

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

March 18, 2023

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

RE: ENHANCED PERSONAL CARE HOME
432 WEST 3RD STREET
ERIE, PA, 16507
LICENSE/COC#: 44647

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/01/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: ENHANCED PERSONAL CARE HOME License #: 44647 License Expiration: 02/04/2024
 Address: 432 WEST 3RD STREET, ERIE, PA 16507
 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: 01/28/1994 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: 11/01/2022

Inspection Dates and Department Representative

11/01/2022 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: 6
 Diagnosed with Mental Illness: 8 Diagnosed with Intellectual Disability: 3
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

11/01/2022 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/20/2022

01/31/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 02/28/2023
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/07/2023

Inspections / Reviews *(continued)*

02/14/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/28/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 03/02/2023

03/18/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/28/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

At 10:15am, the mattress protector and comforter [REDACTED] had a dark brown stain that measured approximately 2 ft. by 3 ft.

At 10:20am, there were 3 separate walls that had smear marks of a dark brown substance measuring approximately 6 inches by 8 inches in the bathroom of [REDACTED]

At 10:40am, there was approximately 1/4 inch of dirt and dust in areas of the windowsill and on top of the headboard in [REDACTED]

At 10:50am, there was approximately 1/2 cup of dried tobacco scattered around on the floor in [REDACTED]

Plan of Correction

Accept [REDACTED] - 02/14/2023)

Revisions:

1: PCH Director and Supervisor both spoke with the cleaning crew at the facility to resolve the cleaning issues in the home on 11/1/22. The contracted cleaning employees did clean the shower in [REDACTED] 11/1/22 but said that we would have to order a deep cleaning to clean the walls. The staff at the cleaning company deep cleaned the walls on 11/4/22. Owner: PCH Director, PCH Supervisor, Stairways Property Management, Cleaning Company

Revised: 2: The floor in [REDACTED] was swept clean of tobacco by the PCH Supervisor and Direct Care staff on 11/1/22. On 11/4/22, PCH Administrator and Supervisor provided Resident #4 with a tray with higher sides to roll [REDACTED] cigarettes on to avoid tobacco spills. Owner: Direct Care Staff, PCH Supervisor, PCH Administrator, Cleaning Company

3: The PCH Director wiped the windowsill and headboard in [REDACTED] clean on 11/1/22 as well. Owner: PCH Supervisor, Direct Care Staff, Cleaning Company

4. Property Maintenance Supervisor scheduled a meeting with our contracted Cleaning company on 11/2/22 to advise of a need to ensure that all cleaning is completed appropriately, and cleaning/sanitizing needs are met by their staff. Owner: Property Maintenance Supervisor, Cleaning Company
(Unfortunately, due to Covid 19, our Property Maintenance Supervisor has been out of work so this has been delayed.)

4: The assigned Direct Care Staff member went and purchased a new mattress cover for [REDACTED] bed. The bedding was replaced on 11/1/22 by the Direct Care Staff. Owner: PCH Supervisor, Direct Care Staff

5: On 11/3/22, PCH Administrator had a discussion with Resident #8 and Resident #2 to advise them that they will have to allow staff into their rooms bi-weekly for the first two months and then monthly thereafter to ensure that their rooms are sanitary as these residents do not always allow the cleaning company to come into their rooms. We discussed that they are allowed to clean their own rooms if they would like but, if the cleaning is not getting done, staff at the PCH or cleaning company will need to intervene and assist with cleaning the room appropriately. Both

85a - Sanitary Conditions (continued)

residents were agreeable to this. Owner: PCH Administrator, Resident #3, Resident #4, Cleaning company, Direct Care Staff

6: PCH Administrator will complete room checks monthly that will include cleanliness. PCH Administrator created a form on 11/17/22 to document room checks for these individuals which will be available for DHS review. Owner: PCH Administrator, Direct Care Staff

Revised: 7. Room checks began to occur on 12/1/22.

Licensee's Proposed Overall Completion Date: 02/07/2023

Implemented [redacted] - 03/18/2023)

101j7 - Lighting/Operable Lamp

2. Requirements

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 #1 did not have access to a source of light that could be turned on/off at bedside.

Plan of Correction

Accept [redacted] - 02/14/2023)

Revisions:

1: PCH Supervisor did plug Resident #1's bedside lamp back into the wall and it did work on 11/1/22. Owner: PCH Supervisor, Director

2: Beginning 12/1/22, PCH Administrator will complete Monthly room checks to ensure that the resident's lamps are plugged in and working correctly. Owner: PCH Administrator, Direct Care Staff

Licensee's Proposed Overall Completion Date: 02/07/2023

Implemented [redacted] - 03/18/2023)

144c1 - Smoking Area Guidelines

3. 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 ventilation system in the home's indoor designated smoking area was not in good working condition and smoke

144c1 - Smoking Area Guidelines (continued)

was observed clouding in the room. The switch on the wall that controls the ventilation was turned on and off multiple times with no change to the smoke in the room. The ventilation fan occasionally made a sound as if it turned on, however remained ineffective.

