



SENT VIA EMAIL: [jgresh@stairwaysbh.org](mailto:jgresh@stairwaysbh.org)  
[jessicagresh@stairwaysbh.org](mailto:jessicagresh@stairwaysbh.org)

MAILING DATE: May 18, 2020

Mr. Robin L. Dowling  
Executive Director  
Stairways Behavioral Health  
2185 West Eighth Street  
Erie, Pennsylvania 16505

RE: Enhanced Personal Care Home  
118 East 26<sup>th</sup> Street  
Erie, Pennsylvania 16504  
Certificate #: 446460

Dear Mr. Dowling:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on January 22, 2020, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "Jason Williams". The signature is fluid and cursive, written over a white background.

Jason Williams  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

# Violation Report

## Facility Information

Name: *ENHANCED PERSONAL CARE HOME*

License Number: *44646*

Address: *118 EAST 26TH STREET,, ERIE, PA 16504*

County: *ERIE*

Region: *WESTERN*

## Administrator

Name: *Jessica Gresh*

Phone: *8144348508*

Email: *jessicagresh@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: *11/16/1993*

Issued By: *Labor & Industry*

## Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *9*

Waking Staff: *7*

## Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal*

## Inspection Dates and Department Representative

*01/22/2020 - 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: *1*

### Number of Residents Who:

Receive Supplemental Security Income: *8*

Are 60 Years of Age or Older: *2*

Diagnosed with Mental Illness: *8*

Diagnosed with Intellectual Disability: *1*

Have Mobility Need: *1*

Have Physical Disability: *0*

89b - Hot Water Temperature

Regulations

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

At 10:06 am, the hot water temperature in the bathroom sink of bedroom #3 measured 123.4 degrees Fahrenheit.

At 10:14 am, the hot water temperature in the bathroom sink of bedroom #8 measured 125.2 degrees Fahrenheit.

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 temperatures were adjusted at the time of inspection by the maintenance department.
- ② Water temperature checks are already being done every night on third shift, however, they are checking the kitchen and staff bathroom.
- ③ Once a week, staff will check the resident's bathroom temperatures to ensure the water is under 120°F.
- ④ This check will be done on Saturday mornings.

Legal Entity Representative

*Jessica R. Gresh*  
Signature

Jessica R Gresh / 4.8.20  
Printed Name and Title Program Supervisor Date

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

The above plan of correction is approved as of 5/7/20  
(Date)

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

Plan of correction implementation status as of 5/7/20  
(Date)

- Implemented
- Not Implemented

95 - Furniture and Equipment

Regulations

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

In resident's dresser in bedroom #3 has a broken drawer and missing trim pieces on the bottom and left hand side.

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 resident's dresser was replaced.
- ② Staff and resident education regarding building and equipment repair will be conducted by 4.17.20.
- ③ Staff and residents will report to the supervisory team or the home's clinical care specialist when repairs are needed. Those repairs will then be reported to the maintenance department in a timely manner.

Legal Entity Representative

*Jessica R Gresh*  
Signature

Jessica R. Greshl  
Printed Name and Title Program supervisor Date 4.8.20

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The above plan of correction is approved as of 5/7/20 (Date)

Plan of correction implementation status as of 5/7/20 (Date)

- Implemented
- Not Implemented

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

141a - Medical Evaluation

Regulations

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

The medical evaluation for resident #1 was undated, therefore, the timeliness of this evaluation cannot be measured. Also, this medical evaluation does not include a list of medications. A notation indicates "see list", however, no list is attached.

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 inspection.
- ② Biannual chart audits are completed to ensure all paperwork is completed in it's entirety. The supervisor is responsible for the completion of these audits.
- ③ the clinical care specialist will review all initial and annual documentation to ensure it was completed in it's entirety.

Legal Entity Representative

*Jessica R. Oresh*  
Signature

Jessica R Oresh / Program Supervisor | 4.8.20  
Printed Name and Title | Date

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The above plan of correction is approved as of 5/7/20 (Date) Plan of correction implementation status as of 5/7/20 (Date)

The above plan of correction was approved by JW (Initials)  Implemented  Not Implemented

187d - Follow Prescriber's Orders

Regulations

2600.  
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #2 is prescribed Linzess, 290mcg, take one capsule by mouth in the morning. However, this medication was not administered to resident from 1/12/2020 to 1/22/2020 because the medication was not available in the home.

Resident #2 is prescribed Breo Ellipta Inhaler, inhale one puff by mouth once daily. However, this medication was not administered to resident from 1/4/2020 to 1/22/2020 because the medication was not available in the home

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 Resident #1 did not have the medication available due to an insurance issue and this resident's \$500.00 deductible. At the time of inspection and the new year, the deductible had not been met. When asking his PCP to prescribe an alternative medication that is covered, the doctor declined. The resident was also unwilling to pay out of pocket for the medications. This resident is on a fixed income so funds are limited.  
\*Please see attachment.

Legal Entity Representative (see page 5a of 5)

*Jessica R. Orsh*  
Signature

Jessica R. Orsh / Program Supervisor  
Printed Name and Title

4.8.20  
Date

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(Date)

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

Implemented  
 Not Implemented

- ② When this resident is met with the same issue in 2021, the home will keep more detailed documentation regarding this issue. The payee can be contacted if needed.
- ③ To provide this resident the funds to pay for the medication, a staff member applied for it ~~with~~ <sup>through</sup> Stairways Behavioral Health's "Client Assistance Funds". These funds vary from year to year. If needed, we can apply again when met with this issue in 2021.
- ④ This resident received the medication on January 30, 2020.

Jessica R. Gresh

Jessica R. Gresh 4.8.2020.  
Program Supervisor