



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: March 14, 2018

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

RE: Enhanced Personal Care Home
118 East 26th Street
Erie, Pennsylvania 16504
Certificate #: 446460

Dear Ms. Filson:

As a result of the Department of Human Services' licensing inspection on August 3, 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.

Sincerely,

A handwritten signature in black ink that reads "Jason Williams".

Jason Williams
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

PCH Name: ENHANCED PERSONAL CARE HOME		License Number: 44646
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		
Certificate(s) of Occupancy C-3 SP 11/16/1993 L&I		DEC 21 2017 WEST VIRGINIA LEGISLATURE COMMITTEE ON SENIORS
Staffing Hours		
Resident Support: 0	Total Daily Staff: 8	Waking Staff: 6
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 08/03/2017: Sutherland, Brent; Mulick, Cindy		
Off-Site Inspection Dates and Inspectors, if Applicable 08/04/2017: Sutherland, Brent 08/08/2017: Sutherland, Brent 08/15/2017: Sutherland, Brent		
Other Details		
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		Number of Residents who: Receive Supplemental Security Income: 8 Are 60 Years of Age or Older: 1 Have Mental Illness: 8 Have an Intellectual Disability: 1 Have a Mobility Need: 0 Have a Physical Disability: 0

Violation Report: 44646 - 08/03/2017 - Sutherland, Brent
PCH Name: ENHANCED PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION
On 7/22/17 at approximately 9:15 a.m., staff person A took several residents, including residents #1 and #2, on a shopping outing in the home's van. During the outing, resident #1 urinated through his/her adult brief and the urine leaked onto the van seat and resident #2's clothing. Resident #2 informed staff person A about the incident; however, the staff person continued the outing and did not return to the home to allow residents #1 and resident #2 to clean themselves until approximately 11:30 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. Staff Person A was immediately suspended pending the investigation of this incident. Staff Person A was terminated from employment as the investigation did indicate the Residents were not treated with respect & dignity. *staff education completed on 2/15/18. J.K. 2/21/18*
2. It was reviewed with all the PCH Staff about the Residents Rights & the importance of treating all the residents with respect & dignity at all times.
3. The PCH Administrator and/or supervisor are always on-call & available for questions should staff have any questions or concerns.
4. Staff Person A is no longer employed at the agency.

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 *12-21-17*

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

The above plan of correction is approved as of <u>2/21/18</u> (Date)	Plan of correction implementation status as of <u>2/21/18</u> (Date)
The above plan of correction was approved by <u>J.K.</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>J.K.</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44646 - 08/03/2017 - Sutherland, Brent
PCH Name: ENHANCED PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.57(a) - At all times one or more residents are present in the home a direct care staff person who is 21 years of age or older and who serves as the designee, shall be present in the home. The direct care staff person may be the administrator if the administrator provides direct care services.

2a. DESCRIPTION OF VIOLATION

After leaving the home to go out to breakfast with a family member on 7/22/17, resident #3 returned to the home at approximately 11:00 a.m.; however, there was no staff person present for approximately 30 minutes until staff person A returned with the other residents from an outing.

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.

- Staff Person A was immediately suspended from work pending the investigation of this incident. Staff Person A was terminated from employment after the investigation as it was found to be true that a resident was left home alone for a period of time.
- It was reviewed with all staff members that we must always have a staff member in the building when residents are there. ^{staff education completed on 2/15/18. 721.2/21/18.}
- Staff Person A was terminated from employment.
- The PCH Administrator & /or supervisor are always on-call & available for staff should they have any questions or concerns.

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 12.21.17.

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The above plan of correction is approved as of

2/21/18
(Date)

Plan of correction implementation status as of

2/21/18
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *pu.*

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

pu.
(Initials)