



February 26, 2020

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 5, 2019, 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](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 "Kevin Hancock", written over a white background.

Kevin Hancock  
Deputy Secretary  
Office of Long Term Living

Enclosure  
Violation Report

## Violation Report

### Facility Information

Name: *ENHANCED PERSONAL CARE HOME*  
Address: *432 WEST 3RD STREET,, ERIE, PA 16507*  
County: *ERIE*

License Number: *44647*

Region: *WESTERN*

### Administrator

Name: *Rebecca Duncan*

Phone: *8144345806*

Email: *RDuncan@STAIRWAYSBH.ORG*

### Legal Entity

Name: *STAIRWAYS BEHAVIORAL HEALTH*  
Address: *2185 WEST 8TH STREET, ERIE, PA, 16505*

### Certificate(s) of Occupancy

Type: *C-3 SP*

Date: *01/28/1994*

Issued By: *Labor & Industry*

### Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *8*

Working Staff: *8*

### Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal*

### Inspection Dates and Department Representative

*09/05/2019 - On-Site: Lori Gillette*

### Resident Demographic Data as of Inspection Dates

#### General Information

License Capacity: *8*

Residents Served: *8*

#### Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

#### Hospice

Current Residents: *0*

#### Number of Residents Who:

Receive Supplemental Security Income: *8*

Are 60 Years of Age or Older: *5*

Diagnosed with Mental Illness: *8*

Diagnosed with Intellectual Disability: *4*

Have Mobility Need: *0*

Have Physical Disability: *0*

20b8 - Quarterly Account

Regulations

2600.

20 b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

- 8. The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

Description of Violation

The home provides assistance with financial management for residents in the home, including residents #1, #2 and #3. However, the home does not keep a quarterly account of financial transactions for these residents.

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 DPW form "Quarterly Financial Summary" was accessed and this policy will be implemented within the PCH beginning on December 1, 2019.
- 2. The PCH Administrator will continue to complete quarterly reviews with each resident accessing financial management assistance quarterly beginning on December 1, 2019.

By 4/1/20 - All staff persons will be educated on Chapter 2600.20(b)(8). *BS 2/26/20*

Legal Entity Representative

*Rebecca J. Duran* *BS* *Rebecca J. Duran* *11-8-19*  
 Signature Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of *2/21/20* Plan of correction implementation status as of *2/21/20*  
 (Date) (Date)

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

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

25c4 - Payment Responsibility

Regulations

2670.

25.c. At a minimum, the contract must specify the following:

- 4. The party responsible for payment.

Description of Violation

The resident-home contract , dated 6/10/2015, for resident #1 does not specify the party responsible for payment. Several pages of the original contract are missing.

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 violation was corrected at the time of the inspection. There were pages missing from the resident contract for resident #1. A new lease agreement was printed, at this time and was reviewed with and signed by the resident. This resident contract is attached.
- 2 A complete chart audit will be completed by December 15th, to ensure that all necessary paperwork is present and complete.
- 3. Our resident contract will now be completed in our electronic health record which will prevent this from happening in the future. The contract will be completed and signed electronically and then printed out completely for each new resident. The program will prompt the user to fill in any blank spaces prior to printing.

Legal Entity Representative

Signature *Rebecca J. Duncan*

Printed Name and Title *Rebecca J. Duncan*

Date *11-9-19*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of

*2/21/20*  
(Date)

Plan of correction implementation status as of

*2/21/20*  
(Date)

The above plan of correction was approved by

*RS*  
(Initials)

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

132.d - Evacuation

Regulations

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. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The home exceeded an evacuation time of 2 minutes 30 seconds during the fire drill on 8/20/19 at 12:30 am, which took 2 minutes 37 seconds to complete. However, the home has not had a safe evacuation time specified in writing by a fire safety expert in the past year.

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. PCH administrator will review the fire drill logs monthly, by the 15th of each month, to ensure that each drill is run within the time limit.
2. PCH Administrator will contact Wilkins if a drill needs to be repeated for that month in order to be in compliance with the time limit allowed for evacuation.
3. We are attempting to locate the letter including the safe evacuation time and will get this to you as soon as possible.

From 3/1/20 - 12/31/20 - The administrator will observe at least 5 monthly fire drills to ensure compliance with Chapter 2600.132(d). *BS 2/21/20*

By 4/1/20 - All staff persons will be educated on the home's evacuation procedures. *BS 2/21/20*

Legal Entity Representative

*Rebecca J. Duran* *BS* *Rebecca J. Duran* *11-8-19*  
 Signature Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 2/21/20 Plan of correction implementation status as of 2/21/20  
 (Date) (Date)

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

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

224a - Preadmission Screen Form

Regulations

2600

224a. A determination shall be made within 30 days prior to admission and documentation on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #4 was admitted to the home on 3/6/19; however, the resident's preadmission screening form was completed on 1/29/19.

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. PCH Administrator will ensure that all new admissions will have a pre-screen completed in the appropriate time frame.
2. If there is a delay in admission due to a delayed discharge from WSH or another facility, PCH Administrator will review the date of the pre-screen assessment and will complete a new pre-screen assessment, if needed, to ensure that the time constraints are being met.
3. PCH Administrator will utilize a checklist reminder to ensure that all admits pre-screen is sent within the time frames allotted.

Legal Entity Representative

Rebecca J. Duncan & Rebecca J. Duncan 11-8-19  
 Signature Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 2/21/20 Plan of correction implementation status as of 2/21/20  
 (Date) (Date)

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

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