



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: May 14, 2024

[REDACTED]
Stairways Behavioral Health Inc.
[REDACTED]

RE: Stairways
810 Walnut Street
Erie, PA 16502
License/COC #: 407591

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on November 9, 2023, November 20, 2023, January 18, 2024, January 29, 2024, and February 6, 2024, of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance (40759) dated June 14, 2023, to June 14, 2024 and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026 (b)(1) ;(4) ;(5) and 55 Pa. Code § 20.71(a)(2) ;(4) ;(5) ;(6) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from May 14, 2024 to November 14, 2024.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

If you disagree with the decision to issue a FIRST PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35.

If you decide to appeal your FIRST PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

[REDACTED]
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120
PH: 717-265-8942

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,



Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc:

[REDACTED]

12/27/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 01/16/2024
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/03/2024

01/08/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 01/16/2024
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 01/15/2024

05/06/2024 - Document Submission

Submitted By: [REDACTED] Date Submitted: 01/16/2024
Reviewer: [REDACTED] Follow-Up Type: Enforcement

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

Resident #1's assessment and support plan, dated █/3/23, indicates █ needs attention in unfamiliar places and staff will assist █ in unfamiliar places in the community. On 11/4/23, between 4:00 PM and 5:00 PM, resident #1 left the home and was not present for his 5:00 PM or 8:00 PM medication pass. When resident #1 was still not present for █ medication pass on 11/5/23 at 6:00 AM, staff person A contacted staff person B, who called local hospitals, and found that resident #1 was taken via ambulance to the emergency room on 11/4/23 at 9:10 PM.

Emergency Medical Services (EMS) records indicate resident #1 was found on █/23 at 8:38 PM by a passerby, lying face down on the road, 2 miles from the home. The passerby rolled resident #1 to █ back and called 911. When EMS arrived, resident #1 was lying face up on the road, with █ legs elevated on the curb and was bleeding from █ forehead. EMS took resident #1 via ambulance to the emergency room, where █ was diagnosed with a closed head injury, facial injury, soft tissue avulsion, facial abrasion, facial contusion and Subarachnoid bleed (HCC) (primary). █ was admitted to the hospital's intensive care unit for monitoring. On █/23, resident #1 was transferred to a rehabilitation facility to improve his gait and mobility. The home failed to provide adequate supervision to prevent this incident from occurring.

Plan of Correction

Accept █ - 01/08/2024)

1. Action Speak with our resident about the safety of leaving the building to walk in the community.

1. Owner Program Director

1. Completion Date 11/18/23

2. Action Establish the use of a sign-in/sign-out book for residents when they are coming and going from the property.

2. Owner Program Supervisor

2. Completion Date 12/12/23

3. Action Initiate room checks on second shift to ensure residents are present and in for the night.

3. Owner Program Supervisor

3. Completion Date 12/12/23

Addendum for item #3: Room checks will be completed by second shift staff nightly around 9 pm. Staff will mark a checklist to confirm each resident is present. The program supervisor and/or director are on-call for notification of any resident that is not present or otherwise accounted for. Note: the checklist is only being completed nightly at 9pm, but the home's regularly scheduled activities provide other contact points throughout the day. All residents have contact with staff during morning med pass (7am-9am), lunch, dinner, and evening med pass (7pm to 9pm). Therefore, residents are being checked on throughout the day in addition to the evening check.

4. Action Educate staff and residents on the new processes for sign-in / sign-out and room checks.

4. Owner Program Supervisor

4. Completion Date 12/12/23

42b - Abuse (continued)

5. Action Evaluate how well the new processes are working and adjust as possible. It is anticipated that we will have residents that are not agreeable to participate in these changes.

5. Owner Program Supervisor and Director

5. Completion Date 12/22/23

Licensee's Proposed Overall Completion Date: 01/04/2024

Not Implemented [REDACTED] - 05/06/2024)

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

Facility Information

Name: *STAIRWAYS* License #: *40759* License Expiration: *06/14/2024*
Address: *810 WALNUT STREET, ERIE, PA 16502*
County: *ERIE* Region: *WESTERN*

Administrator

Name: [REDACTED] Email: [REDACTED]

Legal Entity

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

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *12/06/1986* Issued By: *L&I*

Staffing Hours

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

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *02/06/2024*

Inspection Dates and Department Representative

01/18/2024 - On-Site [REDACTED]
01/29/2024 - On-Site [REDACTED]
02/06/2024 - On-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: *20* Are 60 Years of Age or Older: *11*
Diagnosed with Mental Illness: *25* Diagnosed with Intellectual Disability: *2*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

