



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 20 2018

Mr. Robin L. Dowling
Executive Director
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 Mr. Dowling:

As a result of the Department's Bureau of Human Services Licensing annual inspection on October 26, 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,

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 44646 - 10/26/2018 - Garrigan, Laurie PCH Name: ENHANCED PERSONAL CARE HOME	Western Region Field Office Bureau of Human Services Licensing
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1. REGULATION 55 Pa.Code §2600
 2600.42(e) - A resident shall have access to a telephone in the home to make calls in privacy. Nontoll calls shall be without charge to the resident.

2a. DESCRIPTION OF VIOLATION
 Residents do not have access to a telephone to make calls in privacy. The only telephone available for resident use is in the smoking room, which is a common area of 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 A cell phone has been added to the home. This phone will be available for residents to make private calls on at their request.

② Staff will monitor this phone for safe keeping, as well as making sure it stays charged for use.

③ The additional phone in the smoking room will remain in place.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jessica Green PCH Admin.</i>	Date <i>11.19.18</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>12/11/18</u> (Date) <div style="text-align: center;"><i>JH</i></div> The above plan of correction was approved by _____ (Initials)	Plan of correction implementation status as of <u>12/11/18</u> (Date) <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JH</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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11/20/2018

Violation Report: 44646 - 10/26/2018 - Garrigan, Laurie PCH Name: ENHANCED PERSONAL CARE HOME	Western Region Field Office Bureau of Human Services Licensing
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1. REGULATION 55 Pa.Code §2600
2600.93(a) - Each ramp, interior stairway and outside steps must have a well-secured handrail.

2a. DESCRIPTION OF VIOLATION
The black iron railing on the right side of the main entrance steps is loose and moves approximately 1.5". Also, the cement is crumbling at the bottom-right corner of the steps, exposing the concrete rebar.

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 will pin the railing to stabilize it before 12.5.18. This will be a temporary fix until they can replace the entire stairway ~~the~~ⁱⁿ the spring of 2019.

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 <i>(Required on EVERY Page)</i> <u>Jessica Gresh PCH Admin.</u>	Date <u>11.19.18</u>
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The above plan of correction is approved as of <u>12/11/18</u> (Date)	Plan of correction implementation status as of <u>12/11/18</u> (Date)
The above plan of correction was approved by <u>JM</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <u>JM</u> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44646 - 10/26/2018 - Garrigan, Laurie
PCH Name: ENHANCED PERSONAL CARE HOME

Western Region Field Office
Bureau of Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.130(h) - The home's emergency procedures shall indicate the procedures that will be immediately implemented until the smoke detector or fire alarms are operable.

2a. DESCRIPTION OF VIOLATION

The home's emergency procedures do not include procedures which will be immediately implemented if the smoke detectors or fire alarms become 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 After contacting a member of the policy procedures committee, there was in fact a policy already in place that was not located at the time of inspection.
- ② This policy is attached to verify.
- ③ Staff will follow this policy in the event that the smoke detectors become inoperable.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Jessica R 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 <u>12/11/18</u> (Date)	Plan of correction implementation status as of <u>12/11/18</u> (Date)
<i>JH</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JH</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
The above plan of correction was approved by	

Violation Report: 44646 - 10/26/2018 - Garrigan, Laurie
PCH Name: ENHANCED PERSONAL CARE HOME

Western Region Field Office
Bureau of Human Services Licensing

1. REGULATION 55 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

No eye coverings were present in the first aid kit for the home's vehicle, which is used to transport residents.

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 Eye coverings were replaced in the van's first aid kit on 10/26/18.

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

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 Administrator

Date 11.19.18

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The above plan of correction is approved as of

12/11/18
(Date)

The above plan of correction was approved by

JR
(Initials)

Plan of correction implementation status as of 12/11/18
(Date)

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