



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFICATE OF COMPLIANCE**

This certificate is hereby granted to STAIRWAYS BEHAVIORAL HEALTH  
LEGAL ENTITY

To operate ENHANCED PERSONAL CARE HOME  
NAME OF FACILITY OR AGENCY

Located at 432 WEST 3RD STREET, ERIE, PA 16507  
(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 8  
(MAXIMUM CAPACITY)  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

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 February 4, 2016 until February 4, 2017,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 446470

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.



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

FEB 04 2016

Mr. William F. McCarthy, Executive Director  
Stairways Behavioral Health  
2185 West 8<sup>th</sup> Street  
Erie, Pennsylvania 16505

RE: Enhanced Personal Care Home  
432 West 3<sup>rd</sup> Street  
Erie, Pennsylvania 16507  
License #: 446470

Dear Mr. McCarthy:

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.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Matthew Jones".

Matthew J. Jones  
Director <sub>SW</sub>

Enclosures  
License  
License Inspection Summary

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

PCH Name: ENHANCED PERSONAL CARE HOME		License Number: 44647
Address: 432 WEST 3RD STREET, ERIE, PA 16507		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 01/28/1994 Labor & Industry		OCT 01 2015 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours Resident Support: N/A Total Daily Staff: 8 Waking Staff: 6		
Type of Inspection: Full BHA Docket Number: N/A Notice: Unannounced		
Reason(s) for Inspection(s) Provisional, 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:		
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 8	Number of Residents who:	
Number of Residents Served: 8	Receive Supplemental Security Income: 6	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 0	
Area:	Have Mental Illness: 8	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 4	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 0	
Number of Current Hospice Residents: 0	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 0		

CONFIDENTIAL

OCT 01 2015

Violation Report: 44647 - 08/04/2015 - Park, Beth  
PCH Name: ENHANCED PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa. Code §2600  
2600.25(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  
Resident #1, admitted [redacted] 15, does not have a resident-home contract.

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. Resident #1 did sign an updated home contract on 8.5.15.  
2. The regulation was reviewed with all staff.  
3. PCH Administrator will monitor client charts to ensure that 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 ensure that each resident has a resident-home contract, signed by all required parties, in place & present in residents records. 9/20/15

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, Administrator of PCH*      Date *9.24.15.*

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>[initials]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>[initials]</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

RECEIVED

OCT 01 2015

Violation Report: 44647 - 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 person A, start date [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. Staff person A did receive orientation on August 6, 2015.  
2. Staff person A did sign all required paperwork.  
3. PCH Administrator will ensure that all staff receive the required orientation & sign the proper 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. 9/21/16

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, 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 [Signature] (Initials)  
Plan of correction implementation status as of 1/5/16 (Date)  
 Fully Implemented  
 Partially Implemented - Adequate Progress  
 Partially Implemented - Inadequate Progress  
 Not Implemented

Violation Report: 44647 - 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.

OCT 01 2015

WEST REGION  
 Human Services Licensing

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

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Heather Filsom*

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

Heather Filsom, 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 *2/11*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

H.F.  
 (Initials)

08/04/2015

08/01/2015

Violation Report: 44647 - 08/04/2015 - Park, Beth  
 PCH Name: ENHANCED PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
 Human Services Licensing

1. REGULATION 55 Pa. Code §2600  
 2600.82(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

At 2:57 PM, a 44 pound box of Simoniz Laundry Detergent, with a manufacturer's label indicating "If ingested get immediate medical attention", was unlocked and accessible to the residents in the laundry area next to bedroom #5.  
 At 3:10 PM, a container of Webco foaming cleanser, with a manufacturer's label indicating "if swallowed drink a glass of water to dilute and get proper medical attention", was found unlocked and accessible to the residents under the kitchen sink.

Residents #2 and #3 are not assessed safe to use or avoid poisonous materials.

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 poisonous materials have been removed from the open areas and are kept in a locked cabinet.
2. PCH Administrator will conduct weekly checks to ensure all poisonous materials are stored properly.
3. All staff received training on Regulation 2600.82(c) regarding poisonous materials.

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, Administrator*      Date *9.24.15.*

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>HU</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>HU</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

OCT 01 2015

Violation Report: 44647 - 08/04/2015 - Park, Beth  
PCH Name: ENHANCED PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2a. DESCRIPTION OF VIOLATION  
At 4:15 PM, Resident #2's bedroom window was open without a screen present.

