



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 04 2018

Ms. Robin L. Dowling
Chief Compliance Officer
Stairways Behavioral Health, Inc.
2185 West Eighth Street
Erie, Pennsylvania 16505

RE: Stairways
810 Walnut Street
Erie, Pennsylvania 16502
Certificate #:407590

Dear Ms. Dowling:

As a result of the Department's Bureau of Human Services Licensing annual inspection on January 23, 2018 and January 24, 2018, 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

RECEIVED

NOV 19 2018

Page 2 of 10

Violation Report: 40769 - 01/23/2018 - Barone, Barbara
PCH Name: STAIRWAYS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A did not receive training on the following required training topic during the 2017 training year (January 2017 to December 2017):

*Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.

Direct care staff person B did not receive training on the following required training topics during the 2017 training year (January 2017 to December 2017):

- *Care for residents with dementia and cognitive impairments.
- *Personal care service needs of the resident.
- *Care for residents with mental illness or mental retardation, or both, if the population is served 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 Staff person A is no longer employed by our PCH.
- ② Staff person B received the missing trainings.
- ③ PCH Administrator will update staff training plans monthly and review needed trainings to ensure all necessary trainings are completed.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Jessica R Oresh*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jessica Oresh PCH Admin.* Date *11.19.18*

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

The above plan of correction is approved as of 11/21/18 (Date)

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

Plan of correction implementation status as of 11/21/18 (Date)

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

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NOV 19 2018

Violation Report: 40759 - 01/23/2018 - Barone, Barbara
PCH Name: STAIRWAYS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 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

Direct care staff person A did not receive training on the following required training topic during the 2017 training year (January 2017 to December 2017):

- *The Older Adult Protective Services Act (35 P. S. § 10225.101—10225.5102).
- *Falls and accident prevention.

Direct care staff person B did not receive training on the following required training topic during the 2017 training year (January 2017 to December 2017):

- *Falls and accident prevention.

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 is no longer employed by our PCH.
- ② Staff person B received the missing trainings.
- ③ PCH Administrator will update staff training plans monthly and review needed trainings to ensure all necessary training ^{are} completed.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) Jessica R. Gresh

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Jessica Gresh PCH Admin.</u>	Date <u>11.19.18</u>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>11/21/18</u> (Date)	Plan of correction implementation status as of <u>11/21/18</u> (Date)
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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 <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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NOV 19 2018

Violation Report: 40759 - 01/23/2018 - Barone, Barbara
PCH Name: STAIRWAYS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.87 - The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

2a. DESCRIPTION OF VIOLATION

The emergency lighting by the exit on the first floor located between resident rooms B12 and B13 was inoperable. The exit is an evacuation route.

The emergency lighting by the ground floor foyer and emergency exit stairwell was inoperable.

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 Emergency lighting was fixed at the time of inspection.

② Emergency lighting checks will be added to our monthly building checklist to ensure all lights are working correctly.

③ Property management will be notified immediately if lighting needs replaced.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Jessica R. Bush*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Jessica Bush PCH Admin.* Date *11-19-18*

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

The above plan of correction is approved as of 11/21/18
(Date)

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

Plan of correction implementation status as of 11/21/18
(Date)

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

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NOV 19 2018

Page 6 of 10

Violation Report: 40759 - 01/23/2018 - Barone, Barbara
PCH Name: STAIRWAYS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

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 elevator floor has a triangular shaped tear inside the door measuring approximately 8 inches by 6 inches creating a tripping hazard.

The ceramic floor inside the door of the shared bath in room B10 was missing tiles in an area measuring 7 inches by 1 inch creating a possible tripping hazard.

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 Flooring in the elevator was replaced following inspection.

② The ceramic floor inside room B10 was fixed following the inspection as well.

③ Designated person, [redacted], will complete monthly building inspections to ensure that the building is in good repair.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Jessica R. Gresh

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

Jessica Gresh PCH Admin.

