



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: February 1, 2017**

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

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

Dear Ms. Filson:

As a result of the Department of Human Services' licensing inspection on November 16, 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 "Brent Sutherland".

Brent Sutherland  
Acting Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

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

Page 1 of 6

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 L & I		<b>RECEIVED</b>  <b>JAN 13 2017</b>  WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 8	Waking Staff: 6
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Complaint		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 11/16/2016: Summers, Vicky; Grace, Desmond		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
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: 8 Are 60 Years of Age or Older: 1 Have Mental Illness: 8 Have an Intellectual Disability: 4 Have a Mobility Need: 0 Have a Physical Disability: 0

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WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 44647 - 11/16/2016 - Summers, Vicky  
PCH Name: ENHANCED PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

Resident #1's medical evaluation, dated 1/20/16, indicates "see attached" for the medications; however, nothing is attached

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 med list has been attached to the DME.
2. The Clinical Care Specialist will ensure the DME's are completed appropriately & completely.
3. The supervisor ~~will~~ <sup>HF</sup> ~~complete~~ <sup>HF</sup> has completed an audit of all the charts to ensure all the information is completed.
4. All paperwork will be double-checked by a designated person before information is filed in the residents chart.
5. The PCH Administrator and/or supervisor will complete routine audits of all the charts on a monthly basis.

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

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Heather Eiken, Stairways PCH Administrator*      Date *1.13.17.*

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

The above plan of correction is approved as of 1/17/17  
(Date)

Plan of correction implementation status as of 1/17/17  
(Date)

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

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

RECEIVED

JAN 13 2017

Violation Report: 44647 - 11/16/2016 - Summers, Vicky  
PCH Name: ENHANCED PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION

Resident #2 was prescribed Acetaminophen 325 mg - take 2 tablets by mouth 4 times a day as needed for pain. This medication expired on 11/12/16 but remained in the medication cart.

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 expired medication was disposed of at the time of the investigation. The new order was delivered on the evening of 11.16.16.
2. The Clinical Care Specialist and/or nurse will check the PRN's on a weekly basis to ensure they are not expired.
3. The PCH supervisor or nurse will complete routine audits of the medications to ensure there are no expired meds.

Repeat Violation: No

Date(s) of Previous Violation(s):

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, Stairways PCH Administrator

Date 1.13.17.

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(Date)

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(Initials)

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(Date)

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Violation Report: 44647 - 11/16/2016 - Summers, Vicky  
PCH Name: ENHANCED PERSONAL CARE HOME

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 Proair hfa aer - inhale 2 puffs by mouth every 8 hours as needed; however, the medication label indicates Proair hfa aer - inhale 2 puffs by mouth every 3-4 hours as needed.

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 label was corrected at the time of the inspection. Per the recommendation of the inspector, a label was added to the medication that stated "Directions Changed. Refer to Chart."

2. The Clinical Care Specialist and/or nurse will ensure the label and the MAR match.

3. The PCH Administrator or supervisor will complete routine audits of the med room.

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, Stairways PCH Administrator

Date 1.13.17.

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1/12/17  
(Date)

Plan of correction implementation status as of

1/12/17  
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *BS*

Partially Implemented - Inadequate Progress

Not Implemented

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BS  
(Initials)

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Violation Report: 44647 - 11/16/2016 - Summers, Vicky  
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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

Resident #1's initial assessment, dated 2/5/16, does not include the diagnosis of hypothyroidism that is indicated on the medical evaluation, dated 1/20/16.

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. The assessment was updated on 11-17-16 to indicate the diagnosis of hypothyroidism.
2. It was reviewed with all Clinical Care Specialists that the DME & RASP must have matching diagnosis. And we must indicate if the diagnosis is being addressed & how it is being treated.
3. The supervisor of the program completed an audit of all charts to ensure the paperwork is completed properly.
4. All paperwork will be double checked, by a designated person, to ensure it is done correctly, before it is added to the resident's file.
5. The PCH Administrator or supervisor will complete routine audits to ensure the paperwork is completed appropriately.

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, Stairways PCH Administrator*      Date *1-13-17*

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

Violation Report: 44647 - 11/16/2016 - Summers, Vicky  
PCH Name: ENHANCED PERSONAL CARE HOME

JAN 13 2017

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE  
Human Services Licensing

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 #4's current annual assessment, dated 8/31/16, does not include the diagnosis of hypothyroidism that is indicated on the medical evaluation, dated 4/14/16.

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 assessment was updated on 11-17-16 to indicate the diagnosis of hypothyroidism.
2. It was reviewed with all Clinical Care Specialists that the BME & RAS must have matching diagnoses. And we must indicate if the diagnosis is being addressed: how it is being treated.
3. The supervisor of the program completed an audit of all the charts to ensure the paperwork is completed properly.
4. All paperwork will be double checked by a designated person to ensure it is done correctly before it is added to the residents file.
5. The PCH Administrator or supervisor will complete routine audits to ensure the paperwork is completed appropriately.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Weather Filson*

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

Weather Filson, Stairways PCH Administrator

Date 1-13-17

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