



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

FEB 21 2017

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

RE: Enhanced Personal Care Home  
118 East 26<sup>th</sup> Street  
Erie, Pennsylvania 16504  
License #: 446460

Dear Ms. Dowling:

As a result of the Department of Human Services' annual licensing inspection on September 15, 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: 44848
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		<b>RECEIVED</b>
Certificate(s) of Occupancy C-3 SP 11/16/1993 L&I		NOV 07 2016  WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 8	Waking Staff: 8
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
09/15/2016: Williams, Jason		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 8 Number of Residents Served: 8 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	<b>Number of Residents who:</b> Receive Supplemental Security Income: 7 Are 60 Years of Age or Older: 0 Have Mental Illness: 8 Have an Intellectual Disability: 1 Have a Mobility Need: 0 Have a Physical Disability: 0	

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Violation Report: 44646 - 09/16/2016 - Williams, Jason  
PCH Name: ENHANCED PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 65 Pa.Code §2600

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION

The most current license inspection summary, dated 8/4/16, was 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. A copy of the violation report was posted on 9.16.16.
  2. It was reviewed with staff and residents that this information must be hanging in the common areas of the home & should not be moved to the office areas.
  3. The PCH Administrator or supervisor will complete routine inspections of the building to ensure the information is available. Inspections by the administrator shall occur at least weekly.
- 11/28/16

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 *10.26.16*

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

The above plan of correction is approved as of <u>11/28/16</u> (Date)	Plan of correction implementation status as of <u>11/28/16</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

NOV 07 2016

Violation Report: 44646 - 09/15/2016 - Williams, Jason  
PCH Name: ENHANCED PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 66 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.
- L  
11/28/16

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	Heather Filson
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Heather Filson, PCH Administrator	10.26.16.

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

The above plan of correction is approved as of 11/28/16  
(Date)

Plan of correction implementation status as of 11/28/16  
(Date)

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

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

Violation Report: 44846 - 09/15/2016 - Williams, Jason  
 PCH Name: ENHANCED PERSONAL CARE HOME

NOV 07 2016

1. REGULATION 55 Pa.Code §2600  
 2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

WEST REGION FIELD OFFICE  
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION  
 At 10:10 AM, the lid to the left garbage can was open approximately 12 inches. The garbage can was full of trash, 2 loaves of bread and a soda bottle filled with cigarette butts.

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 garbage was removed from the property on 9.16.16.
2. All staff were reminded the garbage can lids must be closed at all times to prevent insects & rodents.
3. PCH Administrator or supervisor will complete routine ~~audit~~ inspections of the home to ensure cleanliness of the home. Inspections by the administrator shall be at least weekly.  
 Immediately: A designated staff person shall inspect the home daily to ensure trash outside the home is placed in a covered receptacle.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Leather Gilson*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Leather Gilson, PCH Administrator*      Date *10.26.16*

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

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The above plan of correction was approved by <u>L</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: 44646 - 09/15/2016 - Williams, Jason  
 PCH Name: ENHANCED PERSONAL CARE HOME

NOV 07 2016

1. REGULATION 55 Pa.Code §2600  
 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

WEST REGION FIELD OFFICE  
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION  
 An approximate 2 inch by 8 inch section of the drywall behind a chair in the smoking room is worn through, exposing the chalky interior of the wallboard.  
 The accordion door to the linen cupboard across from the administrator's office is detached from its track and leaning against the wall of the cupboard, posing a hazard to residents.

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 made aware of these concerns on 9.15.16.
2. The accordion door was removed from the home as it was frequently coming off the track.
3. The drywall in the smoking room was repaired on 9.20.16.
4. The PCH Administrator or supervisor will complete routine inspections of the home to ensure everything is in good condition & free of hazards. Inspections by the administrator shall be at least weekly. 11/28/16  
 Immediately: A designated staff person shall inspect the home daily to ensure all floors, walls, ceilings, windows, doors and other surfaces are clean, in good repair and free of hazards. 11/28/16

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Heather Pilsom, PCH Administrator*      Date *10.26.16*

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Page 7 of 19

Violation Report: 44848 - 09/15/2016 - Williams, Jason  
PCH Name: ENHANCED PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

The 2 shelving units by the bathroom door in resident #1's bedroom, are leaning far to the right and are in danger of collapsing to the floor, posing a hazard to the resident.

