STAIRWAYS		License Number: 40759
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		RECEIVED
Certificate(s) of Occupancy Other = C2 A3 12/05/1986 Dept. of Labor and Industry		APR 04 2014 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 38	Waking Staff: 29
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 02/04/2014: Cutter, Jan; Mandock, Nancy 02/05/2014: Cutter, Jan; Mandock, Nancy		
Off-Site Inspection Dates and Inspectors, If Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 45 Number of Residents Served: 32 Secured Dementia Care Unit in Home: No Area: 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	Number of Residents who: Receive Supplemental Security Income: 18 Are 60 Years of Age or Older: 2 Have Mental Illness: 32 Have an Intellectual Disability: 2 Have a Mobility Need: 6 Have a Physical Disability: 0	

APR 04 2014

Violation Report: 40759 - 02/04/2014 - Cuijter, Jan
PCH Name: STAIRWAYS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.25(a)(1) - Prior to admission, or within 24 hours after admission, a written resident-home contract (contract) between the resident and the home shall be in place.

2a. DESCRIPTION OF VIOLATION

The contract, dated 8/6/2013, for resident #1, admitted 8/6/2013 was not signed by the resident until 8/12/2013. The resident's payor did not sign the contract until 9/17/2013.

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 will be educated on Regulation 2600.25(a)(1) by April 1st 2014.
- 2. contracts will be signed prior to admission or within 24 hours after admission.
- 3. PCH Administrator will conduct routine audits to ensure all paperwork is completed in a timely manner

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Heather Filson* *Robin L Dowling, CEO* 3-31-14

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Heather Filson* *Robin L. Dowling* Date *3-31-14*

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

The above plan of correction is approved as of 5/2/14
(Date)

Plan of correction implementation status as of 5/2/14
(Date)

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

- Fully implemented
- Partially Implemented - Adequate Progress *MS*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 40759 - 02/04/2014 - Cutter, Jan
PCH Name: STAIRWAYS

1. REGULATION 55 Pa.Code §2600

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

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WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Staff person A, whose first day of work was 2/15/2013, did not receive orientation in:

- 1. Evacuation
- 2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- 3. The designated meeting place outside the building or within the fire safe area in the event of an actual fire.
- 4. Smoking procedures, the home's smoking policy and location of smoking areas, if applicable.
- 5. The location and use of fire extinguishers.
- 6. Smoke detectors and fire alarms.
- 7. Telephone use and notification of emergency services.

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 will receive orientation training prior to or during their first day of work per Regulation 2600.65a.
- 2. PCH administrator will ensure this has been completed.
staff person A received training on all topics cited on 5/6/14.
By 6/2/14 - the administrator or designated staff person will develop and implement a new hire tracking system to ensure all required training under regulation 2600.65a is completed prior to or during the first work day. ms 5/6/14

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

Signature of Legal Entity Representative (Required on EVERY Page) Heather Fikson Robin L Dowling DCO 3-31-14

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Heather Fikson Robin L Dowling Date 3-31-14

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

The above plan of correction is approved as of 5/6/14 (Date)

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

Plan of correction implementation status as of 5/6/14 (Date)

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

APR 04 2014

Violation Report: 40759 - 02/04/2014 - Cutter, Jan
PCH Name: STAIRWAYS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- (1) Resident rights.
- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
- (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION

Ancillary staff person A, hired 2/15/13, did not receive orientation within the first 40 scheduled working hours to include:

- 1. Resident rights.
- 2. Emergency medical plan.
- 3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act.

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 PCH staff will complete orientation, within 40 scheduled working hours, to include 1. Resident Rights, 2. Emergency medical plan, 3. mandatory reporting of Abuse; neglect under the Older Adult Protective Services Act; 4. Reporting of reportable incidents; conditions.

2. PCH Administrator will ensure this has been completed. Staff person A received training on all topics cited on 2/6/14.

