

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

May 2, 2023

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

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 02/01/2023 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 #: *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 2 LP* Date: *11/16/1993* Issued By: *L&I*

Staffing Hours

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

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #: [REDACTED]
 Reason: *Renewal* Exit Conference Date: *02/01/2023*

Inspection Dates and Department Representative

02/01/2023 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: [REDACTED] Capacity: [REDACTED] Residents Served: [REDACTED]

Hospice
 Current Residents: *0*

Number of Residents Who:
 Receive Supplemental Security Income: *7* Are 60 Years of Age or Older: *3*
 Diagnosed with Mental Illness: *8* Diagnosed with Intellectual Disability: *2*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

02/01/2023 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/20/2023*

03/30/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *04/20/2023*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/04/2023*

Inspections / Reviews *(continued)*

04/11/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/20/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 04/25/2023

05/02/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/20/2023

Reviewer [REDACTED]

Follow-Up Type: Not Required

81b - Resident Personal Equipment

1. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

Resident #1 has half bed rails attached to his/her bed. The half-rails have openings that measure approximately 4 inches by 11 inches that are uncovered posing an entrapment hazard.

Plan of Correction

Accept [REDACTED] - 03/30/2023)

1. The bedrail was removed by our maintenance department the day of inspection. Owner: Maintenance Supervisor. Completion Date: 2/1/23

2. Staff will be notified of the need to cover all openings in a bed rail due to risk of entanglement/entrapment. Owner: PCH Supervisor. Completion Date: 2/20/23

3. To ensure proper use, the program supervisor/or director will be informed of a resident that wishes to use a bed rail, as well as any other recommendation for a resident to use a bedrail. Owner: Site PCH Administrator. Completion Date: As needed.

Licensee's Proposed Overall Completion Date: 02/20/2023

Implemented [REDACTED] - 05/02/2023)

82a - Poisonous Materials

2. Requirements

2600.

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

Description of Violation

A clear spray bottle, approximately 12 ounces full of clear liquid, marked [REDACTED] in black marker was under the cabinet near the kitchen sink. The bottle did not have the original manufacture's label.

In addition, a clear spray bottle, approximately 18 ounces full of green liquid, marked [REDACTED] in black maker was in the chemical cupboard in the downstairs furnace room. The bottle did not have the original manufacture's label.

Plan of Correction

Accept [REDACTED] - 03/30/2023)

1. The maintenance team and cleaning vendor were notified that all cleaning products mixed for use in clear spray bottles need to have the original manufacture's label on them. Owner: Site PCH Administrator. Completion Date: 2/2/22

2. The cleaning vendor will provide the PCH with original labels for all clear spray bottles specific to the substance used. Owner: Maintenance Supervisor. Completion Date: 3/31/23

3. All bottles were pulled that weren't labeled correctly with the SDS original manufactures label the day of inspection. Owner: PCH Administrator. Completion Date: 2/1/23

3. Discussion was held to educate PCH staff about applying the original manufacturers label on all clear spray bottles to reflect the cleaning solution inside the bottle. Owner: PCH Administrator. Completion Date: 2/2/23

4. All staff will complete an annual SDS (safety data sheet) training related to hazardous materials. Owner: Program Supervisor/Director. Completion Date: Ongoing.

Licensee's Proposed Overall Completion Date: 03/31/2023

82a - Poisonous Materials (continued)

Implemented (JW 05/02/2023)

89b - Hot Water Temperature

3. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

At 10:53 a.m., the hot water temperature at the bathroom sink in resident room [redacted] measured 122.3 degrees Fahrenheit.

At 11:03 a.m., the hot water temperature at the bathroom sink in resident room [redacted] measured 126.1 degrees Fahrenheit.

Plan of Correction

Accept ([redacted] - 04/11/2023)

- 1 Maintenance was contacted by PCH Administrator on site the day of inspection (2/1/23) to test and adjust the water temps. Owner: Site PCH Administrator. Completion Date: 2/1/23
2. Water temps were still off so maintenance returned the next day to continue adjusting the temps so they didn't exceed 120F. Owner: Maintenance Supervisor. Completion Date: 2/2/23.
3. Water temps are already being tested nightly in the kitchen during 3rd shift. Owner: Site PCH Administrator. Completion Date: Ongoing
4. Water temps will be tested in resident rooms in addition, once per week by 2nd shift and will be documented on a daily temp sheet. Owner: Site PCH Administrator. Completion Date: 3/31/23.
5. If water temps are above 120F, maintenance will be called to adjust the water temp. Owner: Maintenance Supervisor. Completion Date: March 2023 and ongoing

Licensee's Proposed Overall Completion Date: 04/04/2023

Implemented ([redacted] 05/02/2023)

95 - Furniture and Equipment

4. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

The emergency exit door leading from the smoking room to outside did not close completely. The door does not latch and there is an approximate 1/4 inch gap between the top of the door and the frame.

Plan of Correction

Accept ([redacted] - 03/30/2023)

1. Maintenance was contacted the day of inspection to repair or replace the exterior smoking room door. Owner: Program Director. Completion Date: 2/1/23
2. The door was initially repaired and the 1/4 inch crack was sealed. Owner: Maintenance Supervisor. Completion Date: 2/17/22
3. The current door will be evaluated for efficacy of repair by [redacted] a local supplier. Owner: Maintenance Supervisor. Completion Date: 3/3/23

95 - Furniture and Equipment (continued)

4. A resident room/facility checklist will be completed monthly to evaluate the need for facility repairs as they develop. Owner: Site PCH Administrator. Completion Date: March 2023 and ongoing.