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. New screens have been purchased for the residents bedroom.
2. The resident was also informed that he must leave the screen in the window.
3. All staff have been informed to notify the PCH Administrator if there are any missing screens.
4. The PCH Administrator will conduct routine maintenance checks of the buildings; ensure any problems are resolved

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

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Heather Gibson, Administrator*      Date *9/24/15*

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

The above plan of correction is approved as of 1/3/16  
(Date)

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

- Plan of correction implementation status as of 1/5/16  
(Date)
- Fully Implemented
  - Partially Implemented - Adequate Progress *J.V.*
  - Partially Implemented - Inadequate Progress
  - Not Implemented

OCT 01 2015

Violation Report: 44647 - 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 shield; eye coverings have been purchased for the first Aid Kit.
2. The nursing staff will conduct 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 Fison* <sup>HP</sup> *Heather Fison*

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

*Heather Fison, 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)

The above plan of correction was approved by

*HP*  
(Initials)

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

08/04/2015

OCT 01 2015

Violation Report: 44647 - 08/04/2015 - Park, Beth  
PGH Name: ENHANCED PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

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.

2a. DESCRIPTION OF VIOLATION  
There is no chair in the bedrooms of residents #1, #2 and #4.

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 will be receiving new furniture prior to Oct. 15, 2015.
  2. The residents were also informed they must have a chair in their room per regulation 2600.101(j)(2)
  3. PCH Administrator will ensure that all residents have a chair in their room by completing weekly building inspections.
- Resident chairs have been replaced. n.v. 1/5/16

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, 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)

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

- Fully Implemented
- Partially Implemented - Adequate Progress *n.v.*
- Partially Implemented - Inadequate Progress
- Not implemented

Violation Report: 44647 - 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 #1's bedside lamp is inoperable. There is no other source of light that can be turned on/off from bedside.  
  
Resident #2 has no 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 have received new lamps for their bedsides.
2. Residents were informed of Regulation 2600.101(j)(7) that requires them to have a working lamp by their bedside.
3. PCH Administrator will ensure that all residents have working lamps by their beds. PCH Administrator will complete weekly building checks.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Heather Fison, Administrator</i>	Date <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>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>[Signature]</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44647 - 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 3:16 PM, there was no thermometer in the freezer above the refrigerator beside the kitchen sink.

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 thermometer was placed in the freezer on August 6, 2015.
2. All staff were trained on Regulation 2600.103(f)
3. Staff are to notify PCH Administrator if they are in need of any thermometers.
4. PCH Administrator will complete weekly building inspections to ensure all refrigerators & freezers have thermometers.

Immediately - A designated staff person will check all refrigerators & freezers at least weekly to ensure that each one has a thermometer and that each refrigerator is at or below 40°F & every freezer is at or below 0°F. Documentation of inspections to be up to date. 1/5/16

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, Administrator*      Date *9-24-15*

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>g.u.</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>J.N.</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

OCT 01 2015

Violation Report: 44647 - 08/04/2015 - Park, Beth  
 PCH Name: ENHANCED PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
 Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION

At 3:29pm, the emergency exit door from the basement conference room was stuck and could not be opened by an agent of the Department.

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 maintenance department was notified of this problem on August 6, 2015.
2. The problem has been corrected; the basement door is able to ~~be~~ be opened easily.
3. The PCH Administrator will complete routine checks of the building.  
 Immediate - A designated staff person will check the home daily to ensure that all stairways, hallways, doorways, passageways & egress routes are unlocked & unobstructed. 9/21/16

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Heather Filsom, 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 <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>JH</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JH</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

OCT 01 2015

Violation Report: 44647 - 08/04/2015 - Park, Beth  
PCH Name: ENHANCED PERSONAL CARE HOME

WEST REGION HEALTH CARE  
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 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. During the inspection, the emergency preparedness handbook was moved from the office, to an open area in a public place in the home.
2. All staff were trained on Regulation 2600.123(b) & notified they cannot move the handbook into the staff office.
3. PCH Administrator will ensure the emergency preparedness handbook is hanging in a conspicuous & public area within the home

Immediately - A designated staff person will inspect the home at least weekly to ensure that the homes and the local municipality emergency procedures are posted in a conspicuous & public place in the home. per 1/5/16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Weather Fison*

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

Weather Fison, 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 *PL*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

WF  
(Initials)

Violation Report: 44647 - 08/04/2015 - Park, Beth  
PCH Name: ENHANCED PERSONAL CARE HOME

VIOLATION FILED 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

- \* The medical evaluation for resident #1, admitted [redacted] 15, was completed on [redacted] 15, which exceeds 60 days prior to admission.
- \* The medical evaluation for resident #2, admitted [redacted] 15, was completed on [redacted] 15, which exceeds 60 days prior to admission.
- \* The medical evaluation for resident #4, admitted [redacted] 15, was completed on [redacted] 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 #1 was completed on 9.11.15.  
 The BME for Resident #2 was completed on 9.17.15.  
 The DME for Resident #4 was completed on 9.24.15.

