



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 30 2018

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
Certificate #: 446470

Dear Ms. Dowling:

As a result of the Department of Human Services' annual licensing inspection on September 28, 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.

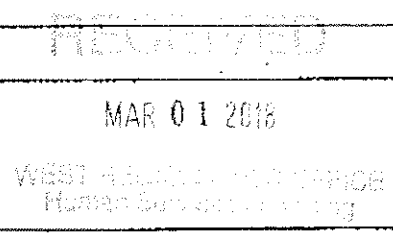
Sincerely,

A handwritten signature in black ink 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 Fileon		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 Depl. of Labor & Industry		
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 Inspection Dates and Department Representatives On-Site 09/28/2017: Rahuba, Matt; Barry, Courtney		
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: 0	
Secured Dementia Care Unit in Home: No	Are 80 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		

Violation Report: 44647 - 09/28/2017 - Rahuba, Mall
PCH Name: ENHANCED PERSONAL CARE HOME

1. REGULATION 65 Pa.Code §2000
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
There was a hole, measuring approximately 6" in length, in the wall behind the door in the sitting room.

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. This hole was repaired at the time of the inspection. It was from the door being opened and the door handle created the hole.
2. A door stop was placed on the floor to prevent the door handle from pushing into the wall.
3. ~~This was~~ ^{HF HF} The repair was observed by Courtney before the exit interview.
4. The 3rd shift staff: Clinical Care Specialist will complete routine checks of the building & immediately call repairs into the maintenance department.

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, PCH Administrator* Date *3/1/18*

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

The above plan of correction is approved as of 3/6/18 (Date)

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

Plan of correction implementation status as of 3/6/18 (Date)

Fully Implemented *f*

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

Violation Report: 44647 - 09/28/2017 - Rahuba, Matt
PCH Name: ENHANCED PERSONAL CARE HOME

1. REGULATION 86 Pa.Code §2800
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 does not have an operable source of lighting that can be turned on/off at bedside.

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. Resident #1 admitted to moving [redacted] lamp so [redacted] could plug [redacted] radio in.
2. The lamp was moved back to the bedside table [redacted] was in working order during the inspection. This was observed by Courtney during the inspection.
3. We did meet with the resident to discuss the importance of having a lamp by [redacted] bed. Resident #1 admitted [redacted] just wanted [redacted] radio plugged in.
4. The Clinical Care specialist will complete weekly room checks to ensure all lamps are in working order.

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 *3/1/18*

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The above plan of correction is approved as of 3/6/18
(Date)

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

Plan of correction implementation status as of 3/6/18
(Date)

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

Violation Report: 44647 - 09/28/2017 - Rahuba, Matt
PCH Name: ENHANCED PERSONAL CARE HOME

1. REGULATION 65 Pa.Code §2800

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 9/28/17 at 4:07 PM was 2 minutes 38 seconds, exceeding 2 minutes 30 seconds. The home does not have a safe evacuation time specified in writing within the past year by a fire safety expert.

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. All staff were informed the evacuation time is 2min 30 seconds for fire drills.
- 2. Residents were also made aware of the importance of evacuating in a timely manner.
- 3. PCH director/supervisor will monitor the fire drill log book ^{monthly} to ensure all drills are completed in a timely manner.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

09/14/2016

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 3-1-18

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3/6/18
(Date)

Plan of correction implementation status as of

3/6/18
(Date)

The above plan of correction was approved by

(Initials)

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- Partially Implemented - Inadequate Progress
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Violation Report: 44047 - 08/28/2017 - Rahuba, Mall
PCH Name: ENHANCED PERSONAL CARE HOME

MAR 01 2018

1. REGULATION 65 Pa.Code §2000
2600.132(f) - Alternate exit routes shall be used during fire drills.

Violation Report: 44047 - 08/28/2017 - Rahuba, Mall

2a. DESCRIPTION OF VIOLATION

The home utilized the east exit route for each monthly fire drill from 3/8/17 through 8/30/17.

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. Wilkins Security Company was made aware they must use various ~~exit~~ exit routes during fire drills. This must also be documented in the fire drill log book.

2. The PCH Administrator/Supervisor will ensure the documentation is completed correctly by mandating the fire drill records at least monthly. 3/6/18

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, PCH Administrator

Date 3.1.18

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3/6/18
(Date)

Plan of correction implementation status as of

3/6/18
(Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

[Signature]
(Initials)

Violation Report: 44647 - 09/20/2017 - Rahuba, Mall
PCH Name: ENHANCED PERSONAL CARE HOME

MAR 01 2018

1. REGULATION 65 Pa.Code §2600
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

WEST VIRGINIA
UNIVERSITY
OFFICE OF
REGULATORY AFFAIRS

2a. DESCRIPTION OF VIOLATION

The medical evaluation for resident #4, dated 4/10/17, does not include an assessment of the resident's health status and mobility needs. These sections of the form are blank.

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 DME was ^{updated} completed by Dr. [redacted] Office on October 2, 2017.

2. Reviewed with the Clinical Care Specialist the importance of ensuring that all paperwork is completed in its entirety

3. The supervisor will ensure all paperwork is completed properly.

Immediately: A designated staff person shall develop and implement a system to ensure each resident has a medical evaluation, completed in its entirety, within 60 days prior to admission or within 30 days after admission. Documentation of the system shall be kept. L 3/6/18

Repeat Violation: Yes

Date(s) of Previous Violation(s):

11/16/2016

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

3.1.18.

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The above plan of correction is approved as of

3/6/18
(Date)

Plan of correction implementation status as of

3/6/18
(Date)

The above plan of correction was approved by

L
(Initials)

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