Plan of Correction

Accept () - 02/14/2023

Revisions:

Revised: 1. PCH Director notified Property Management of issues with the smoking area ventilation system on 11/1/22. Owner : Director, PCH Supervisor

2. On 11/3/22, PCH Administrator placed a sign on the door which stated that the smoke room ventilation system is not working and advising of danger of smoke inhalation. It also encouraged outside smoking and limited the smoke area to one smoker at a time to avoid excess smoke. Owner: PCH Administrator

3. Property Maintenance Manager contacted the vendor to discuss options for a more appropriate Smoke ventilation system on 12/6/22. Owner: Property Maintenance Supervisor, Vendor
Due to our Property maintenance supervisor being out sick due to COVID and processes to obtain approval and funding to replace the ventilation system, this may take longer to correct.)

4. The vendor was on site to assess the current ventilation system and assess needs for more appropriate ventilation system on 12/6/22. Owner: Property Management Supervisor, Vendor

5. Property management supervisor will be in contact with vendor to choose an option for a more appropriate entilation system and will discuss cost by 12/29/22. Owner: Property maintenance Supervisor, Vendor

6. Property management supervisor requested funding for the ventilation system and obtain approval by administration whom and a line item in the budget was assigned to address it. Owner: Property Maintenance Supervisor, Executive Director, Senior Accountant (Stairways Fiscal Dept.)

7. The new smoke ventilation system will be installed in the unit by 2/12/23. Owner: Property Maintenance Supervisor, Vendor

Licensee's Proposed Overall Completion Date: 02/07/2023

Implemented () - 03/18/2023

187d - Follow Prescriber's Orders

4. Requirements

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

Description of Violation

Resident #2 is prescribed [redacted] cream- apply to affected areas of skin twice per day. However, this medication was not administered to resident #2 between 10/25/22 and 11/1/22 because the medication was not available in the home.

187d - Follow Prescriber's Orders (continued)

Plan of Correction

Accept [redacted] 02/14/2023)

Revisions:

1: On 11/3/22, PCH Administrator contacted the pharmacy to inquire about options for Resident #2. They advised that the medication is still on backorder and unavailable. They advised that Resident #2 is able to purchase an alternative brand with an out of pocket cost. Owner: PCH Administrator, Pharmacy

2. PCH Administrator spoke with Resident #2 on 11/5/22 to advise of option to purchase med out of pocket through pharmacy. [redacted] advised Administrator that [redacted] would "have to think about it". Administrator advised that [redacted] would follow up with [redacted] in about ten days unless [redacted] makes a decision sooner and gives Administrator permission to order the medication. Owner: PCH Administrator, Pharmacy, Resident #2

Revised: 3. PCH Administrator followed up with Resident #2 on 11/16/22 and [redacted] stated that [redacted] would be willing to pay for the medication. PCH administrator contacted the pharmacy on 11/17/2022 to advise of this. The pharmacy put the order in for the medication and it was received by PCH on 11/19/2022. Resident #2 began taking it that day. Owner: PCH Administrator, Pharmacy

4. PCH Administrator does check medications to ensure that all are available weekly. The issue that we had here was an availability issue. PCH administrator will make sure to address any availability issues immediately to either obtain the medication by paying out of pocket or to have the medication replaced or discontinued by the provider if there are issues to avoid non-compliance.

Licensee's Proposed Overall Completion Date: 02/07/2023

Implemented [redacted] - 03/18/2023)

227c - Support Plan Revision

5. Requirements

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident s needs as indicated on the current assessment.

Description of Violation

Resident #3's current assessment was completed on [redacted]/22; however, the resident's current support plan was not completed until [redacted] 22.

Resident #4's current assessment was completed on [redacted] 22; however, the resident's current support plan was not completed until [redacted]/22.

Plan of Correction

Accept [redacted] - 02/14/2023)

Revisions:

Revised: 1. PCH Administrator will make a list of DME dates by 12/2/22 and begin to complete RASP assessments within 30 Days prior to completion of DME doctor visits. Owner: PCH Administrator

227c - Support Plan Revision (continued)

Revised: 2. PCH Administrator and Supervisor will audit charts at least every three months in order to complete an audit of all resident charts within a one year timeframe beginning in December 2022 to ensure that charts are aligned to meet the needs of licensing since this is best practice for our consumers. Owner: PCH Administrator, PCH Supervisor

Licensee's Proposed Overall Completion Date: 02/07/2023

Implemented ([REDACTED] **- 03/18/2023)**