01/18/2024 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/23/2024*

04/11/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: *05/03/2024*
Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/18/2024*

04/25/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: *05/03/2024*
Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *05/03/2024*

05/06/2024 - Document Submission

Submitted By: [REDACTED] Date Submitted: *05/03/2024*
Reviewer: [REDACTED] Follow-Up Type: *Enforcement*

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

Resident #1 is diagnosed with schizoaffective disorder and borderline intellectual functioning. His resident assessment and support plan (RASP), dated [REDACTED]/23, indicates [REDACTED] needs supervision and attendance when in unfamiliar places, has issues with aggression, and may become argumentative when disagreeable. To meet these needs, staff are to assist Resident #1 in unfamiliar places and provide support.

On 12/4/23 at 9:00 AM, staff person A accompanied resident #1 to an outpatient laboratory for standard blood work. After returning to the home, the lab called and reported resident #1's blood glucose level (BGL) was extremely high, to check [REDACTED] level again and if it remains high then [REDACTED] needs to go to the hospital. Staff made multiple attempts to check resident #1's BGL; however, resident #1 adamantly refused and became highly agitated. After much convincing from staff, resident #1 agreed to go to the hospital. Staff printed out resident #1's medication list, wrote a note on the paperwork and gave it to resident #1.

On 12/4/23 at approximately 4pm, staff person B transported resident #1 to UPMC Hamot Emergency Room (ER), pulled up to the ER entrance and was greeted by a security guard that approached [REDACTED] car. Staff person B explained [REDACTED] was dropping resident #1 off, who needed to be seen in the ER and instructed resident #1 to provide the paperwork to hospital staff. Resident #1 got out of the car and entered the ER with the security guard and staff person B left. Resident #1 was left alone in the ER to access services. Initially, resident #1 was agreeable when hospital staff attempted to admit [REDACTED] due to unsafe glucose levels, and staff were able to insert an IV. However, shortly thereafter, resident #1 stated [REDACTED] wanted to leave and ripped out [REDACTED] IV. When staff and security attempted to interact with resident #1, a physical altercation ensued, resulting in resident #1 being charged with Aggravated Assault, Attempts to cause or causes Significant Bodily Injury, Resist Arrest/Other Law Enforcement. On 12/12/23, the home drafted a 30-day notice to evict resident #1, and posted it in [REDACTED] empty bedroom, as [REDACTED] was in the hospital at the time. Resident #1 remained at UPMC Hamot Hospital from 12/4/23 until 12/17/23, when [REDACTED] was transferred to [REDACTED] Community Hospital Behavioral Health.

On the evening of [REDACTED] 18/23, [REDACTED] Community Hospital Behavior Health contacted the home to advise resident #1 was being discharged. The home refused to let resident #1 return, indicating they could not meet [REDACTED] needs. [REDACTED] Community Hospital Behavioral Health could not hold resident #1 against [REDACTED] will and released [REDACTED] into the community with no discharge plan and no place to go. Resident #1's whereabouts were unknown until [REDACTED]/19/23 at approximately 2:00 PM, when a local property owner contacted police and reported there was a [REDACTED] walking up and down driveways in the neighborhood. Erie Police Department arrived and transported Resident #1 to the Erie City Mission.

The home was aware of resident #1's need for supervision and attendance in unfamiliar places and [REDACTED] tendency for aggression and being argumentative; however, the home failed to provide the supervision, attendance, and support necessary to prevent this incident from occurring. The home failed to provide resident #1 and his designee a 30-day advanced written notice of discharge and refused to readmit resident #1 after [REDACTED] discharge from the hospital.

Plan of Correction

Accept [REDACTED] - 04/25/2024)

It is recognized that PCH staff could have accompanied resident #1 during [REDACTED] ER visit to UPMC Hamot (this will be

42b - Abuse (continued)

addressed). Once admitted, PCH staff had been attempting to coordinate care with ██████ regarding resident #1's care. We were not receiving feedback from the hospital regarding the resident's care, and initially we were not even informed by the hospital that the resident had assaulted two hospital security guards and a hospital nurse's aide after ██████ had been admitted. ██████ also did not contact us to inform us that resident #1 was being transferred to ██████ Community Hospital. It was difficult to coordinate care when ██████ was not communicating with us.