By 6/2/14 - the administrator or designated staff person will develop and implement a new hire tracking system to ensure all required training under regulation 2600.65b is completed within 40 scheduled working hours. ms 5/2/14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Heather Filson

Robin L. Dowling LCO

3-31-14

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

Heather Filson

Robin L. Dowling

Date *3-31-14*

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(Date)

Plan of correction implementation status as of

5/2/14
(Date)

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MS
(Initials)

Violation Report: 40759 - 02/04/2014 - Cutter, Jan
PCH Name: STAIRWAYS

RECEIVED

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

APR 04 2014

2a. DESCRIPTION OF VIOLATION

WEST REGION FIELD OFFICE
Human Services Licensing

On 2/4/2014, there was an oscillating fan in the dining room with an excessive accumulation of dust on the outer grids.

There was a pink plastic bin containing hygiene products in Resident #1's bathroom that had an excessive build up of toothpaste, soap scum and bits of paper splattered on the bottom and sides of the bin.

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 fan in the dining room has been cleaned. The pink bin in the Residents room has also been cleaned.
2. All staff will be educated on Regulation 2600.85(a) before April 15, 2014.
3. PCH administrator will conduct at least monthly checks of the facility to ensure sanitary conditions are maintained.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Heather Filson* *Robin L. Dowling* CCO 3-31-14

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Heather Filson* *Robin L. Dowling* Date *3-31-14*

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Violation Report: 40759 - 02/04/2014 - Cutter, Jan
PCH Name: STAIRWAYS

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

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2a. DESCRIPTION OF VIOLATION

WEST REGION FIELD OFFICE
Human Services Licensing

The closet door in the living room of Resident #2's apartment was off of the tracks and leaning up against the wall.

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 closet door has been installed.
2. All staff will be educated on Regulation 2600.95 before April 15, 2014.
3. Staff will be encouraged to report any hazards immediately to the PCH Administrator.
4. PCH Administrator will conduct at least monthly checks of the facility to ensure all furniture & equipment is in good repair, clean & free of hazards.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Heather Fisk* *Robin L. Dowling* CCO 3-31-14

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Heather Fisk* *Robin L. Dowling* Date *3.31.14.*

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(Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 40769 - 02/04/2014 - Cutter, Jan
PCH Name: STAIRWAYS

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1. REGULATION 55 Pa.Code §2600
2600.103(d) - Food shall be stored off the floor.

APR 04 2014

WEST REGION FIELD OFFICE
Human Services Licensing

Za. DESCRIPTION OF VIOLATION

On 2/4/2014, there were seven 5 gallon plastic containers of water sitting directly on the floor in the dining room, and thirteen 5 gallon plastic containers of water sitting directly on the floor in the second floor laundry area.

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 water bottles & containers will be immediately removed from sitting directly on the floor.
- 2. All staff will be educated on Regulation 2600.103(d) by April 15, 2014.
- 3. PCH administrator will complete routine inspections of the facility to ensure food is not being stored on the floor.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) <i>Heather Filson</i>	Date <i>3-31-14</i>
--	---------------------

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Heather Filson Robin L. Dowling</i>	Date <i>3-31-14</i>
--	---------------------

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APR 04 2014

Violation Report: 40759 - 02/04/2014 - Cutter, Jan
PCH Name: STAIRWAYS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F.
Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

The temperature in the walk-in commercial freezer measured 8 degrees fahrenheit at 10:10 AM and 8 degrees fahrenheit at 3:40 PM.

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. Thermometers have been placed inside all the reffridgerators & freezers.
2. A daily checksheet log has been placed on the outside of reffridgerators: freezers for staff to record the temperatures on a daily basis.
3. Staff have been informed to notify maintenance immediately if the temperatures ~~drop below~~ ^{rise above} the required temperatures.
4. PCH Administrator will complete routine checks of the reffridgerators: freezers to ensure they are at the proper temperatures.

Immediately - If temperatures remain above the safety zone for greater than 2 hours, food will be removed to another refrigerator/freezer that is maintaining temperatures at or below 40°F/0°F. ms 5/2/14

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

Signature of Legal Entity Representative (Required on EVERY Page) Heather Egan Robin L. Dowling CCO

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Heather Egan Robin L. Dowling Date 3/31/14

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Plan of correction implementation status as of 5/2/14 (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

APR 04 2014

Violation Report: 40759 - 02/04/2014 - Cutter, Jan
PCH Name: STAIRWAYS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa.Code §2600
2600.105(g)(2) - Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION

On 2/4/2014, there was a 1/4 inch accumulation of lint in the exterior duct work of the dryer nearest to the exterior wall of the laundry room.