Date 11.19.18

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(Date)

Plan of correction implementation status as of 11/21/18
(Date)

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(initials)

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WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 40759 - 01/23/2018 - Barone, Barbara
PCH Name: STAIRWAYS

1. REGULATION 65 Pa.Code §2600
2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION
On 1/23/18 at 10:30 AM, the water temperature in the private bath of room A7 measured 129.3 degrees Fahrenheit.

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 Property Management adjusted the water temperature at the time of inspection.
- ② Nightly water temperature checks were implemented.
- ③ Staff are to report if the water temps exceed 120°F to supervisor or director so that property management can be contacted to adjust the temps.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Jessica R Gresh*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Jessica Gresh, PCH Admin.* Date *11.19.18*

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Plan of correction implementation status as of 11/21/18
(Date)

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(Initials)

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WEST REGION FIELD OFFICE Page 7 of 10
Human Services Licensing

Violation Report: 40769 - 01/23/2018 - Barone, Barbara
PCH Name: STAIRWAYS

1. REGULATION 65 Pa.Code §2600
2600.101(j)(5) - Each resident shall have the following in the bedroom: A bedside table or a shelf.

2a. DESCRIPTION OF VIOLATION
There was no bedside lamp by the bed near the window in resident room B10.

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 lamp was replaced in this room at the time of inspection. It was in working condition.
- ② The residents were reminded that lamps need to remain at their bedside at all times.
- ③ Staff were also reminded that lamps need to be at bedsides at all times.
- ④ PCH Administrator & Director will ensure room checks are completed daily.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Jessica R Gresh*

Printed Name and Title of Legal Entity Representative Date
(Required on EVERY Page) *Jessica Gresh, PCH Admin.* *11.19.18*

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(Date)

Plan of correction implementation status as of 11/21/18
(Date)

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

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WEST REGION FIELD OFFICE
Human Services Licensing Page 8 of 10

Violation Report: 40759 - 01/23/2018 - Barone, Barbara
PCH Name: STAIRWAYS

1. REGULATION 55 Pa.Code §2800
2800.131(f) - Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

2a. DESCRIPTION OF VIOLATION
There was no inspection tag on the fire extinguisher located the primary boiler 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 Our homes fire safety expert will inspect the fire extinguishers annually.

② During monthly building inspections, the task of checking for the inspection tags on fire extinguishers will be added to the checklist.

③ [Redacted] Safety Committee member's designated to do ar building inspections monthly. Any needs are communicated to PCH Administrator and property management for corrections as needed.

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

Signature of Legal Entity Representative
(Required on EVERY Page) Jessica R. Fresh

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Jessica Fresh, PCH Admin. Date 11.19.18

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(Date)

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

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WEST REGION FIELD OFFICE Page 9 of 10
Human Services Licensing

Violation Report: 40769 - 01/23/2018 - Barone, Barbara
PCH Name: STAIRWAYS

1. REGULATION 65 Pa.Code §2600
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
On 1/24/18, the first aid kits located in the home's red Ford Flex and white Ford Flex vehicles were missing thermometers, breathing shields, and eye coverings.

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 missing items were replaced in the first aid kits located in the vans at the time of inspection.

② A checklist of supplies needing to be present in all first aid kits was created and will be checked monthly by designated staff members.

Repeat Violation: Yes Date(s) of Previous Violation(s): 03/01/2017

Signature of Legal Entity Representative
(Required on EVERY Page) *Jessica Q. Bresh*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Jessica Bresh PCH Admin.* Date *11.19.18*

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The above plan of correction is approved as of 11/21/18
(Date)

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

Plan of correction implementation status as of 11/21/18
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NOV 19 2018

Page 10 of 10

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 40759 - 01/23/2018 - Barone, Barbara
PCH Name: STAIRWAYS

1. REGULATION 55 Pa. Code §2600
2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION
The preadmission screening form for resident #1, admitted on 6/2/17, is dated 3/28/17.

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 Preadmission screening tools will not be completed more than 30 days prior to admission.

② PCH administrator will ensure that these preadmission screening forms are completed appropriately, at each admission done by this home.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Jessica R. Fresh*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Jessica Fresh PCH Admin.* Date *11.19.18*

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