

Department of Human Services
Bureau of Human Service Licensing

June 30, 2022

[REDACTED]
STAIRWAYS BEHAVIORAL HEALTH INC
[REDACTED]
[REDACTED]

RE: STAIRWAYS
810 WALNUT STREET
ERIE, PA, 16502
LICENSE/COC#: 40759

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/28/2021, 01/12/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Suzy Quinn

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: *STAIRWAYS* License #: *40759* License Expiration: *06/14/2022*
Address: *810 WALNUT STREET, ERIE, PA 16502*
County: *ERIE* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: *8148782124* Email: [REDACTED]

Legal Entity

Name: *STAIRWAYS BEHAVIORAL HEALTH INC*
Address: *2185 WEST EIGHTH STREET, ERIE, PA, 16505*
Phone: *8148782124* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *12/06/1986* Issued By: *Dept. Labor & Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *25* Waking Staff: *19*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *01/12/2022*

Inspection Dates and Department Representative

12/28/2021 - On-Site: [REDACTED]
01/12/2022 - Off-Site: [REDACTED]

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: *23* Are 60 Years of Age or Older: *11*
Diagnosed with Mental Illness: *23* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

12/28/2021 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/13/2022*

Inspections / Reviews (*continued*)

03/02/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/09/2022*

04/15/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *05/01/2022*

06/30/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [REDACTED] resident #1 was admitted to the inpatient psychiatric unit at Millcreek Community Hospital due to altered mental status. While there, resident #1 exposed [REDACTED] to hospital staff on multiple occasions and answered [REDACTED] door naked. Hospital notes indicate [REDACTED] has a history of sexual misconduct. Staff of the home advocated for resident #1 to stay in the hospital until [REDACTED] was at baseline; however, on [REDACTED], the hospital discharged resident #1 back to the home and staff indicate [REDACTED] was not at [REDACTED] baseline.

On [REDACTED] at approximately 7:00pm, resident #1 inappropriately touched resident #2 multiple times in the lobby. Resident #2 was waiting near the glass windows for [REDACTED] family to pick [REDACTED] up. Resident #1 approached resident #2 and kissed [REDACTED] on the cheek. Resident #2 told resident #1 that was not appropriate, moved away and sat down on a bench. Resident #2 continued to follow resident #1, leaned over [REDACTED] and grabbed resident #2's genital area. Resident #2 yelled at resident #1; however, resident #1 grabbed resident #2's genital area again. Resident #2 yelled at resident #1 and got up and left with [REDACTED] family. Police were contacted and resident #1 was transported to [REDACTED] Hospital for evaluation and treatment.

The home was aware of resident #1's inappropriate sexual behaviors and failed to update the resident's assessment and support plan and failed to provide supervision.

Plan of Correction**Directed****RASP**

Resident #1 was hospitalized after the event on [REDACTED]. It was anticipated that [REDACTED] would not be returning to the home due to safety concerns of being in the same home as Resident #2. Therefore, there would be no need to update the RASP. However, Resident #1 did return to the home. Normally the home assesses the need to update the RASP when discharge planning occurs.

For all future hospital admissions, the director will assist in evaluating the need to update a RASP. Our form "Hospital discharge list for resident to return to Stairways PCH" has been updated to include the need to evaluate if a RASP needs modified.

This update goes into effect as of 2/16/22.

Please refer to attached document.

Supervision

Resident #1 was hospitalized after the event on [REDACTED]. On [REDACTED] the director discussed with staff [REDACTED] return to the home and [REDACTED] need for ongoing monitoring. A form was provided for staff to initial that checks were being completed. Checks would occur every 15 minutes during first and second shifts, and every 30 minutes on third shift.

On January 5, 2022, these times were cut back to every 30 minutes on first and second shifts, and every hour on third shift. An updated checklist was released January 6th.

On January 17, 2022, the monitoring times were changed to hourly checks on first and second shifts, and every 2

42b - Abuse (continued)

hours on third shift.

There were no further issues identified while monitoring checks were being completed. Resident #1 moved out of the home to live with [REDACTED] brother on [REDACTED], so the checklist was discontinued.

This monitoring system will be used for any future occurrences as needed where a resident needs checked on for health or safety concerns.

This plan was initiated [REDACTED] and completed [REDACTED]. Please refer to attached documents.

No additional updates

Directed:

By 4/30/22, all staff shall receive resident rights training conducted by an outside agency. Documentation shall be kept.

S.Q. 4/15/22

By 4/22/22, weekly thereafter for 1 month and monthly thereafter for 3 months, the administrator or designee shall privately interview 3 residents regarding treatment from other residents and staff. Documentation shall be kept and reviewed at quality management plan review meetings.

S.Q. 4/15/22

Completion Date: 03/03/2022

Document Submission**Implemented**

Resident rights training is scheduled for Tuesday May 3rd. Two times are offered, 8AM and 2 PM, to help ensure staff from all three shifts can attend. The training is being completed by our local ombudsman from [REDACTED] (our local AAA). Staff sign-in sheets will be used for attendance.

The program supervisor and/or director will interview residents to ensure they are being treated well by staff and fellow residents. Notes from each resident meeting will be kept and reviewed at our monthly quality management plan meetings. Three residents will be interviewed for each timeframe indicated here:

- The week of April 22
- The week of May 2
- The week of May 9
- The week of May 16
- The week of May 23
- The month of June
- The month of July
- The month of August

225c - Additional Assessment**1. Requirements**

2600.

225.c. The resident shall have additional assessments as follows:

2. If the condition of the resident significantly changes prior to the annual assessment.

225c - Additional Assessment (*continued*)**Description of Violation**

Resident #1's condition significantly changed with an onset of inappropriate sexual behaviors during [REDACTED] inpatient stay in the psychiatric unit at [REDACTED] Hospital from [REDACTED]. However, these changes were not addressed on resident #1's assessment, dated [REDACTED].

Plan of Correction**Directed**

For all future hospital admissions, the director will assist in evaluating the need to update a RASP. Our form "Hospital discharge list for resident to return to Stairways PCH" has been updated to include the need to evaluate if a RASP needs modified.

This update goes into effect as of 2/16/22.

Directed:

By 4/30/22 and monthly thereafter, the administrator or designee shall audit all current resident RASPs, to ensure they are completed within the required time frame and are accurate, including documentation of any changes in condition. Documentation of audits shall be kept.

S.Q. 4/15/22

Completion Date: 02/16/2022

Document Submission**Implemented**

Starting 4/29/22, the program director and/or supervisor will audit all current resident RASPs to ensure they are completed within the timeframe and are accurate. This includes any changes in condition. Audit documentation will be kept.