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, including maintenance; housekeeping, will be educated on Regulation 2600.105(g)(2).
2. The exterior duct work has been cleaned of all lint; debris.
3. Weekly inspections of the exterior ductwork will be implemented immediately.
4. PCH Administrator will complete routine checks of the facility to ensure the dryers are free of lint.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Heather Eilson* *Ron & Dorey CCO* 3-31-14

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Heather Eilson* *Rubin L. Dewling* Date *3-31-14*

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(Date)

Plan of correction implementation status as of 5/2/14
(Date)

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(Initials)

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- Not Implemented

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Violation Report: 40759 - 02/04/2014 - Cutter, Jan
PCH Name: STAIRWAYS
APR 04 2014

1. REGULATION 55 Pa.Code §2600
2600.107(a) - The administrator shall have a copy and be familiar with the emergency preparedness plan for the municipality in which the home is located.
WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION
Staff person B, the administrator, does not have the emergency preparedness plan for the local municipality.

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. A copy of the emergency preparedness plan for the local municipality will be obtained prior to April 15th.
2. The PCH Administrator will ensure this has been completed.

The home has obtained a copy of the emergency preparedness plan for Erie county and it is posted on the bulletin board outside the dining room.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Heather Felson* *Robin L. Dowling* CCO 3-31-14

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Heather Felson* *Robin L. Dowling* Date *3.31.14*

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

The above plan of correction is approved as of <u>5/2/14</u> (Date)	Plan of correction implementation status as of <u>5/2/14</u> (Date)
The above plan of correction was approved by <u>MS</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <i>MS</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

APR 04 2014

Violation Report: 40759 - 02/04/2014 - Cutter, Jan
PCH Name: STAIRWAYS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION

The home's and the municipality's emergency preparedness plans are not posted in a conspicuous and public place in the home. A copy of the home's plan is located in the locked staff room. The home has not received a copy of the municipality's plan.

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. A copy of the PCH's ^(HF) emergency plan has been posted in a conspicuous & public place in the home.

2. A copy of the municipalities emergency preparedness plan will be posted prior to April 15th, 2014.

3. PCH Administrator will ensure this has been completed.

A copy of the home's and Erie County's emergency preparedness plans are posted on the bulletin board outside the dining room.

By 6/2/14 - the administrator or designated staff person will monitor the home at least monthly to ensure emergency preparedness plans for the home and municipality are posted in a conspicuous and public place in the home.

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

Signature of Legal Entity Representative (Required on EVERY Page) Heather Filson Robin L. Dawling CCD 3-31-14

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Heather Filson Robin L. Dawling Date 3.31.14

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

The above plan of correction is approved as of 5/2/14 (Date)

Plan of correction implementation status as of 5/2/14 (Date)

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

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

APR 04 2014

Violation Report: 40759 - 02/04/2014 - Cutter, Jan
PCH Name: STAIRWAYS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

2a. DESCRIPTION OF VIOLATION

In 2013 the home admitted 6 residents with mobility needs. The home did not notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency until 2/5/1014.

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 fire department has been notified, in writing, of the residents with mobility needs.
2. PCH administrator will ensure this happens on an annual basis or as needed when new residents are admitted with mobility needs.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Nattu Ehem* *Robin L. Dooling* CEO 3-31-14

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Heather Wilson* *Robin L. Dooling* Date *3-31-14*

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(Date)

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

Plan of correction implementation status as of 3/31/14
(Date)

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APR 04 2014

Violation Report: 40759 - 02/04/2014 - Cutter, Jan
 PCH Name: STAIRWAYS

**WEST REGION FIELD OFFICE
 Human Services Licensing**

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 has a designated evacuation time of 6 minutes as certified in letters from a fire safety expert dated 1/30/2013 and 1/8/2014. According to the 2013 fire drill log, the home exceeded this time on:
 2/22/2013 1:10 AM 7 min. 50 sec.
 5/30/2013 11:40 PM 7 min. 10 sec.

