



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 25 2016

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

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

Dear Ms. Dowling:

As a result of the Department of Human Services' annual licensing inspection on April 6, 2016 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,

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

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		
Certificate(s) of Occupancy C-2 A3 12/05/1986 L & I		
Staffing Hours	Total Daily Staff: 22	Waking Staff: 17
Resident Support: 0		
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 04/06/2016: McConnell, Deb; Knee, Donald		
Off-Site Inspection Dates and Inspectors, if Applicable		
<p>RECEIVED</p> <p>SEP 30 2016</p> <p>WEST REGION FIELD OFFICE Human Services Licensing</p>		
Other Details		
Partial or Full Triggers:	Random Indicators:	
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 40 Number of Residents Served: 22 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: 1	Number of Residents who: Receive Supplemental Security Income: 18 Are 60 Years of Age or Older: 4 Have Mental Illness: 22 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

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WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 40759 - 04/08/2016 - McConnell, Deb
PCH Name: STAIRWAYS

1. REGULATION 55 Pa.Code §2600
2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:
- (1) Medication self-administration training.
 - (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
 - (3) Care for residents with dementia and cognitive impairments.
 - (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
 - (5) Personal care service needs of the resident.
 - (6) Safe management techniques.
 - (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION
There is no documentation that direct care staff person A completed any of the required direct care staff annual training during 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. PCH Administrator will create a new annual training plan that easy to understand & easy to track when the trainings are due & when they are completed.
2. Attached is a list of trainings that staff A completed in 2015 & 2016.
3. [Redacted] did not complete infection control in the year 2015. But she did ~~not~~ complete it on 2/24/16.
4. PCH Administrator will complete monthly audits of the training files to ensure all PCH staff have received the required trainings.
5. This will be monitored in the Quality Management Plan Review on a monthly basis.

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 *10.5.16.*

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

The above plan of correction is approved as of 10-6-16 (Date)

Plan of correction implementation status as of 10-6-16 (Date)

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

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

Immediately: The administrator shall develop and implement a system to ensure all staff records are available to the Department upon request. *10-6-16*

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Page 3 of 16

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 40769 - 04/08/2016 - McConnell, Deb
PCH Name: STAIRWAYS

1. REGULATION 55 Pa. Code §2800
2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:
- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
 - (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
 - (3) Resident rights.
 - (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
 - (5) Falls and accident prevention.
 - (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION
There is no documentation that direct staff person A completed any of the required annual training during 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. PCH Administrator will create a new annual training plan that is easy to understand & easy to track when the trainings are due & when they are completed.
2. The new training plans will be completed by 10.15.16.
3. Attached is a list of trainings that staff person A completed in 2015 & 2016.
4. Staff person A did complete the above trainings in 2015.
5. PCH Administrator will complete monthly audits of the new training plans to ensure all staff have received the required trainings.
6. This will be monitored in the Quality Management Plan review on a monthly 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 *10.5.16.*

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

The above plan of correction is approved as of 10-6-16 (Date)

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

- Plan of correction implementation status as of 10-6-16 (Date)
- Fully Implemented
 - Partially Implemented - Adequate Progress ✓
 - Partially Implemented - Inadequate Progress
 - Not Implemented

Immediately: The administrator shall develop and implement a system to ensure all staff records are available to the Department upon request. *10-6-16 g*

SEP 30 2016

Page 4 of 16

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 40759 - 04/06/2016 - McConnell, Deb
PCH Name: STAIRWAYS

1. REGULATION 55 Pa.Code §2800
2800.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION
None of the required emergency telephone numbers were posted on or by the telephone located on the first floor by bedroom A-2.

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 phone numbers were posted on 4-6-16 at the time of the inspection.
2. All staff were reminded, via email, that these numbers must be posted at all times.
3. Staff are to notify the Administrator if these numbers are not posted.
4. PCH Administrator will conduct routine inspections of the building to ensure the phone numbers are hanging by the residents' phones.