Once resident #1 was at ██████ Hospital, the ER physician had initially reported that ██████ was agitated, and refusing treatment and medication, but did not meet 302 criteria as presented by ██████. The PCH was concerned that taking resident #1 back while unstable would be unsafe for all other residents and staff at the home. Stairways' administration was contacted for direction, and it was agreed that ██████ would be unsafe at that point in time. Both the program supervisor and director spoke with the ER physician, and stated that at the moment we were concerned about safety, but did not rule out ██████ return once safety concerns were addressed. In addition, the program director confirmed with the ER doctor that ██████'s 302 petition did not contain all relevant information regarding resident #1. It was requested that additional information be sought from ██████. The program director also made a direct request to the ER doctor to contact the PCH director prior to resident #1 being discharged (work cell number provided). However, ██████ did not contact the program director and instead discharged resident #1 to the street. ██████ also did not communicate whether they attempted to at least find a shelter bed for resident #1. The PCH could not coordinate care when there was not sufficient cooperation from ██████.

1. PCH staff spoke with Erie City Police the morning resident #1 was discharged to the street. There was confirmation that resident #1's blood glucose was tested at that time and was at a safe level, and that the resident was agreeable to being transported to Erie City Mission. Owner: PCH Director. Completion Date: 12/18/24.
2. PCH staff maintained contact with resident #1 at the Erie City Mission to coordinate referrals for additional community supports. In addition to psychiatric services, PCP and Social Security that were already set up, referrals were made for ACT, BCM, ECCM Homeless Outreach, ECCM Intellectual services, Social Security (updated information), MECA payee services, and Mobile Medication Services. Owner: PCH Supervisor. Completion Date: 2/27/24
3. All resident RASPs will be reviewed to make a list identifying residents that need accompanied in the community. This list will be provided to all staff to ensure we do not have a resident unattended in the community that should be supported. Owner: PCH Director. Completion Date: 3/29/24.
4. Discussion will occur with Stairways administration as to the course of action needing to occur for any similar events that may occur in the future. Owner: PCH Director. Completion Date: 4/5/24.
5. Discussion will occur with staff that dropped the resident off at the ER, to ensure there is understanding of the need for staff to be present to support the resident and help coordinate care. Note: the staff is currently on leave and this will not occur immediately. Owner: PCH Director. Completion Date: 5/30/24
6. Policy and procedure will be developed for staff guidelines to accompany residents to appointments, the emergency room, etc. This policy will support our current process related to "continuity of care" forms that are relaying pertinent information about the resident related to their appointment/visit. The policy will need reviewed and approved by the company Policy and Procedure committee. Owner: PCH Director. Completion Date: 5/30/24
7. All staff will be educated on the policy to be developed (item #6) related to accompanying residents. Owner: PCH Director. Completion Date: 6/14/24.

42b - Abuse (continued)

Licensee's Proposed Overall Completion Date: 06/14/2024

85a - Sanitary Conditions

2. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 1/18/24 at 10:51 AM, there were multiple cigarette butts on the ground at the front door.

Plan of Correction

Accept [redacted] 04/11/2024)

1. The Maintenance Director was contacted to indicate we needed to move our smoking area. Options would need reviewed on how to address the issue. Owner: PCH Director. Completion Date: 1/19/24.
2. Signage was posted to move the residents' smoking area further down the walkway away from the front door, as well as across the driveway. Owner: PCH Supervisor. Completion Date: 1/19/24.
3. Outdoor seating was moved further down the walkway as well as across the driveway, to encourage residents to smoke away from the front door. Owner: PCH Director. Completion Date: 1/19/24.
4. Residents were informed that they could no longer smoke near the front door. The use of the smoking canisters was also reviewed in order to contain used butts. Additional prompts are provided by all staff on an ongoing basis. Owner: PCH Director. Completion Date: 1/19/24.
5. The cleaning vendor will clean the outdoor smoking area daily to help collect any butts that don't make it into the smoking canisters. Owner: PCH Director. Completion Date: 1/19/24.
6. A monthly room check will be completed starting in April, and monthly thereafter, which will include the cleanliness of the outdoor smoking area. Owner: PCH Supervisor. Completion Date: 4/15/24 and monthly thereafter (no end date).

Licensee's Proposed Overall Completion Date: 04/30/2024

Not Implemented [redacted] - 05/06/2024)

92 - Windows

3. Requirements

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

On 1/18/24 at 10:46 AM, the screens were missing from the bedroom windows in bedroom #A5.