The toilet paper holder in resident #2's bathroom has one of the posts broken off, rendering it unusable.

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 these concerns on 9.15.16.

2. They did assist with making these repairs the week of 9.19.16.

3. The PCH Administrator or supervisor will complete routine inspections of the building to ensure the ~~fixed~~ furniture & equipment are in good condition. Inspections by the administrator shall be at least weekly. 11/28/16

Immediately, A designated staff member shall inspect the home daily to ensure all furniture and equipment is in good repair, clean and free of hazards. 11/28/16

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 10.26.16.

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The above plan of correction is approved as of 11/28/16 (Date)

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

Plan of correction implementation status as of 11/28/16 (Date)

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

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Violation Report: 44646 - 09/15/2016 - Williams, Jason  
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 lamp is inoperable. No other source of lighting that can be turned on at bedside was present.

Resident #3's lamp is inoperable. No other source of lighting that can be turned on at bedside was 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 lightbulbs were placed in the lamps on 9.15.16.
2. Staff & residents were reminded that the lamps must be plugged in with working lightbulbs at all times.
3. PCH Administrator or supervisor will complete routine inspections of the building to ensure the lamps are plugged in & working. Inspections by the administrator shall be weekly. 11/28/16

Immediately: A designated staff person shall inspect each resident bedroom daily to ensure each bed has an operable lamp or other source of lighting which can be turned on/off at bedside. Documentation of the checks shall be kept. 11/28/16

Repeat Violation: Yes      Date(s) of Previous Violation(s): 08/04/2016

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Heather Wilson, PCH Administrator*      Date *10.26.16.*

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The above plan of correction is approved as of 11/28/16 (Date)

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Plan of correction implementation status as of 11/28/16 (Date)

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

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Page 9 of 19

Violation Report: 44646 - 09/15/2016 - Williams, Jason

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 9:40 AM, an operable thermometer was not present in the refrigerator section of the refrigerator/freezer, located in the home's kitchen.

At 9:40 AM, no thermometer was present in the the freezer section of the refrigerator/freezer, located in the home's kitchen.

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 thermometers were placed in the refrigerators & freezers on 9.15.16 at the time of the inspection.
2. Staff record the temperatures on a daily basis to ensure they are working properly. Documentation of checks shall be kept. *f. 11/28/16*
3. Staff were reminded that the refrigerators & freezers must have working thermometers in them at all times.
4. PCH Administrator or supervisor will complete routine inspections of the building to ensure there are working thermometers in the proper locations. Inspections by the administrator shall be weekly. Documentation of the checks shall be kept. *f. 11/28/16*

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 10.26.16

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The above plan of correction is approved as of

*11/28/16*  
(Date)

Plan of correction implementation status as of

*11/28/16*  
(Date)

The above plan of correction was approved by

*[Signature]*  
(Initials)

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

NOV 07 2016

Violation Report: 44646 - 09/15/2016 - Williams, Jason  
 PCH Name: ENHANCED PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
 2800.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION

At 9:55 AM, approximately 1/4 inch layer of lint was in the lint trap of the dryer, across from bedroom #5.