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, PCH Administrator

Date 8-10-16

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

The above plan of correction is approved as of 10-5-16
(Date)

Plan of correction implementation status as of 10-5-16
(Date)

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

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

SEP 30 2016

PAGE 5 OF 16

Violation Report: 40759 - 04/08/2016 - McConnell, Deb
PCH Name: STAIRWAYS 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
The window in the home's designated smoking room was open; however, there was no screen in the window.

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 the smoke room needed a screen in the window of the smoke room on 4.6.16.
- 2. A screen was placed in the window the following week.
- 3. PCH Administrator will conduct routine inspections to ensure that all the windows have properly fitted screens.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)		<i>Heather Filson</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date	
<i>Heather Filson, PCH Administrator</i>		<i>8.10.16</i>	

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

The above plan of correction is approved as of <u>10-5-16</u> (Date)	Plan of correction implementation status as of <u>10-5-16</u> (Date)
The above plan of correction was approved by <u>S</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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Violation Report: 40759 - 04/05/2016 - McConnell, Deb
PCH Name: STAIRWAYS

1. REGULATION 55 Pa.Code §2600
2600.95 - Furniture and equipment must be in good repair, clean and free of hazards. WEST REGION FIELD OFFICE:
Human Services Licensing

2a. DESCRIPTION OF VIOLATION
The second floor activities room common bathroom door was not aligned with the doorway and did not close, preventing resident privacy.

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 on 4/6/16 that the bathroom door was not closing properly.
2. The door was fixed the following week & it now closes properly.
3. PCH Administrator will conduct routine inspections of the building to ensure that all the doors are working.

Immediately: All staff persons shall be educated on the requirements of regulation 2600.95 and either repairing or reporting furniture and equipment that is not in good repair, not clean or is hazardous. Documentation or education shall be kept. 10-5-16

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, PCH Administrator	
		Date	8.10.16.

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

The above plan of correction is approved as of	<u>10-5-16</u> (Date)	Plan of correction implementation status as of <u>10-5-16</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 <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 40759 - C4/03/2016 - McConnell, Deb
PCH Name: STAIRWAYS

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

2a. DESCRIPTION OF VIOLATION
There was no soap/soap dispenser in the second floor activity room bathroom.

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

1. The cleaning crew & PCH staff were notified that all bathrooms must have soap & paper towels.
 2. Soap was placed in this bathroom on 4.6.16.
 3. All staff are to check the bathrooms on a daily basis to ensure they have soap & paper towels.
 4. PCH Administrator will conduct routine inspections of the building to ensure the bathrooms have soap.
- Immediately: The Administrator or designee shall check all bathroom daily to ensure a dispenser with soap is provided within reach of each bathroom sink. 10-5-16

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Heather Felson</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Heather Felson, PCH Administrator</i>			Date <i>8.10.16</i>

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

The above plan of correction is approved as of <u>10-5-16</u> (Date)	Plan of correction implementation status as of <u>10-5-16</u> (Date)
The above plan of correction was approved by <u><i>HF</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 40759 - 04/03/2016 - McConnell, Deb
PCH Name: STAIRWAYS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800
2800.103(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
There was no thermometer in the refrigerator or freezer sections of the activity room refrigerator/freezer.

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 on 4/6/16 that this refrigerator needed to be removed from the activity room, as it was not being used.
2. The refrigerator was removed from the activity room the following week.
3. PCH Administrator will ensure all refrigerators have working thermometers.

Within 30 days of receipt of the plan of correction: All staff persons involved in food storage and preparation will be educated on safe food storage including all refrigerators and freezers have thermometers and food requiring refrigeration is stored at or below 40 degrees Fahrenheit and frozen food is stored at or below 0 degrees Fahrenheit. Documentation of education shall be kept. 10-6-16

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Heather Fism, PCH Administrator* Date *8.10.16*

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

The above plan of correction is approved as of 10-6-16 (Date)

Plan of correction implementation status as of 10-6-16 (Date)

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

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

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Page 9 of 16

Violation Report: 40759 - 04/06/2016 - McConnell, Deb
PCH Name: STAIRWAYS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Ccode §2600

2600.123(c) - For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

2a. DESCRIPTION OF VIOLATION

The emergency evacuation diagram on the first floor near bedroom A-1 was turned sideways and did not depict the correct lines of travel to the exits, location of fire extinguishers or the locations of pull stations accurately.

