

Department of Human Services
Bureau of Human Service Licensing

August 24, 2022

[REDACTED], EXECUTIVE DIRECTOR

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 05/27/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

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: *05/20/2023*
 Address: *118 EAST 26TH STREET, ERIE, PA 16504*
 County: *ERIE* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *STAIRWAYS BEHAVIORAL HEALTH*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-3 SP* Date: *11/16/1993* Issued By: *Dept. of Labor & Industry*

Staffing Hours

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

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *05/27/2022*

Inspection Dates and Department Representative

05/27/2022 - 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

05/27/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/25/2022*

06/23/2022 - POC Submission

Inspections / Reviews (*continued*)

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *08/01/2022*

08/24/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

The home's most recent License Inspection Summary, dated 3/23/21, was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept

1. A meeting was held to educate staff regarding the need to post the most recent license inspection summary.

Owner: Program Director. Completion Date: 5/27/2022

2. A copy of the missing plan of correction was printed and posted. Owner: Clinical Care Specialist. Completion Date: 6/22/2022

3. An audit form will be used to ensure the licensee inspection summary remains hung for the most recent inspection. Owner: Clinical Care Specialist. Completion Date: 7/21/2022, and quarterly thereafter.

4. A reminder will be created in a Microsoft Outlook calendar to ensure the quarterly audit is completed. Owner: Clinical Care Specialist. Completion Date: 6/22/2022.

Completion Date: 07/21/2022

Document Submission

Implemented

1. A meeting was held to educate staff regarding the need to post the most recent license inspection summary.

Owner: Program Director. Completion Date: 5/27/2022

2. A copy of the missing plan of correction was printed and posted. Owner: Clinical Care Specialist. Completion Date: 6/22/2022

3. An audit form will be used to ensure the licensee inspection summary remains hung for the most recent inspection. Owner: Clinical Care Specialist. Completion Date: 7/21/2022, and quarterly thereafter.

4. A reminder will be created in a Microsoft Outlook calendar to ensure the quarterly audit is completed. Owner: Clinical Care Specialist. Completion Date: 6/22/2022.

88a - Surfaces

1. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

At approximately 9:45am, a pool of standing water was observed outside the basement fire exit door leading to the parking lot. The standing water was approximately 3 inches deep and approximately 2 feet wide. The water also ran underneath the fire exit door and collected inside the building.

Plan of Correction

Accept

1. The Maintenance team was immediately notified during the inspection to investigate the cause of the standing water. Owner: Direct Care Staff. Completion Date: 5/27/2022

2. Maintenance "snaked" the drain to effectively clear the clog. Owner: Maintenance Supervisor. Completion Date: 5/27/2022

88a - Surfaces (continued)

- 3. Discussion was held with PCH staff to review the need for the fire exit to be free of all hazards, including standing water. It was noted that inclement weather will increase the likelihood of hazardous conditions. Any concerns are to be communicated to Maintenance immediately. Owner: Program Supervisor. Completion Date: 6/21/2022.
- 4. Peterson's cleaning crew will be notified of any need to sanitize of any noted mold or mildew. Owner: Clinical Care Specialist. Completion Date: 6/21/2022
- 5. A basement check will be added to the list of 3rd shift staff responsibilities. This will be completed and documented nightly. Owner: Clinical Care Specialist. Completion Date: 6/29/2022, with checks occurring nightly.

Completion Date: 06/29/2022

Document Submission

Implemented

- 1. The Maintenance team was immediately notified during the inspection to investigate the cause of the standing water. Owner: Direct Care Staff. Completion Date: 5/27/2022
- 2. Maintenance "snaked" the drain to effectively clear the clog. Owner: Maintenance Supervisor. Completion Date: 5/27/2022
- 3. Discussion was held with PCH staff to review the need for the fire exit to be free of all hazards, including standing water. It was noted that inclement weather will increase the likelihood of hazardous conditions. Any concerns are to be communicated to Maintenance immediately. Owner: Program Supervisor. Completion Date: 6/21/2022.
- 4. Peterson's cleaning crew will be notified of any need to sanitize of any noted mold or mildew. Owner: Clinical Care Specialist. Completion Date: 6/21/2022
- 5. A basement check will be added to the list of 3rd shift staff responsibilities. This will be completed and documented nightly. Owner: Clinical Care Specialist. Completion Date: 6/29/2022, with checks occurring nightly.

