



pennsylvania

DEPARTMENT OF HUMAN SERVICES

DEC 14 2017

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' annual licensing inspection on October 25, 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

NOV 02 2017

Violation Report: 44646 - 10/25/2017 - Pfaff, Vicki
 PCH Name: ENHANCED PERSONAL CARE HOME

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 58 Pa. Code §2800
 2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:
 (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
 (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
 (3) Resident rights.
 (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
 (5) Falls and accident prevention.
 (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Staff person A did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert during the 2016 staff training year (1/1/16 through 12/31/16).

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. All PCH Staff will receive the proper fire safety training by a fire safety expert in 2017.
2. The PCH Administrator will ensure this training is properly completed and documented appropriately in the staff training files.
3. This will be completed for all PCH staff prior to 12.31.17

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page) *Kathleen Fikson*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kathleen Fikson, PCH Administrator</i>	Date <i>11-2-17</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>11-7-17</u> (Date)	Plan of correction implementation status as of <u>11-7-17</u> (Date)
The above plan of correction was approved by <u><i>K</i></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

RECEIVED

Violation Report: 44646 - 10/26/2017 - Pfaff, Vicki
PGH Name: ENHANCED PERSONAL CARE HOME

1. REGULATION 66 Pa. Code §2600
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

NOV 02 2017

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #1's medical evaluation, dated 11/9/16, did not indicate the resident's ability to self-administer medication.

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. It was reviewed with the Clinical Care Specialist and Direct Care Staff that all boxes must be checked on DME's before leaving the doctors office. to ensure that everything has been completed in its entirety
2. The staff accompanying the resident to the appointment will ensure that all boxes are checked correctly.
3. The Clinical Care Specialist will double check the forms prior to filing them in the residents chart.
4. The RCH supervisor completes monthly audits of the charts.
Resident #1's medical evaluation was corrected, 11-7-17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Heather Fison

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

Heather Fison, RCH Administrator

Date 11-2-17

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

The above plan of correction is approved as of 11-7-17
(Date)

Plan of correction implementation status as of 11-7-17
(Date)

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

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