



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: January 7, 2016

Ms. Heather Filson, Administrator
Stairways Behavioral Health
2185 West Eighth Street
Erie, Pennsylvania 16505

RE: Enhanced Personal Care Home
118 East 26th Street
Erie, Pennsylvania 16504
#446460

Dear Ms. Filson:

As a result of the Department of Human Services' licensing inspection on August 4, 2015, 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Jason Williams".

Jason Williams
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

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

PCH Name: ENHANCED PERSONAL CARE HOME		License Number: 44646
Address: 118 EAST 26TH STREET, ERIE, PA 16504		County: Erie
Administrator: Heather Filson		Region: WEST
Legal Entity Name: STAIRWAYS BEHAVIORAL HEALTH		
Legal Entity Address: 2185 WEST 8TH STREET, ERIE, PA 16505		
Certificate(s) of Occupancy C-3 SP 11/16/2093 Labor and Industry		RECEIVED OCT 01 2015 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours Resident Support: N/A Total Daily Staff: 7 Waking Staff: 5		
Type of Inspection: Full BHA Docket Number: N/A Notice: Unannounced		
Reason(s) for Inspection(s) Interim		
On-Site Inspections Dates and Department Representatives On-Site 08/04/2015: Park, Beth; Garrigan, Laurie		
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: 8 Number of Residents Served: 7 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: 7 Are 60 Years of Age or Older: 0 Have Mental Illness: 7 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 44646 - 08/04/2015 - Park, Beth
PCH Name: ENHANCED PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

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.

2a. DESCRIPTION OF VIOLATION

Direct care staff persons A, B, C, and D, start dates all [redacted] 15, did not receive orientation in general fire safety and emergency preparedness in accordance with 2600.65a, to include evacuation procedures and staff duties and responsibilities during fire drills.

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 received the required orientation prior to August 11, 2015.
 - 2. All staff signed the required paperwork indicating they received the orientation.
 - 3. PCH Administrator will ensure that all staff receive the required orientation & sign the paperwork indicating they received the orientation.
- Immediately - All new staff persons, including those who transfer from another licensed personal care home operated by the same legal entity, shall receive orientation in general fire safety and emergency preparedness in accordance with 2600.65a prior to or during their first work day. g.w. 1/5/16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Heather Fikson

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

Heather Fikson, PCH Administrator

Date 9.24.15.

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

The above plan of correction is approved as of

1/5/16
(Date)

Plan of correction implementation status as of

1/5/16
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *P.U.*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

P.U.
(Initials)

RECEIVED

OCT 01 2015

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44646 - 08/04/2015 - Park, Beth
PCH Name: ENHANCED PERSONAL CARE HOME

1. REGULATION 55 Pa. Code §2600
2600.66(a) - A staff training plan shall be developed annually.

2a. DESCRIPTION OF VIOLATION
The home does not have a staff training plan for the 2015 training year.

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 new staff training plan has been developed for all employees.

2. PCH Administrator will ensure all staff receive the required trainings for 2015.

3. PCH Administrator will complete the training plans on an annual basis.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Heather Fikson, PCH Administrator Date 9.24.15.

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

The above plan of correction is approved as of 11/5/16 (Date)

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

Plan of correction implementation status as of 11/5/16 (Date)

Fully Implemented

Partially Implemented - Adequate Progress [Signature]

Partially Implemented - Inadequate Progress

Not Implemented

RECEIVED

Violation Report: 44646 - 08/04/2015 - Park, Beth
PCH Name: ENHANCED PERSONAL CARE HOME

OCT 01 2015

1. REGULATION 55 Pa.Code §2600
2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

At 10:02 AM, the hot water temperature at the kitchen sink was 132.9 degrees fahrenheit.

At 11:04 AM, the hot water temperature in bedroom #7 was 130.6 degrees fahrenheit.

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. Maintenance was notified of this problem on August 4, 2015.
2. The maintenance department has adjusted the temperature on the hot water heaters.
3. The maintenance department is checking the water temperature at least 2x/week & logging the information.
4. PCH Administrator will continue to monitor the water temperature to ensure it does not exceed 120°F.
weekly p.w.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Heather Gilson

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

Heather Gilson, PCH Administrator

Date 9-24-15.

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

The above plan of correction is approved as of 1/5/16
(Date)

Plan of correction implementation status as of 1/5/16
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *g.w.*
- Partially Implemented - Inadequate Progress
- Not Implemented

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

Violation Report: 44646 - 08/04/2015 - Park, Beth
PCH Name: ENHANCED PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION

The home's first aid kit does not include a breathing shield or eye coverings.

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 breathing ~~kit~~ shield & eye coverings have been purchased for the First Aid Kits.
2. The nursing staff will complete weekly inspections of the First Aid Kits to ensure they have all required items.
3. PCH Administrator will ensure that all First Aid Kits have the required items.

Repeat Violation: No

Date(s) of Previous Violation(s):

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, PCH Administrator

Date 9.24.15.