105g - Lint Removal and Duct Cleaning

1. Requirements

- 2600.
- 105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

At 10:00am, there was an approximate 1/4 inch accumulation of lint in the lint trap of the homes dryer nearest bedroom #5. There were no clothes in the dryer at the time.

Plan of Correction

Accept

- 1. The lint was cleaned out of the dryer immediately upon notification. Owner: Direct Care Staff. Completion date: 5/27/22
 - 2. A sign will be posted by the dryer stating "The lint trap must be cleaned after every use." A checklist will also be posted to check for lint. Owner: Clinical Care Specialist. Completion date: 6/27/22
 - 3. Staff will initial a checklist posted by the dryer to confirm the dryer lint has been cleared from the trap. Owner: 3rd Shift Staff. Completion Date: posted 6/27/22, and daily thereafter.
 - 4. Audits of the dryer lint trap and staff checklist will be completed, with corrective action taken as needed. Owner: Clinical Care Specialist. Completion Date: Weekly starting 7/5/22 for four weeks, then monthly on an ongoing basis.
- Completion Date: 07/15/2022

105g - Lint Removal and Duct Cleaning (continued)

Document Submission

Implemented

1. The lint was cleaned out of the dryer immediately upon notification. Owner: Direct Care Staff. Completion date: 5/27/22
2. A sign will be posted by the dryer stating "The lint trap must be cleaned after every use." A checklist will also be posted to check for lint. Owner: Clinical Care Specialist. Completion date: 6/27/22
3. Staff will initial a checklist posted by the dryer to confirm the dryer lint has been cleared from the trap. Owner: 3rd Shift Staff. Completion Date: posted 6/27/22, and daily thereafter.
4. Audits of the dryer lint trap and staff checklist will be completed, with corrective action taken as needed. Owner: Clinical Care Specialist. Completion Date: Weekly starting 7/5/22 for four weeks, then monthly on an ongoing basis.

132b - Safety Inspection/Fire Drill

1. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The most recent supervised drill conducted by a fire safety expert was conducted on 2/10/22. However, there was no indication that there was also a fire safety inspection completed. The previous supervised drill was conducted on 1/24/21.

Plan of Correction

Accept

1. The Maintenance Department was contacted to request contact with the fire chief. Owner: Director. Completion Date: 3/16/2022. (Note: this issue was previously identified at a separately licensed site).
2. The fire chief will confirm:
 - a. The date of his visit
 - b. The observation of a drill and if it was successful
 - c. The fire safety inspection of the home
 - d. The maximum safe evacuation time of the home
 If any of the items noted here were not completed, a request will be made to have them completed. Owner: Maintenance Supervisor. Completion Date: 4/18/2022
3. The fire chief will generate a new letter for this year that contains the content listed above in this section. Owner: Maintenance Supervisor. Completion Date: 5/20/2022.
4. The fire chief's letter will be reviewed to ensure all needed content is present, and all items related to the visit are successful. Owner: Program Director. Completion Date: 5/27/2022.
5. A reminder will be created in an Outlook Calendar, starting December 1, 2022 and yearly after. The reminder will prompt to schedule the next visit for the fire chief, as well as confirm the content needed for the letter. Owner: Program Director. Completion Date: 3/11/2022

Completion Date: 05/27/2022

Document Submission

Implemented

1. The Maintenance Department was contacted to request contact with the fire chief. Owner: Director. Completion Date: 3/16/2022. (Note: this issue was previously identified at a separately licensed site).
2. The fire chief will confirm:

132b - Safety Inspection/Fire Drill (continued)

- a. The date of his visit
- b. The observation of a drill and if it was successful
- c. The fire safety inspection of the home
- d. The maximum safe evacuation time of the home

If any of the items noted here were not completed, a request will be made to have them completed. Owner: Maintenance Supervisor. Completion Date: 4/18/2022

3. The fire chief will generate a new letter for this year that contains the content listed above in this section. Owner: Maintenance Supervisor. Completion Date: 5/20/2022.