Plan of Correction

Accept [redacted] - 04/11/2024)

1. The Maintenance Director was contacted to indicate we needed window screens for room A5. There was some question as to whether this was a standard sized window. Owner: PCH Director. Completion Date: 1/19/24.
2. Seek availability of screens (correct size, price, etc). Owner: Property Management Director. Completion Date: 3/26/24
3. Screens will be purchased and installed. Owner: Property Management Director. Completion Date: 4/5/24.
4. A monthly room check will be completed starting in April, and monthly thereafter, to ensure there are no items in need of repair/replacement in any resident rooms. Owner: PCH Supervisor. Completion Date:

92 - Windows (continued)

4/15/24 and monthly thereafter (no end date).

Licensee's Proposed Overall Completion Date: 04/15/2024

Implemented [redacted] - 05/06/2024)

101j7 - Lighting/Operable Lamp

4. 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

On 1/18/24 at 10:58 AM, there was no source of light that could be turned on/off at bedside for the 2 residents residing in bedroom #B10.

Plan of Correction

Accept [redacted] 04/11/2024)

- 1. PCH staff were notified there was no light near the beds in room B10. Owner: PCH Director. Completion Date: 1/19/24
- 2. Lights were placed at each bedside and confirmed to be in working order. Owner: PCH Director. Completion Date: 1/19/24
- 3. The two residents were educated on the need for the lighting for their safety and convenience. Owner: PCH Director. Completion Date: 1/19/24.
- 4. A monthly room check will be completed starting in April, and monthly thereafter, to ensure there are no items in need of repair/replacement in any resident rooms. Owner: PCH Supervisor. Completion Date: 4/15/24 and monthly thereafter (no end date).

Licensee's Proposed Overall Completion Date: 04/15/2024

Implemented [redacted] - 05/06/2024)

104b - Dishes/Glassware/Utensils

5. Requirements

2600.

104.b. Dishes, glassware and utensils shall be provided for eating, drinking, preparing and serving food. These utensils must be clean, and free of chips and cracks. Plastic and paper plates, utensils and cups for meals may not be used on a regular basis.

Description of Violation

On 1/18/24 at 12:15 PM, lunch was served to the residents in Styrofoam bowls and cups.

Plan of Correction

Accept [redacted] - 04/11/2024)

- 1. Multiple emails and discussions have occurred with our food service vendor regarding plates, utensils and cups. Discussions focused on materials used, weight of items, durability, pleasant visual appearance, and price. Health and safety issues were discussed related to many of these categories. Note that many materials used for meals such as ceramic, Corel, stoneware, etc. is either too heavy, breaks into sharp pieces, etc.

104b - Dishes/Glassware/Utensils (continued)

- Owner: PCH Director. Completion Date: 1/19/24 through 3/13/24.
2. Potential choices for use will be provided to the PCH to help choose the best options. Owner: Food Service Supervisor. Completion Date: 3/25/24.
 3. Our potential choice for use will be provided to the licensing supervisor for review/approval. Owner: PCH Director. Completion Date: 4/1/24.
 4. Dishes will be purchased upon approval. Owner: Food Service Supervisor. Completion Date: 4/15/24
 5. Meal times will be monitored by staff daily to ensure the approved dishes and utensils are in use. Checks will be recorded on a checklist for the next 30 days. Owner: PCH Supervisor. Completion Date: 4/16/24 through 5/16/24.

Licensee's Proposed Overall Completion Date: 05/16/2024

142b - Refusal-Medical Treatment**6. Requirements**

2600.

142.b. If a resident refuses routine medical or dental examination or treatment, the refusal and the continued attempts to educate and inform the resident about the need for health care shall be documented in the resident's record.

Description of Violation

Resident #2, who is diagnosed with Major Depressive Disorder and Anxiety Disorder, is prescribed the following medications:

- Fluoxetine 40mg, take 1 capsule by mouth at bedtime with 20mg capsule for Depression.
- Fluoxetine 20mg, take 1 capsule by mouth at bedtime with 40mg capsule for Depression.
- Vitamin D3 50mcg, take 1 capsule daily with a meal.
- Atorvastatin 30mg, take 1 tablet daily for Cholesterol.

These medications have not been administered to resident #2 since 10/21/23, as the resident refuses them. Staff indicate resident #2 is not stable and not doing well and has concerns for ■ health and safety. However, there is no documentation in resident #2's record of the home's continued attempts to educate and inform the resident about the need for health care.

Resident #3, who is diagnosed with Unspecified Schizophrenia, ADHD and Bipolar Disorder, is prescribed the following medications:

- Divalproex 500mg ER, take 2 tablets by mouth at bedtime for Mood Disorder.
- Bzotropine 1mg, take 1 tablet twice a day for Abnormal Muscle Movement.
- Vitamin D-3 500 unit, take 1 tablet daily.
- Pantoprazole 40mg, take 1 tablet daily for Acid Reflux.
- Fish Oil 100mg, take 1 capsule twice a day for Cholesterol.
- Synthroid 50mcg, take 1 tablet daily for Thyroid Disorder.
- Lisinopril/HTCZ 10-12.5mg, take 1 tablet by mouth daily for Hypertension.