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 lint was disposed of at the time of the inspection.
2. Signs were posted on all the dryers that the lint ~~to~~ must be removed after every use. The signs were placed on the dryers on 9.16.16.
3. Staff are now recording that they are checking the lint traps on a daily basis.
4. The PCH Administrator or supervisor will complete routine inspections of the building to ensure there is no lint in the lint traps. Inspections by the administrator shall be weekly.   
 f  
 11/28/16

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 *10.26.16.*

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The above plan of correction is approved as of 11/28/16  
 (Date)

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

Plan of correction implementation status as of 11/28/16  
 (Date)

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

NOV 07 2016

Violation Report: 44846 - 09/18/2016 - Williams, Jason  
 PCH Name: ENHANCED PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
 Human Services Licensing

1. REGULATION 56 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. The emergency plan was moved from the staff office to the common area of the home at the time of the inspection.
  2. It was reviewed with all staff that this information must be hanging in the common areas and not in the staff office.
  3. PCH Administrator/supervisor will conduct routine inspections of the building to ensure this information is hanging in the common areas. Inspections by the administrator shall be weekly. 11/28/16
- Immediately: A designated staff person shall inspect the home daily for one month then weekly thereafter to ensure copies of emergency procedures specified in 2600.107 are posted in a conspicuous and public place in the home. 11/28/16

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/04/2015
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Signature of Legal Entity Representative (Required on EVERY Page) *Heather Eilsm*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Heather Eilsm, PCH Administrator* Date *10.26.16.*

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

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The above plan of correction was approved by <u>f</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>f</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44646 - 09/15/2016 - Williams, Jason  
PCH Name: ENHANCED PERSONAL CARE HOME

NOV 07 2016

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 65 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

The home has not notified the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency.

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. Attached is the letter that was sent to the fire department on 4-10-15.
2. This information was kept on a computer & the PCH Administrator was not able to access the information at the time of the inspection.
3. This information will be kept in a binder & will be readily available at the time of inspections.
4. PCH <sup>(P)</sup> Administrator will ensure this information is available for future inspections.

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 10-26-16

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

The above plan of correction is approved as of

11/28/16  
(Date)

Plan of correction implementation status as of

11/28/16  
(Date)

The above plan of correction was approved by

*[Signature]*  
(Initials)

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

Violation Report: 44646 - 09/15/2016 - Williams, Jason  
 NOV 07 2016  
 PCH Name: ENHANCED PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
 Human Services Licensing  
 1. REGULATION 55 Pa.Code §2600  
 2600.131(c) - A fire extinguisher with a minimum 2A-10BC rating shall be located in each kitchen. The kitchen extinguisher meets the requirements for one floor as required in § 2600.131(a).

2a: DESCRIPTION OF VIOLATION  
 The only fire extinguisher in the kitchen has a rating of 40-BC.

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 fire extinguisher was placed in the kitchen on 9.26.16.

2. Staff & residents were reminded not to move the fire extinguishers.

3. PCH Administrator or supervisor will conduct routine inspections of the building. Inspections by the administrator shall be at least weekly.

11/28/16

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 *10.26.16*

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

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 (Date)

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

Plan of correction implementation status as of 11/28/16  
 (Date)

Fully Implemented

Partially Implemented - Adequate Progress ✓

Partially Implemented - Inadequate Progress

Not Implemented

NOV 07 2016

Violation Report: 44646 - 09/16/2016 - Williams, Jason  
PCH Name: ENHANCED PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, 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

A fire drill was conducted on 7/28/16 at 12:15 AM; however, the home's fire drill log indicates the fire drill occurred on 6/28/16.

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 was corrected at the time of the inspection. The security agency was able to immediately clarify this was a documentation error.
2. Staff were asked to double check the documentation at the time of the fire drills to avoid future documentation errors.
3. The PCH Administrator or supervisor 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)

*Leather Filson*

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

*Leather Filson, PCH Administrator*

Date *10.26.16.*

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

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*11/28/16*  
(Date)

Plan of correction implementation status as of

*11/28/16*  
(Date)

The above plan of correction was approved by

*L*  
(Initials)

