



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 14 2017

Ms. Robin L. Dowling,
Executive Director
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 March 1, 2017 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

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 C2A3 12/05/1986 L&I		RECEIVED JUN 02 2017 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 19	Waking Staff: 14
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 03/01/2017: Marini, Michael; Park, Beth		
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: 25 Number of Residents Served: 19 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: 19 Are 60 Years of Age or Older: 5 Have Mental Illness: 19 Have an Intellectual Disability: 1 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 40759 - 03/01/2017 - Marini, Michael
PCH Name: STAIRWAYS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2800.44(g) - The telephone number of the Department's personal care home regional office, the local ombudsman or protective services unit in the area agency on aging, Disability Rights Network of Pennsylvania (DRN), the local law enforcement agency, the Commonwealth Information Center and the personal care home complaint hotline shall be posted in large print in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION

The telephone numbers of the Department's personal care home regional office, the local ombudsman or protective services unit in the area agency on aging, Disability Rights Network of Pennsylvania (DNR), the local law enforcement agency, the Commonwealth Information Center and the personal care home complaint hotline were not posted in a public and conspicuous 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 telephone numbers were hung at the time of the inspection.
2. All staff and residents were reminded that certain phone numbers & other information needs to be hanging at all times.
3. A checklist of required information was created & given to all staff. It is also hanging in the staff office.
3. PCH Administrator & supervisor will conduct weekly checks of the building to ensure all required information is available

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) <i>Heather Filson, PCH Administrator</i>	Date <i>5.26.17</i>
---	---------------------

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

The above plan of correction is approved as of <u>7/19/17</u> (Date)	Plan of correction implementation status as of <u>7/19/17</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

JUN 09 2017

Violation Report: 40769 - 03/01/2017 - Marini, Michael
PCH Name: STAIRWAYS

WARRINGTON COLLEGE
(Warrington, PA)

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.

2a. DESCRIPTION OF VIOLATION

The door to bedroom #A-3 was not securely attached to the door jamb in the upper left corner.

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 door was fixed at the time of the inspection.
2. A checklist was created for all staff as to what to look for when completing room checks or assisting residents in their rooms.
3. Room checks are completed at least one time per month.
4. ~~Room~~ Maintenance requests are called in after the room checks are completed.
5. PCH Administrator & supervisor will ensure room checks are completed & maintenance requests are completed.

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 5.26.17

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

The above plan of correction is approved as of

7/19/17
(Date)

Plan of correction implementation status as of

7/19/17
(Date)

The above plan of correction was approved by

J
(Initials)

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

Violation Report: 40759 - 03/01/2017 - Marini, Michael
PCH Name: STAIRWAYS

WEST REGION FIELD OFFICE
Nursing 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

The bedside lamps for the 2 residents residing in bedroom #A-7 were inoperable. No other sources of lighting which could be turned on/off at bedside were present for either resident.

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 lamps were unplugged at the time of the inspection. They were plugged back in & were working at the time of the inspection.
2. The residents were reminded the lamps need to be plugged in & working at all times.
3. Staff were also reminded that lamps need to be plugged in & working at all times.
4. PCH Administrator & supervisor will ensure room checks are completed, at least daily *7/19/17*

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 5.26.17.

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

The above plan of correction is approved as of

7/19/17
(Date)

Plan of correction implementation status as of

7/19/17
(Date)

The above plan of correction was approved by

J
(Initials)

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

Violation Report: 40759 - 03/01/2017 - Marini, Michael
PCH Name: STAIRWAYS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2800.101(r)(2) - Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

2a. DESCRIPTION OF VIOLATION

There was a thick layer of dust on the window shade in the window on the left side of bedroom #A-7.

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 dust was removed from the window blinds at the time of the inspection.
2. PCH Administrator spoke with the residents of this room to explain the importance of allowing the cleaning crew and/or staff into the room to assist with cleaning.
3. PCH Administrator spoke with the cleaning crew regarding the importance of making sure all the rooms are cleaned or notifying PCH staff.
4. PCH Administrator or supervisor will ensure room checks are completed, & the rooms are clean.
at least weekly *H/19/17*

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 5.26.17.

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

The above plan of correction is approved as of

H/19/17
(Date)

Plan of correction implementation status as of

H/19/17
(Date)

Fully Implemented

Partially Implemented - Adequate Progress ***

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

[Signature]
(Initials)

JUN 02 2017

Violation Report: 40759 - 03/01/2017 - Marini, Michael
PCH Name: STAIRWAYS

EVERY REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION .

The home's emergency procedures were not posted in a public and conspicuous 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 plans were covered up by holiday decorations
 2. The emergency plans were moved to a different location at the time of the inspection.
 3. All staff were reminded that certain information needs to be hanging and available at all times.
 4. A checklist of required information was created & given to all staff. It is also hanging in the staff office.
 5. PCH Administrator & supervisor will ensure required information is posted per regulations, and shall check monthly to ensure the home's emergency procedures are posted in a conspicuous and public place.
- 7/19/17

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Heather Eism, PCH Administrator</i>	Date <i>5.26.17.</i>
--	----------------------

