



FEB 05 2019

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's Bureau of Human Services Licensing annual inspection on September 12, 2018, of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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", written in a cursive style.

Jacqueline L. Rowe
Director

Enclosure
Violation Report

Violation Report: 44647 - 09/12/2018 - Mulick, Cindy
 PCH Name: Enhanced Personal Care Home

1. REGULATION 55 Pa.Code §2600
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION
 At 3:40 p.m., resident #1's bathroom sink water temperature measured 124.5 degrees fahrenheit.
 At 3:41 p.m. resident #2's bathroom sink water temperature measured 125.4 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. A copy of December's checks are attached.
- 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 temperatures.

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) Jessica R. Gresh	Date 12.18.18
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>1/25/19</u> (Date)	Plan of correction implementation status as of <u>1/25/19</u> (Date)
The above plan of correction was approved by <u>JW</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JW</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44647 - 09/12/2018 - Mulick, Cindy
 PCH Name: Enhanced Personal Care Home

1. REGULATION 55 Pa.Code §2600
 2600.132(f) - Alternate exit routes shall be used during fire drills.

2a. DESCRIPTION OF VIOLATION

The main exit was the only exit used during all monthly fire drills from 2/28/18 through 8/29/18.

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 A poster of a fire was made to be placed on alternate exits. This poster is to represent a fire and will be blocked for exit.

② All staff in the home were educated to check the fire log book to make sure blocked exits are alternated.

Immediately: The administrator will check the fire drill record at least monthly to ensure alternate exits are used during fire drills. *JW* 1/25/19

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/28/2017
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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) *Jessica R. Gresh* Date 12.18.18

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The above plan of correction is approved as of 1/25/19
 (Date)

Plan of correction implementation status as of 1/25/19
 (Date)

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

The above plan of correction was approved by *JW*
 (Initials)

Violation Report: 44647 - 09/12/2018 - Mulick, Cindy
 PCH Name: Enhanced Personal Care Home

1. REGULATION 55 Pa.Code §2600

2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. DESCRIPTION OF VIOLATION

Resident #1 and resident #2 have not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

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 Education on this subject was completed with resident #1 and #2 on the day of the inspection.

② Documentation of this subject was added to their client file on the day of the inspection. This documentation was signed by the residents.

Within 15 days of receipt of the plan of correction: A designated staff person will check all resident records to ensure documentation of the resident's education on the right to refuse medication if the resident believes there may be a medication error is present in each record. *JW* 1/25/19

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) *Jessica R. Gresh* Date *12.18.18*

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Violation Report: 44647 - 09/12/2018 - Mulick, Cindy

PCH Name: Enhanced Personal Care Home

1. REGULATION 55 Pa.Code §2600

2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION

The records for resident #1 and resident #2 do not include an inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.

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 Inventory sheets were added to the client's file for both resident #1 and #2.

② Inventory sheets were added to the monthly chart audit check sheet. PCH Administrator will ensure that these monthly checks are completed. A copy of the check sheet was added for reference.

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 R. Gresh

Date 12.18.18

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