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

Violation Report: 44646 - 09/15/2016 - Williams, Jason PCH Name: ENHANCED PERSONAL CARE HOME		NOV 07 2016	
1. REGULATION 55 Pa.Code §2600 2600.144(c) - A home that permits smoking inside or outside of the home should have and implement written fire safety policy and procedures that include 2600.144(c)1-3.		WEST REGION FIELD OFFICE	
2a. DESCRIPTION OF VIOLATION The home's written smoking policy and procedure does 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.) <i>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.</i>			
<p>1. The smoking policy was updated on 10-11-16 to include the required information.</p> <p>2. This information is now available to all staff &amp; residents.</p> <p>Immediately; the home's smoking procedures shall be reviewed and updated as needed, on an annual basis. Documentation of any updates shall be kept.</p> <p style="text-align: right;">f 11/28/16</p>			
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) <i>Heather Filson, PCH Administrator</i>		Date <i>10-26-16</i>	
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>			
The above plan of correction is approved as of <u>11/28/16</u> (Date)		Plan of correction implementation status as of <u>11/28/16</u> (Date)	
The above plan of correction was approved by <u>f</u> (Initials)		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>f</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

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Violation Report: 44648 - 09/15/2016 - Williams, Jason  
PGH Name: ENHANCED PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

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

2a. DESCRIPTION OF VIOLATION

The 2 menus posted in the home were dated 8/14/16 through 8/20/16 and 8/21/16 through 8/27/16.

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 menus have been updated to say "Week 1," "Week 2," "Week 3," and "Week 4." The menus are rotated every 4 weeks. The posted menus shall include the dates. 11/28/16
2. This was addressed with the dietary department.
3. Staff will ensure the proper weeks are available to the residents.
4. PCH Administrator's supervisor will conduct routine inspections to ensure this info is available. Inspections shall be completed at least weekly. 11/28/16

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 *10.26.16.*

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

The above plan of correction is approved as of 11/28/16 (Date)

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

Plan of correction implementation status as of 11/28/16 (Date)

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

Violation Report: 44646 - 09/16/2016 - Williams, Jason  
 PCH Name: ENHANCED PERSONAL CARE HOME

NOV 07 2016

WEST REGION FIELD OFFICE  
 Human Services Licensing

1. REGULATION 65 Pa.Code §2600  
 2600.171(b)(6) - 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

The first aid kit in the Ford Flex vehicle, which is used for resident transportation, did not include a thermometer, tweezers, scissors 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. The first aid kit in the vehicle was properly supplied ~~at that~~ on 9.16.16.
2. Staff were reminded of the necessary items needed in the first aid kits & were asked to not remove any items.
3. The PCH Administrator or supervisor will conduct routine inspections of the building & vehicles. Inspections by the administrator shall be weekly. 11/28/16

Immediately: A designated staff person shall check the first aid kits in all of the home's vehicles to ensure each vehicle contains a first aid kit which includes all items specified in 2600.96a. Documentation shall be kept.

11/28/16

Repeat Violation: Yes      Date(s) of Previous Violation(s): 08/04/2016

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 *10.26.16.*

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 (Date)

Plan of correction implementation status as of 11/28/16  
 (Date)

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

NOV 07 2016

Violation Report: 44646 - 09/15/2016 - Williams, Jason  
PCH Name: ENHANCED PERSONAL CARE HOME

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  
Residents of the home, including resident #1, resident #2 and resident #3 have not been educated to the resident's right to question or refuse a medication if the resident believes 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. The client handbook was updated at the time of the inspection to include the proper wording & a signature page.
- 2. We met with all the residents at the time of the inspection to inform them of this update & to have them sign the signature page.
- 3. PCH Administrator & supervisor will be sure to have any residents sign the updated forms.

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 *10.26.16.*

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NOV 07 2016

Violation Report: 44846 - 09/15/2016 - Williams, Jason  
 PCH Name: ENHANCED PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
 Human Services Licensing

1. REGULATION 86 Pa.Code §2800  
 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION  
 Resident #1's support plan, dated 8/22/16, is not signed by staff person A, who developed the plan.

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

1. 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 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.  
 [Signature]  
 11/28/16

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

Signature of Legal Entity Representative (Required on EVERY Page) [Signature]

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Heather Wilson, PCH Administrator      Date 10.26.16

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