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

<p>The above plan of correction is approved as of <u>7/19/17</u> (Date)</p> <p>The above plan of correction was approved by <u>[Signature]</u> (Initials)</p>	<p>Plan of correction implementation status as of <u>7/19/17</u> (Date)</p> <p><input checked="" type="checkbox"/> Fully Implemented <i>[Signature]</i></p> <p><input type="checkbox"/> Partially Implemented - Adequate Progress</p> <p><input type="checkbox"/> Partially Implemented - Inadequate Progress</p> <p><input type="checkbox"/> Not Implemented</p>
---	---

Violation Report: 40759 - 03/01/2017 - Marini, Michael
 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
 During the fire drill on 5-1-16 at 3:45 PM, 22 residents were present in the home; however, only 21 residents were evacuated.
 During the fire drill on 5-25-16 at 12:55 AM, 22 residents were present in the home; however, only 21 residents were evacuated.
 The home's maximum safe evacuation time to a public thoroughfare or to a fire safe area, as indicated in writing by a fire safety expert, dated 1-7-16, is 6 minutes. However, the home exceeded the maximum safe evacuation time during the following fire drill:
 * 5-25-16 at 12:55 AM, 6 minutes, 8 seconds

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 met with the resident who refused to evacuate the building during the fire drill.
2. A fire drill was conducted on May 31, 2016. At that time All the residents evacuated in the proper time. (4min 55sec)
3. This was corrected in May 2016. All residents have evacuated in the safe amount of time since May 2016. All residents evacuated each monthly fire drill since 5/31/17 & 7/19/17
4. PCH Administrator & supervisor either participate in drills or review the log book at least monthly.

Immediately: All residents and staff persons shall be reeducated on the importance of fire drill participation and that all residents must evacuate the entire building to a public thoroughfare or to a fire safe area during each of the monthly fire drills. Documentation of the education shall be kept.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Heather Elson, PCH Administrator* Date *5.26.17.*

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

The above plan of correction is approved as of <u>7/19/17</u> (Date)	Plan of correction implementation status as of <u>7/19/17</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

JUN 02 2017

Violation Report: 40759 - 03/01/2017 - Marini, Michael
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 most recent medical evaluation was completed on 4-21-16; however, the resident's previous medical evaluation was on 4-1-15.

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.

- Resident #1 had an annual medical evaluation completed on 5/3/17. ^{7/19/17}
1. This resident refused to attend an appointment on April 7, 2016 due to an increase in [redacted] paranoia. [redacted] was afraid [redacted] was going to be sent to Warren State hospital.
 2. This resident refused several appointments at this time last year. The PCH Administrator did reach out to [redacted] mother for additional support & help for [redacted] to attend appointments. [redacted] did agree to go to the appointment with [redacted] mothers support. The next available appointment for a physical was April 21, 2016. At which time the resident did attend.
 3. Reviewed with staff the regulation that all residents must have an evaluation completed annually.
 4. An audit of all the charts was completed by the PCH supervisor.
 5. PCH administrator or supervisor will review all paperwork to ensure it is completed in a timely manner.

Immediately: A designated staff person shall develop and implement a system to ensure each resident has a medical evaluation, completed in its entirety, on an annual basis. Documentation of the system shall be kept. ^{7/19/17}

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/06/2016	
-----------------------	-----------------------------------	------------	--

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Heather Film, PCH Administrator* Date *5-26-17*

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

The above plan of correction is approved as of <u>7/19/17</u> (Date)	Plan of correction implementation status as of <u>7/19/17</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 - 03/01/2017 - Marini, Michael
PCH Name: STAIRWAYS

JUN 02 2017

1. REGULATION 56 Pa.Code §2600

WEST REGION FIELD OFFICE
Human Services Licensing

2600.171(b)(5) - 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 home provides transportation to residents in a 2011 and a 2014 Ford Van. However, neither of these vehicles had first aid kits.

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 first aid kits were ordered at the time of the inspection.
- 2. The first aid kits were delivered and placed in the vehicles on March 9, ~~2016~~^{HF} 2017.
- 3. A checklist was created and given to all staff that we need to ensure the first aid kits are in the vehicles and have the proper equipment.
- 4. PCH Administrator supervisor will ensure the first aid kits are in the vehicles, by checking at least monthly 7/19/17

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 5/26/17.

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

The above plan of correction is approved as of

7/19/17
(Date)

Plan of correction implementation status as of

7/19/17
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *[Signature]*

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

[Signature]
(Initials)

Violation Report: 40759 - 03/01/2017 - Marini, Michael
PCH Name: STAIRWAYS
WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 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, "Clozapine 100 mg-Take 5 tablets by mouth at bedtime" and "Oxybutynin 10 mg-Take 2 tablets by mouth at bedtime"; however, these medications were not indicated on the resident's March 2017 medication administration record (MAR).
Resident #3 is prescribed, "Metformin 1000mg-Take 1 tablet by mouth twice daily; however, the resident's March 2017 MAR indicates, "Metformin 1000mg-Take 1 tablet once a day".

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 MARs were corrected at the time of the inspection.
2. The nurses will review all MARs before the beginning of the month to ensure all medications are listed in accordance with the prescriber's orders. Documentation of the audits shall be kept. 7/19/17
3. The PCH supervisor will double check the MARs to ensure they are correct, at least monthly. 7/19/17

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Heather Gilson PCH Administrator* Date *5-26-17*

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

The above plan of correction is approved as of 7/19/17 (Date)
The above plan of correction was approved by R (Initials)
Plan of correction implementation status as of 7/19/17 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented