

Department of Human Services  
Bureau of Human Service Licensing

July 6, 2021

[REDACTED], EXECUTIVE DIRECTOR  
STAIRWAYS BEHAVIORAL HEALTH  
2185 WEST 8TH STREET  
ERIE, PA 16505

RE: ENHANCED PERSONAL CARE HOME  
118 EAST 26TH STREET  
ERIE, PA, 16504  
LICENSE/COC#: 44646

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/23/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Jody Garvey

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY - PUBLIC**

**Facility Information**

**Name:** ENHANCED PERSONAL CARE HOME      **License #:** 44646      **License Expiration Date:** 05/20/2021  
**Address:** 118 EAST 26TH STREET, ERIE, PA 16504  
**County:** ERIE      **Region:** WESTERN

**Administrator**

**Name:** [REDACTED]      **Phone:** 814-566-9311      **Email:** [REDACTED]

**Legal Entity**

**Name:** STAIRWAYS BEHAVIORAL HEALTH  
**Address:** 2185 WEST 8TH STREET, ERIE, PA, 16505  
**Phone:** 8143153703      **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** C-3 SP      **Date:** 11/16/1993      **Issued By:** DEPT L & I

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 8      **Waking Staff:** 6

**Inspection**

**Type:** Full      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Renewal      **Exit Conference Date:** 03/23/2021

**Inspection Dates and Department Representative**

03/23/2021 - On-Site: [REDACTED]

**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:** 1  
**Have Mobility Need:** 0      **Have Physical Disability:** 0

**Inspections / Reviews**

**03/23/2021 - Full**

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 05/08/2021

Inspections / Reviews (*continued*)

## 5/6/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *05/10/2021*

## 5/7/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *05/18/2021*

## 7/6/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *07/09/2021*

## 7/6/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

2600.

- 16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

*On 12/20/20 at 4:50 a.m., the local Fire Department was dispatched to the home in response to an automatic fire alarm going off. The Fire Department found that the alarm sounded due to burnt toast filling the kitchen with smoke and a sparking toaster. The Fire Department advised staff person A, to remove the toaster from the home. Staff person A placed the toaster in a cardboard box on top of a plastic trash dumpster which was up against the building on the east side. At 5:45 a.m., the local Fire Department was dispatched to the home again for a reported structure fire to find that the toaster had ignited the cardboard box and caught the vinyl siding and sheeting underneath on fire. The Fire Department extinguished the fire and contacted the Fire Inspector, who was dispatched to the scene at 5:58 a.m. The Fire Inspector verified there was no extension to the inside of the building and the alarm was reset. The event was not reported to the Department until 12/21/20 at 12:08 p.m. and the incident report submitted did not include the regulation number and type of incident or the time the incident was reported to the Department.*

Plan of Correction

Accept

1. *This administrator submitted the incident report on 12/20/21 at 9:50 am. However, when retrieving the document from the Department's website, I filled it in, then saved it to my computer, and then tried to send it by email to the incident report address. By doing it this way, the information wasn't saved so when I sent it, it appeared blank. I didn't know this until receiving an email the following day, 12/21/21 at 10:59 am, that the incident report was blank. I resubmitted the incident report that day by 12:08 pm filled in, but missing the identified boxes.*
2. *This administrator has already saved the document to my own file so that it doesn't occur again, by using the form while opening it from the Department's website and sending a blank form.*
3. *This administrator will ensure that the incident report form is filled in to it's entirety before and after sending any and all incident reports.*
4. *An additional "Adult Services Manual" was taken to this administrator's home, in the event that an incident needs reported while the administrator isn't in the building to ensure access to the needed codes.*

Completion Date: 05/05/2021

Document Submission

Implemented

Completed

82a Poisonous Materials

1. Requirements

2600.

- 82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

*At 10:30 a.m., 4 clear 20oz spray bottles containing a purple colored liquid identified as Fabuloso cleaner and water were present in the second metal cabinet on the lower level of the home. However, the original manufacturers label indicating "if swallowed contact a poison control center or doctor immediately," was not on the spray bottles.*

82a - Poisonous Materials (continued)

**Plan of Correction**

**Accept**

1. On 3/24/2021 these cleaners were thrown away.
2. On 3/24/2021 it was communicated verbally to all staff in the home that cleaners were not to be unlabeled.
3. A staff meeting is scheduled on 5/18/2021 at 3 pm to go over the violation report and all findings. At this time, this administrator will communicate the need for all poisons to remain in original and labeled containers.
4. The Clinical Care Specialist will monitor all cleaning products weekly to ensure no products are unlabeled.

**Completion Date:** 05/06/2021

**Document Submission**

**Implemented**

Quality management plan attached, indicating the completion of staff training/discussion.

100a - Exterior - Free of Hazards

**1. Requirements**

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

**Description of Violation**

On 12/20/20 at 4:50 a.m., the local Fire Department was dispatched to the home in response to an automatic fire alarm going off. The Fire Department found that the alarm sounded due to burnt toast filling the kitchen with smoke and a sparking toaster. The Fire Department advised staff person A, to remove the toaster from the home. Staff person A placed the toaster in a cardboard box on top of a plastic trash dumpster which was up against the building on the east side. At 5:45 a.m., the local Fire Department was dispatched to the home again for a reported structure fire to find that the toaster had ignited the cardboard box and caught the vinyl siding and sheeting underneath bedroom's window on fire. The area of damage to the vinyl siding was approximately 3' X 2' and there was also fire damage to the window frame of bedroom window as well as the roof's flashing above the window. On 3/23/21 at 3:15 p.m., the home had not repaired the damage caused by the fire.

**Plan of Correction**

**Accept**

1. Since the window and siding need replaced, the maintenance department wanted to wait until warmer temperatures to replace both as to not leave a hole in the resident's room during winter temperatures. The window was operable and still opened and closed.
2. The window was ordered in March 2021 and the expected arrival date is 5/7/2021. Once the window comes in, it will be replaced, along with the siding. Expected repair dates are 5/11/21-5/12/2021 and will be completed by the members of the maintenance department. The east, south, and west sides of the building will be painted so that all of the new siding and existing siding will match. Temperatures and weather will determine when the painting will be completed.

**Completion Date:** 05/05/2021

**Document Submission**

**Implemented**

Completed on 6/24/2021. There was an initial delay in completion because we received a shipment of a broken window, had to return for a new window. However, completed fully now.

141a - Medical Evaluation

**1. Requirements**

2600.

141a - Medical Evaluation (continued)

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**

Resident #1, admitted [REDACTED] did not have an initial medical evaluation completed until [REDACTED]

**Plan of Correction**

**Accept**

1. Resident #1 was admitted on [REDACTED]
2. Resident #1 completed the appointment with [REDACTED] PCP at the time of admission, however the provider wouldn't complete the paperwork at the time of the visit. They told staff that they would fax it when it was completed. After multiple attempts to retrieve the paperwork with no success, Resident #1 was agreeable and scheduled to change providers. [REDACTED] the new provider was contacted to schedule an appointment.
3. Should we run into the problem again where we can not get the provider to provide the necessary paperwork, staff will ask for a letter stating that the resident was evaluated on that date with a Dr. signature before leaving the appointment.
4. A staff meeting is scheduled for May 18th at 3 pm to discuss this matter, should this happen again.
5. The intake paperwork packet for all new admissions was updated to include that if one's provider does not complete the DME at the time of the appointment, that a letter must be requested, including the date and Dr signature, stating that the resident was evaluated on that date. Please see attachment.

Completion Date: 05/06/2021

**Document Submission**

**Implemented**

Quality management plan attached, indicating the completion of staff training/discussion.

171b5 - First Aid Kit

**1. Requirements**

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

**Description of Violation**

The first aid kit in the Ford transit vehicle used to transport residents does not include scissors.

**Plan of Correction**

**Accept**

1. Scissors were placed in the first aid kit of the van at the time of inspection.
2. The home's Clinical Care Specialist will check the first aid kits, in the home and in the van, monthly to ensure all items are present.
3. Please see attachment for the checklist of items needing to be in the first aid kits. This check list is always hanging in the staff office. At the May 18th staff meeting this will be discussed. If anything is missing from the first aid kits, staff will be instructed to inform this supervisor to have the items replaced or restocked.

Completion Date: 05/06/2021

**Document Submission**

**Implemented**

Quality management plan attached, indicating the completion of staff training/discussion.