



pennsylvania
DEPARTMENT OF HUMAN SERVICES

FEB 2 1 2017

Ms. Robin L. Dowling, Executive Director
Stairways Behavioral Health
2185 West Eighth Street
Erie, Pennsylvania 16505

RE: Enhanced Personal Care Home
432 West Third Street
Erie, Pennsylvania 16507
License #: 446470

Dear Ms. Dowling:

As a result of the Department of Human Services' annual licensing inspection on September 14, 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,

A handwritten signature in black ink that reads 'J. Rowe'.

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: ENHANCED PERSONAL CARE HOME		License Number: 44847
Address: 432 WEST 3RD STREET, ERIE, PA 16507		County: Erie
Administrator: Heather Filson		Region: WEST
Legal Entity Name: STAIRWAYS BEHAVIORAL HEALTH		RECEIVED
Legal Entity Address: 2185 WEST 8TH STREET, ERIE, PA 16506		NOV 07 2016
Certificate(s) of Occupancy C-3 SP 01/28/1994 L&I		WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 8	Waking Staff: 6
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 09/14/2016: Williams, Jason		
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 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: 1	
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		

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Violation Report: 44647 - 09/14/2016 - Williams, Jason
PCH Name: ENHANCED PERSONAL CARE HOME

NOV 07 2016

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.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION
Resident #1 was admitted to the home on [redacted] 16; however, the resident-home contract was not signed by the resident until 2/20/16.

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. Reviewed with staff that all paperwork must be completed within 24 hours of admission.

2. PCH supervisor will review all intake paperwork within 24 hours of admission to ensure it is completed in a timely manner. Documentation shall be kept. 11/29/16

Immediately: A designated staff person shall review all resident-home contracts to ensure each resident has a completed resident-home contract. Documentation of the audits shall be kept.

11/29/16

Repeat Violation: Yes Date(s) of Previous Violation(s): 08/04/2015

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 *11.4.16*

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

The above plan of correction is approved as of 11/29/16 (Date)

Plan of correction implementation status as of 11/29/16 (Date)

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

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

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NOV 07 2016

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Violation Report: 44647 - 09/14/2016 - Williams, Jason
PCH Name: ENHANCED PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.66(b) - The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:

- (1) The name, position and duties of each direct care staff person.
- (2) The required training courses for each staff person.
- (3) The dates, times and locations of the scheduled training for each staff person for the upcoming year.

2a. DESCRIPTION OF VIOLATION

The home's 2016 staff training plan does not include the dates, times and locations of the scheduled training for each staff person.

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 PCH training plan was updated on 10.10.16.
- 2. The PCH Administrator or supervisor will ensure the training plans are completed for all staff members, to include the dates, times and locations of the scheduled trainings.

f
11/29/16

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 *11.4.16*

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(Date)

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(Initials)

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Violation Report: 44647 - 09/14/2016 - Williams, Jason
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

The red emergency exit door in the basement conference room was rubbing against the frame and was difficult to open 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 concern on 9.14.16.

2. The door was fixed on 9.22.16.

3. PCH Administrator & supervisor will complete routine inspections of the building. Inspections by the administrator shall be at least weekly. 11/29/16

Within 15 days of receipt of the plan of correction: All staff persons shall be educated on the importance that all stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed. 11/29/16

Immediately: A designated staff person shall inspect the home daily to ensure all stairways, doorways, passageways and egress routes from rooms and from the building are unlocked and unobstructed. Documentation of the checks shall be kept. 11/29/16

Repeat Violation: Yes Date(s) of Previous Violation(s): 08/04/2015

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 11.4.16.

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Violation Report; 44647 - 09/14/2016 - Williams, Jason
PCH Name: ENHANCED PERSONAL CARE HOME

NOV 07 2016

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.

WEST REGION FIELD OFFICE
Human Services Licensing

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.

- The emergency plan was moved from the staff office to the common area at the time of the inspection.
 - All staff were notified this information needs to be kept in the common areas & not in the staff office
 - PCH Administration & supervisor will complete routine inspections of the building to ensure the information is hanging in the common area. Inspections by the administrator shall be weekly. 11/29/16
- Immediately: A designated staff person shall inspect the home daily for one month then weekly thereafter to ensure copies of emergency procedures in 2600.107 are posted in a conspicuous and public place in the home. 11/29/16

Repeat Violation: Yes Date(s) of Previous Violation(s): 08/04/2015

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 *11.4.16*

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Violation Report: 44647 - 09/14/2016 - Williams, Jason
PCH Name: ENHANCED PERSONAL CARE HOME

NOV 07 2016

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE

2600.132(c) - A written fire drill record must include the date, time, the location of the fire drill, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The home conducted a fire drill on 2/28/16 at 6:30pm; however, the home's fire drill records indicate the fire drill occurred on 2/30/16.

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 fire drill log book has been corrected.
2. Staff were asked to double check the documentation at the time of the inspections to avoid future documentation errors.
3. The PCH Administrator will check the fire drill log book on a monthly basis.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Heather Felson

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

Heather Felson, PCH Administrator

Date 11-4-16

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(Date)

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Violation Report: 44647 - 09/14/2016 - Williams, Jason
PCH Name: ENHANCED PERSONAL CARE HOME

NOV 07 2016

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 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 evacuation time for the fire drill conducted on 5/25/16 at 2:05 a.m. was 2 minutes, 51 seconds, which exceeded 2 minutes, 30 seconds. The home does not have a safe evacuation time established in writing by a fire safety expert in the past 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.

All monthly fire drills conducted from 6/2016 thru 10/2016, to include a sleeping fire drill, were conducted under 2 minutes, 30 seconds.

1. All staff were reminded they need to evacuate the building within 2 min: 30 seconds.

2. The security company that conducts the fire drills were reminded of the proper evacuation time. We need to conduct another fire drill within the month if we exceed the time.

3. PCH Administrator will check the fire drill log book on a monthly basis, to ensure all fire drills occur within 2 minutes, 30 seconds or within a time specified in writing within the past year by a fire safety expert. If a fire drill exceeds the designated time, the administrator shall immediately problem solve the cause and conduct another fire drill within that calendar month. Documentation shall be kept.

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 *11.4.16*

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Violation Report: 44647 - 09/14/2016 - Williams, Jason
PCH Name: ENHANCED PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa.Code §2600

2600.144(c) - A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include 2600.144(c)1-3.

2a. DESCRIPTION OF VIOLATION

The home's written smoking policy and procedures do not include proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, or extinguishing procedures.

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

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

1. The smoking policy was updated on 10.11.16. to include the required information.

2. This information is now available to all staff & residents.

Immediately: the homes smoking procedures shall be reviewed and updated as needed, on an annual basis. Documentation of any updates shall be kept.

[Signature]
11/29/16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Signature: Heather Filson]

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

Heather Filson, PCH Administrator

Date 11.4.16.

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(Initials)

Violation Report: 44647 - 09/14/2016 - Williams, Jason
 PCH Name: ENHANCED PERSONAL CARE HOME

NOV 07 2016

1. REGULATION 55 Pa.Code §2600
 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

WEST REGION FIELD OFFICE
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION
 Resident #2's support plan, dated 8/31/16, is not signed by staff person A, the staff person who developed it.

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 support plan was signed by Staff Person A at the time of the inspection.

2. It was reviewed with staff that all forms must be completed properly.

3. The PCH Supervisor will conduct monthly audits of the paperwork to ensure the documentation is completed.

Within 15 days of receipt of the plan of correction, a designated staff person shall review all current resident support plans to ensure they are signed by each individual who participated in the development of the support plan. *11/29/16*

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 *11-4-16*

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