4. The fire chief's letter will be reviewed to ensure all needed content is present, and all items related to the visit are successful. Owner: Program Director. Completion Date: 5/27/2022.

5. A reminder will be created in an Outlook Calendar, starting December 1, 2022 and yearly after. The reminder will prompt to schedule the next visit for the fire chief, as well as confirm the content needed for the letter. Owner: Program Director. Completion Date: 3/11/2022

144c1 - Smoking Area Guidelines**1. Requirements**

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

The home's designated indoor smoking room has inadequate ventilation. At 10:05am Resident #1 was observed actively smoking in the smoking room while a large cloud of smoke surrounded the resident. Maintenance staff indicated the smoking room's ventilation system is not working the way it should.

Plan of Correction**Accept**

1. The Maintenance team was immediately notified during the inspection to notify them of the lack of ventilation. Owner: Direct Care Staff. Completion Date: 5/27/2022
2. Residents were provided with an alternate designated smoking area (outdoors) until the ventilation system could be updated. Owner: Direct Care Staff. Completion Date: 5/27/2022
3. A "request for work" will be completed with a vendor to replace the existing ventilation system. Owner: Maintenance Supervisor. Completion Date: 5/30/2022
4. A new smoke room mitigation unit was installed by the contracted vendor. Owner: Winston's Heating and Plumbing. Completion Date: 6/9/22.
5. The ventilation system will be checked to ensure it is working correctly. Owner: Maintenance Supervisor. Completion Date: 9/12/2022 and quarterly thereafter.

Completion Date: 09/12/2022

Document Submission**Implemented**

1. The Maintenance team was immediately notified during the inspection to notify them of the lack of ventilation. Owner: Direct Care Staff. Completion Date: 5/27/2022
2. Residents were provided with an alternate designated smoking area (outdoors) until the ventilation system could

144c1 - Smoking Area Guidelines (continued)

be updated. Owner: Direct Care Staff. Completion Date: 5/27/2022

3. A "request for work" will be completed with a vendor to replace the existing ventilation system. Owner: Maintenance Supervisor. Completion Date: 5/30/2022

4. A new smoke room mitigation unit was installed by the contracted vendor. Owner: Winston's Heating and Plumbing. Completion Date: 6/9/22.

5. The ventilation system will be checked to ensure it is working correctly. Owner: Maintenance Supervisor. Completion Date: 9/12/2022 and quarterly thereafter.

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

Resident #2 is prescribed [REDACTED] bedtime. However, this medication was not administered to resident #2 on [REDACTED]/22 and [REDACTED]/22 because the medication was not available in the home.

Plan of Correction

Accept

1. This medication was awaiting a new order, and was available to be taken the day after the licensing visit. Owner: Clinical Care Specialist. Completion Date: 5/28/2022.
2. Direct Care Staff was retrained to monitor when medication is getting low, in order to receive a new order prior to the medication on hand runs out. Owner: Clinical Care Specialist. Completion Date: 5/28/2022
3. All resident medications will be audited to ensure they are available for to be taken as prescribed. Owner: Clinical Care Specialist, Program Supervisor. Completion Date: 7/1/2022 and weekly thereafter.

Completion Date: 07/01/2022

Document Submission

Implemented

1. This medication was awaiting a new order, and was available to be taken the day after the licensing visit. Owner: Clinical Care Specialist. Completion Date: 5/28/2022.
2. Direct Care Staff was retrained to monitor when medication is getting low, in order to receive a new order prior to the medication on hand runs out. Owner: Clinical Care Specialist. Completion Date: 5/28/2022
3. All resident medications will be audited to ensure they are available for to be taken as prescribed. Owner: Clinical Care Specialist, Program Supervisor. Completion Date: 7/1/2022 and weekly thereafter.