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 2600.132(d) regarding evacuating the facility within the 6 minute time frame.
2. PCH Administrator will conduct monthly reviews of the fire drill log book to ensure the home was evacuated within the appropriate time frame.
3. If the home was not evacuated within the appropriate time frame, a second fire drill will be conducted in the same month.
 A fire drill was held on 3/27/14 at 11:20 AM with an evacuation time of 3 minutes 15 seconds. Another drill was held on 4/8/14 at 4:20 PM with an evacuation time of 3 minutes 45 seconds. ms 3/2/14

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/13/2013	05/02/2012	03/02/2011
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Leather Film* *Robin L. Dowling* CCO 3-31-14

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Leather Film* *Robin L. Dowling* Date *3-31-14*

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APR 04 2014

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PCH Name: STAIRWAYS

WEST REGION FIELD OFFICE
Human Services Licensing

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.

2a. DESCRIPTION OF VIOLATION

According to the 2013 fire drill log, drills were routinely held at the end of the month for the following drills:

11/27/2013, 10/31/2013, 9/25/2013, 8/27/2013, 7/31/2013, 6/29/2013, 5/30/2013, 3/21/2013, 2/22/2013 and 1/30/2013.

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 company that conducts our fire drills has been notified of the need to provide more random fire drills at various times throughout the month.

2. PCH Administrator will review the fire drill log book on a monthly basis to ensure this is happening. to include drills held on different days of the week, 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.
A fire drill was held on 4/8/14. ms 4/2/14

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

Signature of Legal Entity Representative (Required on EVERY Page) Leather Fison Robin L. Dowling CCO 3-31-14

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Leather Fison Robin L. Dowling Date 3-31-14

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

The above plan of correction is approved as of 5/2/14 (Date)

Plan of correction implementation status as of 5/2/14 (Date)

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

The above plan of correction was approved by ms (initials)

APR 04 2014

Violation Report: 40759 - 02/04/2014 - Cutter, Jan
PCH Name: STAIRWAYS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - 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.

2a. DESCRIPTION OF VIOLATION

A medical evaluation has not been completed for resident #1 admitted 8/6/2013.

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 2600.141(a)(1) by April 15, 2014 to ensure all paperwork is completed in a timely manner.

2. PCH Administrator will complete routine chart audits to ensure all paperwork is completed.

Resident #1 had a medical evaluation completed on 4/11/14.
ms 5/2/14

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

Signature of Legal Entity Representative (Required on EVERY Page) *Heather Fiksm* *Robin L. Dowling CCO* 3-31-14

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Heather Fiksm* *Robin L. Dowling* Date *3/31/14*

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

The above plan of correction is approved as of 5/2/14
(Date)

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

Plan of correction implementation status as of 5/2/14
(Date)

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

APR 04 2014

Violation Report: 40759 - 02/04/2014 - Cutter, Jan
PCH Name: STAIRWAYS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION

Only the current weeks menu was posted (2/2/2014 to 2/8/2014).

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, including food service staff, will be educated on Regulation 2600.162(c).
2. Menus will be posted at least one week in advance.
3. PCH Administrator will conduct routine inspections of the facility to ensure this is completed.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Heather Fikson* *Robin L. Dowling* CEO 3-31-14

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Heather Fikson* *Robin L. Dowling* Date *3.31.14*

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

The above plan of correction is approved as of 5/2/14
(Date)

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

Plan of correction implementation status as of 5/2/14
(Date)

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

APR 04 2014

Violation Report: 40758 - 02/04/2014 - Cutter, Jan
PCH Name: STAIRWAYS

WEST REGION FIELD OFFICE
Human Services Licensing

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, dated 8/13/2013, for resident #1, admitted 8/6/2013 does not list the resident's formal supports. This area on the form is blank.

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 2600.225(a).
2. Staff will receive training regarding Resident Assessments & support plans.
3. PCH Administrator will complete routine audits of the required paperwork to ensure it is completed properly.

Resident #1's assessment has been revised to include the resident's formal supports. ms sl/14

By 6/2/14 - The administrator or designated staff person will review all current resident assessments to ensure they are completed accurately and thoroughly to include formal supports. ms sl/14

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/13/2013		
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Signature of Legal Entity Representative
(Required on EVERY Page) Natasha Pilsam Robin L. Dowling CCO 3-31-14

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Heather Wilson Robin L. Dowling Date 3.31.14.

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

The above plan of correction is approved as of 5/2/14
(Date)

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

Plan of correction implementation status as of 5/2/14
(Date)

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