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

The above plan of correction is approved as of

1/5/16
(Date)

Plan of correction implementation status as of

1/5/16
(Date)

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

The above plan of correction was approved by

HP
(Initials)

RECEIVED

Violation Report: 44646 - 08/04/2015 - Park, Beth
PCH Name: ENHANCED PERSONAL CARE HOME

OCT 01 2015

1. REGULATION 55 Pa.Code §2600

2600.101(j)(2) - Each resident shall have the following in the bedroom: A chair for each resident that meets the resident's needs.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

There was no chair in Resident #1's bedroom.

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 residents were informed they must have a chair in their room per Regulation 2600.101(j)(2)

2. The residents will be receiving new furniture prior to Oct 15, 2015.

3. PCH Administrator will ensure that all residents have a chair in their rooms.

Immediately - A designated staff person will inspect resident bedrooms daily to ensure that a chair that meets the residents needs is present. Resident #1's chair was replaced. JW. 1/5/16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Heather Eilson

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

Heather Eilson, PCH Administrator

Date 9.24.15

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

The above plan of correction is approved as of

1/5/16
(Date)

Plan of correction implementation status as of

1/5/16
(Date)

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

The above plan of correction was approved by

JW.
(Initials)

RECEIVED

OCT 01 2015

Violation Report: 44646 - 08/04/2015 - Park, Beth
PCH Name: ENHANCED PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION

Resident #2 did not have a source of light that can be turned on/off from bedside.

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 were informed they must have a lamp by their bedside.
2. This resident did move her lamp back over to her bedside on August 4, 2015.
3. Staff were trained on Regulation 2600.101(j)(7)
4. PCH Administrator will complete weekly checks of the ^{bedrooms} ~~bedrooms~~ to ensure they have working lamps by their bedsides.

Repeat Violation: No

Date(s) of Previous Violation(s):

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, PCH Administrator

Date 9.24.15.

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

The above plan of correction is approved as of 1/5/16
(Date)

Plan of correction implementation status as of 1/5/16
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *H.V.*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by H.V.
(Initials)

Violation Report: 44646 - 08/04/2015 - Park, Beth
PCH Name: ENHANCED PERSONAL CARE HOME

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

At 10:26 AM, the large white refrigerator by the kitchen sink was 45 degrees Fahrenheit.

At 10:35 AM, the freezer section of the refrigerator/freezer in the kitchen was 15 degrees Fahrenheit.

At 10:35 AM, the refrigerator section of the refrigerator/freezer in the kitchen was 45 degrees Fahrenheit.

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 have been trained on Regulation 2600.103(f).
2. Staff are recording the temperatures at least 1x/day.
3. Staff are to notify PCH Administrator & the maintenance department of any problems with the temperatures.
4. PCH Administrator will conduct weekly inspections of the building.

The temperature setting was lowered on all 3 units.
 I immediately - a designated staff person will check all refrigerator & freezer temperatures daily to ensure that all refrigerators measure at or below 40°F, and that all freezers measure at or below 0°F. Documentation of checks shall be kept. *AN*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Heather Fikm</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Heather Fikm, PCH Administrator</i>	<i>9.24.15.</i>

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

The above plan of correction is approved as of <u>1/5/16</u> (Date)	Plan of correction implementation status as of <u>1/5/16</u> (Date)
The above plan of correction was approved by <u><i>AN</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>AN</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

RECEIVED

Violation Report: 44646 - 08/04/2015 - Park, Beth
PCH Name: ENHANCED PERSONAL CARE HOME

OCT 01 2015

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

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

A 16 ounce bag of animal crackers and a 10 ounce box of teddy grahams were open and unsealed in the snack closet.

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 were trained on regulation 2600.103(g).
2. The animal crackers & teddy grahams were thrown in the trash on August 4, 2015.
3. PCH Administrator will complete weekly inspections of the building to ensure all food is sealed properly.

Repeat Violation: No

Date(s) of Previous Violation(s):

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, PCH Administrator

Date 9.24.15.

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

The above plan of correction is approved as of 11/5/16
(Date)

Plan of correction implementation status as of 11/5/16
(Date)

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

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

Violation Report: 44646 - 08/04/2015 - Park, Beth
PCH Name: ENHANCED PERSONAL CARE HOME

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 emergency procedures are stored in a closet in the hallway which is not a conspicuous and public place.

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 Emergency Preparedness Handbook was moved to a conspicuous & public area in the home on August 4, 2015 during the inspection (moved to public bulletin board) p.v.
2. All staff were trained on Regulation 2600.123(b) & notified they cannot move the handbook into the staff office.
3. PCH Administrator will complete ^{weekly} ~~the~~ inspections of the building to ensure the handbook is posted in a conspicuous and public area of the building.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Heather Fisk

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

Heather Fisk, PCH Administrator

Date 9.24.15

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

The above plan of correction is approved as of

1/5/16
(Date)

Plan of correction implementation status as of

1/5/16
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *p.v.*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

HF
(Initials)

RECEIVED

Violation Report: 44646 - 08/04/2015 - Park, Beth
PCH Name: ENHANCED PERSONAL CARE HOME

OCT 01 2015

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.