Licensee's Proposed Overall Completion Date: 03/03/2023

Implemented (████) 05/02/2023)

107c Food/Water 3 Day Supply

5. Requirements

2600.

107.c. The home shall maintain at least a 3 day supply of nonperishable food and drinking water for residents.

Description of Violation

On 2/1/23, the home served 8 residents, requiring 72 non-perishable, emergency meals. However, the home had only the following emergency food:

- 3 (3lbs) cans of tuna
- 6 (6lbs, 12oz) cans of apple sauce
- 6 (7lbs) cans of butterscotch pudding
- 2 (4oz) jars of peanut butter
- 2 (4oz) half-full jars of peanut butter

Plan of Correction

Accept (████) - 03/30/2023)

- 1. Additional emergency food supplies requested. Owner: Maintenance Supervisor. Completion Date: 2/1/23
- 2. Emergency food provided/received. Owner: Maintenance Supervisor. Completion Date: 2/20/23
- 3. An auditing form will be created to ensure there is sufficient emergency food and water supplies on site, and that they are not expired. Owner: Site PCH Administrator. Completion Date: Quarterly
- 4. The auditing form will be completed Quarterly. Any concerns will be reported to the program supervisor/director as well as the Disaster Team Leader. Owner: Site PCH Administrator. Completion Date: Quarterly
- 5. New food and water will be provided for shortages due to use or expirations dates. Owner: Site PCH Administrator. Completion Date: Ongoing

Licensee's Proposed Overall Completion Date: 02/20/2023

Implemented (████) - 05/02/2023)

131f Fire E tinguisher Inspection

6. Requirements

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

The fire extinguisher in the kitchen by the emergency exit door, marked "Spare", has not been inspected by a fire safety expert.

Plan of Correction

Accept (████) 03/30/2023)

- 1. The spare fire extinguisher was replaced and inspected the next day. Owner: Maintenance Supervisor. Completion Date: 2/2/23
- 2. The fire extinguishers are currently approved/inspected monthly during our monthly fire drills. Owner: Maintenance Supervisor. Completion Date: 2/2/23

131f - Fire Extinguisher Inspection (continued)

3. Any extinguishers that weren't inspected have a tag of approval will be removed from the home. Owner: Maintenance Supervisor. Completion Date: Ongoing

Licensee's Proposed Overall Completion Date: 02/20/2023

Implemented [redacted] - 05/02/2023)

183d Prescription Current

7. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

Resident #2 has [redacted] which is dated as opened on [redacted] 22. According to manufacturer's directions, the medication is to be discarded 28 days after opening; however, the resident was administered 1 unit on [redacted]/23 of this medication.

Plan of Correction

Accept (JW - 03/30/2023)

1. Expired [redacted] medication was removed for disposal during inspection. Owner: Site PCH Administrator. Completion Date: 2/1/23

2. Direct Care Staff was retrained to monitor when medication is to be discarded, 28 days after opening. Owner: PCH Nursing. Completion Date: 2/23/22

3. All resident medication will be audited monthly to ensure they are discarded 28 days after opening by home administrator. Owner: Site PCH Administrator. Completion Date: Ongoing

Licensee's Proposed Overall Completion Date: 02/23/2023

Implemented [redacted] - 05/02/2023)

183e Storing Medications

8. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident #2 has [redacted] that has not been dated when opened. According to the manufacturer's instructions, the insulin is to be discarded 28 days after opening.

Plan of Correction

Accept [redacted] - 03/30/2023)

1. [redacted] pen was discarded during inspection. A new one was opened and dated properly with the current date. Owner: Site PCH Administrator. Completion Date: 2/1/23

2. Direct Care Staff was retrained to monitor when a medication is opened, to place a "date-open" sticker on the medication container. Owner: PCH Nursing. Completion Date: 2/23/22

3. All resident medications will be audited monthly to ensure they are discarded 28 days after opening by the home administrator. Owner: Site PCH Administrator. Completion Date: Ongoing

Licensee's Proposed Overall Completion Date: 02/23/2023

Implemented [redacted] - 05/02/2023)

184a - Resident's Meds Labeled

9. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- 4. The prescribed dosage and instructions for administration.

Description of Violation

Resident #2 is prescribed [REDACTED] per the following sliding scale before meals:

200 249 1 unit

250 299 2 units

300 349 3 units

350 399 4 units

400+ 5 units

However, the pharmacy label indicates the following sliding scale with meals:

250 300 1 unit

301 350 2 units

351 400 3 units

400 4 units

Plan of Correction

Accept [REDACTED] - 03/30/2023)

1. Current doctor's order confirmed current sliding scale for [REDACTED] to reflect scale on MAR. Owner: Site PCH Administrator. Completion Date: 2/1/23

2. Direct Care Staff was retrained to monitor when a client's medication instructions have changed to place a "change of directions" sticker on the medication. Owner: PCH Nursing. Completion Date: 2/23/22

3. All resident insulin pens will be audited monthly to ensure they are properly dated and labeled with the correct sticker. Owner: Site PCH Administrator. Completion Date:

Licensee's Proposed Overall Completion Date: 02/23/2023

Implemented [REDACTED] 05/02/2023)