1. All staff were trained on Regulation 2600.141(a)(1) & reviewed the timeframes for paperwork to be completed.

2. 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 documented staff person will monitor all residents to ensure that each resident has a complete & accurate medical evaluation completed within 60 days prior to 30 days after admission and document in the Department's DME form. gld 1/5/16

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Heather Filsom, 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 *gld*
- Partially Implemented - Inadequate Progress
- Not Implemented

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

Violation Report: 44647 - 08/04/2015 - Park, Beth  
 PCH Name: ENHANCED PERSONAL CARE HOME

**1. REGULATION 55 Pa. Code §2600**

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

OCT 03 2015  
 REGULATORY FIELD OFFICE  
 Human Services Licensing

**2a. DESCRIPTION OF VIOLATION**

Resident #5 is prescribed "Cyclobenzaprine, 10mg tablet - take one by mouth three times per day". This medication is not indicated on the resident's August 2015 medication administration record (MAR).

**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. This medication was added to the Residents MAR on 8.6.15, after receiving clarification from the doctor.
2. The nursing staff will complete MARs appropriately.
3. The PCH Administrator will complete routine audits of the MARs to ensure they are completed appropriately.

*While 30 days of the plan of correction is still in progress, compliance with the plan of correction will be maintained. All residents' MARs to ensure a medication administration record is completed. The MARs will be reviewed on a daily basis. The plan of correction is still in progress with the medication administration record being in progress. Implementation of the MAR is accordance with the 2600.187(a) POC 1/5/16*

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

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

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

**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>J.F.</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>J.F.</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

OCT 01 2015

Violation Report: 44647 - 08/04/2015 - Park, Beth  
PCH Name: ENHANCED PERSONAL CARE HOME

1. REGULATION 55 Pa. Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

WEST PENNSYLVANIA REGIONAL HEALTH PLAN  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #1's August 2015 MAR does not contain the initials of the staff person who administered the following medications on 8/3/15

- \*Lorazepam 0.5mg at 2:00 PM
- \*Citalopram 10mg, Citalopram 20mg, and Clozapine 100mg at 8:00 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. All staff have been trained on Regulation 2600.187(b).
2. The nursing staff will complete routine audits of the MARs to ensure all staff are initialling for meds.
3. PCH staff will receive disciplinary action for medication errors.
4. PCH Administrator will also complete routine audits of the MARs to ensure they are completed properly.

Immediately - a designated staff person, qualified to administer medications, will review all resident initials at least weekly, to ensure proper documentation of medication administration as per the medication administration record. g.d. 1/15/16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Heather Fison*

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

Heather Fison, 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.d.*
- Partially Implemented - Inadequate Progress
- Not Implemented

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

OCT 01 2015

Violation Report: 44647 - 08/04/2015 - Park, Beth  
PCH Name: ENHANCED PERSONAL CARE HOME

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

- \* Resident #1, admitted [redacted] 15, did not have a pre-admission screening completed.
- \* Resident #2, admitted [redacted] 15, did not have a pre-admission screening completed.
- \* The pre-admission screening for resident #4, admitted [redacted] 15, was completed on 3/9/15, which exceeds 30 days prior to admission.
- \* Resident #5, admitted [redacted] 15, did not have a pre-admission screening completed.

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 pre-admission screening tools were completed on 8.31.15.
2. PCH Administrator will ensure all required paperwork is completed in a timely manner.

Immediately - The PCH administrator or designated staff person will complete pre-admission screen for all residents within 30 days prior to admission, including for residents who change facilities from one licensed person care home operated by the same legal entity 9/24/15

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Heather Filsen, 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 *9/14*
- Partially Implemented - Inadequate Progress
- Not Implemented

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

Violation Report: 44647 - 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 #1, admitted [redacted] 15, was completed on [redacted] 15, which exceeds 15 days of admission.
- \* The assessment for resident #2, admitted [redacted] 15, was completed on [redacted] 14, which exceeds 15 days of admission.
- \* The assessment for resident #4, admitted [redacted] 15, was completed on [redacted] 15, which exceeds 15 days of admission.
- \* The assessment for resident #5, admitted [redacted] 15, was completed on [redacted] 5, which exceeds 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.

All RASPs were updated & completed on 8.31.15.

1. PCH staff were trained on Regulation 2600.225(a) & the required timeframes.
2. PCH Administrator will complete routine chart audits to ensure all paperwork is completed in a timely manner.

Immediate - The administrator or designated staff person will complete a new assessment for all new residents, within 15 days of admission, including residents who chose to transfer from another licensed personal care home operated by the same legal entity. 9/15/16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Heather Fiskm

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

Heather Fiskm, 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 g.w.  
(Initials)