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 exit diagram was corrected on 4-7-16 to depict the proper exits & location of fire extinguishers.
2. PCH Administrator will ensure the exit signs are not turned sideways & accurately reflect the exit routes.

Immediately: The administrator or designee shall check all emergency evacuation diagrams monthly to ensure all emergency evacuation diagrams display the correct orientation. 10-6-16

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, PCH Administrator* Date *8-10-16*

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

The above plan of correction is approved as of 10-6-16
(Date)

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

- Plan of correction implementation status as of 10-6-16
(Date)
- Fully Implemented
 - Partially Implemented - Adequate Progress
 - Partially Implemented - Inadequate Progress
 - Not Implemented

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Page 100116

Violation Report: 40769 - 04/05/2016 - McConnell, Deb
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 conducted a fire drill on 3/27/16 at 5:35 a.m. with 17 residents present in the home. However, only 15 residents were evacuated.

The home conducted a fire drill on 4/1/16 at 3:45 a.m. with 22 residents present in the home. However, only 21 residents were evacuated.

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

- ① A resident meeting was held on 4.14.16 at which time all residents were informed of the regulation that they must fully evacuate the building during a fire drill.
- ② A staff meeting was held on 4.14.16. Staff were reminded that all residents must evacuate during a fire drill.
- ③ Staff are to immediately notify the PCH Administrator if residents do not evacuate.
- ④ Residents will be educated; another fire drill will be conducted within the month if all residents do not evacuate.
- ⑤ PCH Administrator will routinely check the fire drill log book to ensure everyone evacuated.

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 8.10.16

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

The above plan of correction is approved as of 10-5-16 (Date)

Plan of correction implementation status as of 10-5-16 (Date)

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

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

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OCT 05 2016

Violation Report: 40759 - 04/06/2016 - McConnell, Deb
PCH Name: STAIRWAYS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600.
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident #1's medical evaluation does not indicate the date the in-person medical evaluation was completed; therefore, it cannot be determined if a medical evaluation was completed at least annually.

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 staff meeting was held on 4.14.16 to review how to complete the paperwork properly. All dates must be filled in. The doctors signature does not necessarily reflect the day the medical evaluation was completed.

2. The PCH supervisor completes ^(HE) ~~random~~ audits of the residents charts to ensure the paperwork is completed appropriately.

3. The date the form was completed was added in the "Date Form ~~is~~ Completed" box.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Heather Fikem

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

Heather Fikem, PCH Administrator

Date 8.10.16

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

The above plan of correction is approved as of

10-6-16
(Date)

Plan of correction implementation status as of 10-6-16
(Date)

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

The above plan of correction was approved by

HF
(Initials)

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SEP 30 2016

Page 12 of 16

Violation Report: 40759 - 04/05/2016 - McConnell, Deb
PCH Name: STAIRWAYS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600
2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Humalog Kwikpen INJ, 100 units/ml; inject 35 units subcutaneously 3 times daily with breakfast, lunch and supper plus correction of 1 unit for each 50 of blood sugar above 150. However, the label for resident #1's Humalog Kwikpen INJ, 100/ML, indicates inject 35 units subcutaneously 3 times daily with breakfast, lunch and supper plus correction of 1 unit for each 60 of blood sugar above 150.

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

- 1. PCH nursing received clarification from the doctor on 4-8-16 as to how the prescription is written.
- 2. The MAR was updated & clarified at that time.
- 3. PCH nursing will ensure the prescription & the MAR are accurate.
- 4. The PCH supervisor completes monthly audits of the resident charts & MARs to ensure they are correct.

