



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SENT VIA EMAIL: rdowling@stairwaysbh.org
compliance@stairwaysbh.org
sheitzenrater@stairwaysbh.org

MAILING DATE: March 26, 2020

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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on January 23, 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 that reads "Jon B. Kimberland".

Jon Kimberland
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: STAIRWAYS

License Number: 40759

Address: 810 WALNUT STREET,, ERIE, PA 16502

County: ERIE

Region: WESTERN

Administrator

Name: Steve Heitzenrater

Phone: 8148782124

Email: sheitzenrater@stairwaysBH.org

Legal Entity

Name: STAIRWAYS BEHAVIORAL HEALTH INC

Address: 2185 WEST EIGHTH STREET, ERIE, PA, 16505

Certificate(s) of Occupancy

Type: C-2 LP

Date: 12/06/1986

Issued By: Labor and Industry

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 25

Waking Staff: 19

Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal, Complaint

Inspection Dates and Department Representative

01/23/2020 - On-Site: Trish Bartlett, Jan Cutter

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 27

Residents Served: 25

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 25

Are 60 Years of Age or Older: 11

Diagnosed with Mental Illness: 25

Diagnosed with Intellectual Disability: 2

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 holds money for resident #2, who needs assistance to manage finances. However, the resident did not receive a quarterly account of financial transactions since 4/24/19.

The home holds money for resident #3, who needs assistance to manage finances. However, the resident did not receive a quarterly account of financial transactions since 2/6/19.

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. The home's administrator will complete quarterly financial reviews for all residents we hold money for.
- 2. February, May, August, and November will be when the reviews will be completed.
- 3. The reviews will be completed on the transaction sheets currently being used. A copy will be provided to each resident each designated month.

Legal Entity Representative

Jessica R. Gresh
Signature

Jessica R. Gresh 2.24.20
Printed Name and Title Date

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

The above plan of correction is approved as of 3/20/2020
(Date)

Plan of correction implementation status as of 3/20/2020
(Date)

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

- Implemented
- Not Implemented

85a - Sanitary Conditions

Regulations

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

At approximately 9:00 a.m., approximately 75 cigarette butts were on the exterior cement near a butt bucket at the right of the exterior front door. Approximately 25 additional cigarette butts were on the ground immediately next to the exterior front door.

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 PCH has a cleaning contract with Opportunities Unlimited. They begin work at 9am and operate ~~2~~ Monday - Friday. This area of the building is cleaned daily.
2. First shift weekend staff will clean this area daily, and as needed, for when the butt can is dumped or when it is needed.
3. A staff meeting is scheduled for March 3rd, 2020 to remind staff to clean this area.

Legal Entity Representative

Jessica R Fresh
Signature

Jessica R Fresh
Printed Name and Title

2.24.20
Date

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The above plan of correction was approved by

JR
(Initials)

- 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

The Maytag Centennial dryer's lint screen was torn measuring approximately 4 inches by 1/2 inch.

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 dryer's lint screen was replaced.
2. A copy of the purchase receipt is attached to this report.
3. The Pct has a monthly building inspection checklist. The dryer lint traps will be added to this list.
4. These building inspections are completed by the home's administrator, unless designated to another staff by admin.

Legal Entity Representative

Jessica R. Brush
Signature

Jessica R. Brush 2.24.20
Printed Name and Title Date

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101j7 - Lighting/Operable Lamp

Regulations

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident #4's bedside light in bedroom B19 had no light bulb in lamp.

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. Monthly lamp checks will be implemented.
2. On the first Saturday of the month, any staff working will be responsible for completing these checks.
3. The checklist will be kept with the emergency light check sheet that is also done monthly.
4. A staff meeting is scheduled for Tues. March 3, 2020 to discuss this new process.
5. A checklist is attached to this report

Legal Entity Representative

Jessica R. Gresh
Signature

Jessica R. Gresh 2.24.20
Printed Name and Title Date

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103g - Storing Food

Regulations

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

There were undated, unsealed food items in the home's pantry including:

- * A 25-pound bag of flour, about 1/2 full that was undated and unsealed.
- * A 25-pound of panko bread crumbs, about 1/2 full that was undated and unsealed.

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. Metz Food Services is contracted by the PCTT for all food services. Regulations will be reviewed with the manager on Tues. February 25th during a scheduled meeting.
2. Metz food services will be responsible for the proper storage of all foods.

Legal Entity Representative

Jessica R. Bresh
Signature

Jessica R. Bresh 2.24.20
Printed Name and Title Date

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141a 1-10 Medical Evaluation Information

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. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #5 was admitted to the home on 9/25/19. However, the initial documentation of medical evaluation did not include four areas for immunization history on page one and the headings for resident name, date resident examined, and date form completed on page two. The areas are blank.

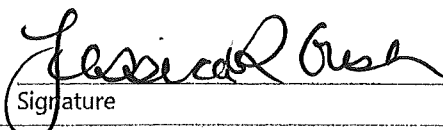
Repeat violation 1/15/19

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. All necessary documents will be reviewed by the home's administrator upon admission to ensure all information is present on all forms.

Legal Entity Representative


Signature

Jessica R. Oresh
Printed Name and Title

2.24.20
Date

141a 1-10 Medical Evaluation Information (continued)

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224a - Preadmission Screen Form

Regulations

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.

Description of Violation

Resident #5 was admitted to the home on 9/25/19. However, a pre-admission screening was not completed on the Department approved screening form that the needs of the resident can be met by the services provided 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. The preadmission screening tool was completed in the residents electronic health record. This information was able to be templated at the time of inspection.
2. A copy is attached to this report.
3. The diagnosis of the resident doesn't populate when templated so it will be written in before being entered into the residents paper chart.

Legal Entity Representative

Jessica R. Fresh
Signature

Jessica R. Fresh 2.24.20
Printed Name and Title Date

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JF
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225a - Assessment 15 Days

Regulations

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #5 was admitted to the home on 9/25/19. However, the assessment was not completed until 11/5/19.

Repeat violation 1/15/19

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. The homes Clinical Care Specialist is the one responsible for completing all RASTs in a timely form. Attached is a checklist to assist when we have a new admission.
- 2. "Complete by" date was added to better assist making sure the RAST is completed in a timely manner.
- 3. A meeting is scheduled with the Clinical Care Specialists on March 10th, 2020 to discuss change.

Legal Entity Representative

Jessica R. Oresh
Signature

Jessica R. Oresh 2.24.20
Printed Name and Title Date

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