WEST REGION FIELD OFFICE
Physician Services Training

2a. DESCRIPTION OF VIOLATION

- * The medical evaluation for resident #2, admitted [redacted] 15, was completed on 4/8/15, which exceeds 60 days prior to admission.
- * The medical evaluation for resident #3, admitted [redacted] 15, was completed on 1/9/15, which exceeds 60 days prior to admission.
- * The medical evaluation for resident #4, admitted [redacted] 15, was completed on 4/1/15, which exceeds 60 days prior to admission.

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.

The DME for Resident 2 was completed on 9.9.15.
 The DME for Resident 3 was completed on 9.8.15.
 The DME for Resident 4 was completed on 9.4.15.

- All staff were trained on Regulation 2600.141(a)(1) & reviewed the timeframes for paperwork to be completed.
- PCH Administrator will complete routine chart audits to ensure all paperwork is completed in a timely manner within 15 days of receipt of plan of correction - a designated staff person will review all resident records to assure that each resident has a complete & accurate medical evaluation completed within 60 days prior or 30 days after admission and documented on the Department's DME form, etc.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Heather Eilsm</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Heather Eilsm, PCH Administrator</i>	<i>9.24.15.</i>

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

The above plan of correction is approved as of <u>4/5/16</u> (Date)	Plan of correction implementation status as of <u>1/5/16</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 <i>AW</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44646 - 08/04/2015 - Park, Beth
PCH Name: ENHANCED PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.171(b)(5) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.96 (relating to first aid kit).

2a. DESCRIPTION OF VIOLATION
On 8/4/15, the black Ford Flex was used to transport resident #2 to the physician's office; however, no first aid kit was in the vehicle.

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 first Aid Kit was placed in the vehicle on August 4, 2015.
2. PCH Administrator will ensure the van has a first Aid kit in it at all times.
Immediately - A designated staff person will check all first aid kits, in vehicles used to transport residents, at least weekly to ensure that they contain all of the items required by 2600.96.gw.

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Heather Eison, PCH Administrator* Date *9.24.15*

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

The above plan of correction is approved as of 1/5/16 (Date)
The above plan of correction was approved by AN (Initials)
Plan of correction implementation status as of 1/5/16 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress *gw*
 Partially Implemented - Inadequate Progress
 Not Implemented

RECEIVED

OCT 01 2015

Violation Report: 44646 - 08/04/2015 - Park, Beth
PCH Name: ENHANCED PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

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 pre-admission screening for resident #1, admitted [redacted] 15, was completed on 5/19/14, which exceeds 30 days prior to admission.

* The pre-admission screening for resident #2, admitted [redacted] 15, was completed on 5/27/04, which exceeds 30 days prior to admission.

* Resident #3, admitted [redacted] 15, did not have a pre-admission screening completed.

* The pre-admission screening for resident #4, admitted [redacted] 15, was completed on 9/10/12, which exceeds 30 days prior to admission.

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 preadmission ~~screening~~^{HP} screening tools were completed on 8.31.15.

2. PCH Administrator will ensure all required paperwork is completed in a timely manner.

Immediately - The administrator or designated staff person will complete a preadmission screen for all new residents, within 30 days prior to admission, including for residents who choose to transfer from another licensed personal care home operated by the same legal entity. g.u.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Leather Eison

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

Leather Eison, PCH Administrator

Date 9.24.15

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

The above plan of correction is approved as of 1/5/16 (Date)

Plan of correction implementation status as of 1/5/16 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress g.u.
- Partially Implemented - Inadequate Progress
- Not Implemented

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

OCT 01 2015

Violation Report: 44646 - 08/04/2015 - Park, Beth
PCH Name: ENHANCED PERSONAL CARE HOME

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 assessment for resident #2, admitted [redacted] 15, was completed on 4/1/15, which is not within 15 days of admission.
- * The assessment for resident #3, admitted [redacted] 15, was completed on 4/1/15, which is not within 15 days of admission.
- * The assessment for resident #4, admitted [redacted] 15, was completed on 10/2/14, which is not within 15 days of admission.

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 RASPS were updated & completed on 8.31.15.
2. The PCH staff were trained on Regulation 2600.225(a) & the required timeframes.
3. PCH Administrator will complete routine chart audits to ensure all paperwork is completed in a timely manner immediately - The administrator or designated staff person will complete a new assessment for all new residents, within 15 days of receipt of admission, including for residents who choose to transfer from another licensed personal care home operated by the same legal entity. *p.w.*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Heather Eason

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

Heather Eason, PCH Administrator

Date *9th 24.15*

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

The above plan of correction is approved as of

1/5/16
(Date)

Plan of correction implementation status as of

1/5/16
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *p.w.*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

p.w.
(Initials)