Immediately - A designee qualified to administer medications will complete an initial and monthly audit of MARs, medication carts and any other medication storage areas to ensure all prescription medications are labeled with a pharmacy label, to include: the resident's name, medication name, date prescription issued, prescribed dosage and instructions for administration and name and title of the prescriber and match the prescription. 10-6-16 y

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 *8.10.16*

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

The above plan of correction is approved as of 10-6-16 (Date)

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

Plan of correction implementation status as of 10-6-16 (Date)

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

RECEIVED

SEP 30 2016

Page 13 of 16

Violation Report: 40759 - 04/28/2016 - McConnell, Deb
PCH Name: STAIRWAYS

WEST REGION FIELD OFFICE
Human Services Licensing

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.

2a. DESCRIPTION OF VIOLATION

Resident #2 is prescribed Ondansetron Tab, 4mg, dissolve 1 tab by mouth 3 times daily as need for nausea/vomiting. However, resident #2's April 2016 medication administration record indicates dissolve 1 tab by mouth 4 times daily as need for nausea/vomiting.

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

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

- 1. PCH nursing corrected the MAR to accurately reflect how the prescription is ordered.
- 2. PCH nursing will ensure the prescriptions & MAR are accurate.
- 3. The PCH supervisor completes monthly audits of the residents charts & MARs to ensure they are correct.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Heather Felsm

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

Heather Felsm, PCH Administrator

Date 8-18-16

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

The above plan of correction is approved as of 10-5-16
(Date)

Plan of correction implementation status as of 10-5-16
(Date)

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

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

SEP 30 2016

Page 14 of 16

Violation Report: 40769 - 04/08/2016 - McConnell, Deb
PCH Name: STAIRWAYS

WEST REGION FIELD OFFICE
Human Services Licensing

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.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Loratadine 10mg, 1 tablet by mouth once daily at 8:00 a.m. Resident #1's June 2016 MAR does not indicate the medication was administered on 4/6/16, at 8:00 a.m.

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 staff meeting was held on 4-14-16 to discuss that all medications must be signed for when they are administered or a note must be made to indicate the resident refused the medication.
2. Staff meetings are held on a regular basis to review medication expectations.
3. The PCH supervisor conducts monthly audits of the residents charts & MARs to ensure they are completed properly.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Heather Eikon

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

Heather Eikon, PCH Administrator

Date 8.10.16

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

The above plan of correction is approved as of

10-5-16
(Date)

Plan of correction implementation status as of 10-5-16
(Date)

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

The above plan of correction was approved by

HE
(Initials)

Violation Report: 40759 - 04/08/2016 - McConnell, Deb
PCH Name: STAIRWAYS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600
2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. DESCRIPTION OF VIOLATION

There is no documentation that resident #1 has been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

There is no documentation that resident #3 has been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

There is no documentation that resident #4 has been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

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 information was included in the resident handbook.

2. A signature page was added to the handbook to document the resident has received & understands this information.

3. This signature page will be kept in the residents charts.

4. The PCH supervisor will conduct monthly audits of the residents charts to ensure the signature page is included.

Immediately: The administrator or designee shall educate resident all residents on their right to question of refuse medication if the resident believes there may be a medication error. Documentation shall be kept. 10-6-16

Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Heather Eilsm</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Heather Eilsm, PCH Administrator</i>	Date <i>8-10-16</i>

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

The above plan of correction is approved as of _____ (Date)

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

Plan of correction implementation status as of _____ (Date)

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- Partially Implemented - Inadequate Progress
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Violation Report: 40759 - 04/06/2016 - McConnell, Deb
PCH Name: STAIRWAYS

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SEP 30 2016

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600
2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

Resident #2's assessment, dated 12/23/15, does not address the resident's diagnosis of Borderline Personality Disorder as indicated on the medical evaluation, dated 2/23/16.

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 RASP was updated to include the Borderline Personality Disorder diagnosis.
- 2. A staff meeting was held on 4.14.16 to review the regulation that the diagnosis on the DME in the RASP must be accurate.
- 3. The PCH supervisor conducts monthly audits of the residents charts to ensure the information is accurate.

Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Heather Felson</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Heather Felson, PCH Administrator</i>	Date <i>8.10.16</i>

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

The above plan of correction is approved as of 10-5-16
(Date)

The above plan of correction was approved by 4
(Initials)

Plan of correction implementation status as of 10-5-16
(Date)

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