These medications have not been administered to resident #3 since 1/1/24, as the resident refuses them. Staff indicate resident #3 is not stable and not doing well and has concerns for ■ health and safety. However, there is no documentation in resident #3's record of the home's continued attempts to educate and inform the resident about the need for health care.

142b - Refusal-Medical Treatment (continued)

Plan of Correction

Accept [REDACTED] - 04/25/2024)

1. Guidance will be provided to staff that whenever education is completed with a resident, that it needs documented in the resident's record. This can be related to missed medications, missed appointments, etc. Owner: PCH Director. Completion Date: 3/25/24.
2. For residents with ongoing refusals like those listed above, charts will be reviewed weekly for confirmation of education documentation. Owner: Program Supervisor. Completion Date: 4/15/24 and weekly thereafter for three months.
3. Discussion will occur with Stairways' administration for clarification of what other options can be considered for residents that have multiple refusals of medications and / or medical care. Owner: PCH Director. Completion Date: 4/15/24.
4. Staff and residents will be re-educated on a resident's right to question or refuse a medication if the resident believes there may be a medication error. It will also be reviewed that once the medication has been confirmed to be accurate, any further refusals of the same medication will be considered a refusal of care/treatment. Owner: PCH Director. Completion Date: 5/10/24
5. Medication refusals will be reported to the prescriber within 24 hours or within the timeframe specified by the prescriber (note: this is a current practice that is running well). Owner: PCH Director. Completion Date: 4/19/24.
6. MARs will be audited to confirm medication refusals match the physician reporting. Any refusals that missed being reported will be reported at the time the variance is found. Owner: PCH Supervisor. Completion Date: weekly from 4/30/24 through 6/25/24.

Licensee's Proposed Overall Completion Date: 06/25/2024

144c2 - Smoking Area Distance

7. 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:
 2. 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: Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

Description of Violation

One of the home's designated exterior smoking areas is located in front of the facility; however, this location is approximately 5 feet from the front door.

Plan of Correction

Accept [REDACTED] 04/11/2024)

1. The Maintenance Director was contacted to indicate we needed to move our smoking area. Options would need reviewed on how to address the issue. Owner: PCH Director. Completion Date: 1/19/24.
2. Signage was posted to move the residents' smoking area further down the walkway away from the front door, as well as across the driveway. Owner: PCH Supervisor. Completion Date: 1/19/24.
3. Outdoor seating was moved further down the walkway as well as across the driveway, to encourage

144c2 - Smoking Area Distance (continued)

- residents to smoke away from the front door. Owner: PCH Director. Completion Date: 1/19/24.
4. Residents were informed that they could no longer smoke near the front door. The use of the smoking canisters was also reviewed in order to contain used butts. Additional prompts are provided by all staff on an ongoing basis. Owner: PCH Director. Completion Date: 1/19/24.
 5. Options for an outdoor shelter will be reviewed with the Fiscal Department for feasibility of construction and cost. It is unknown if an outdoor shelter will be made available, and may not be an option. Owner: Property Management Director. Completion Date: 4/30/24
 6. Should an outdoor shelter be feasible, this will be constructed as money and vendor are available to complete the project. Owner: Property Management Director. Completion Date: Unspecified.

Licensee's Proposed Overall Completion Date: 04/30/2024

Not Implemented [REDACTED] - 05/06/2024)

187d - Follow Prescriber's Orders**8. Requirements**

2600.

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

Description of Violation

Resident #2, who is diagnosed with Major Depressive Disorder and Anxiety Disorder, is prescribed the following medications:

- Fluoxetine 40mg, take 1 capsule by mouth at bedtime with 20mg capsule for Depression.
- Fluoxetine 20mg, take 1 capsule by mouth at bedtime with 40mg capsule for Depression.
- Vitamin D3 50mcg, take 1 capsule daily with a meal.
- Atorvastatin 30mg, take 1 tablet daily for Cholesterol.

These medications have not been administered to resident #2 since 10/21/23, as the resident refuses them.

Resident #3, who is diagnosed with Unspecified Schizophrenia, ADHD and Bipolar Disorder, is prescribed the following medications:

- Divalproex 500mg ER, take 2 tablets by mouth at bedtime for Mood Disorder.
- Benztropine 1mg, take 1 tablet twice a day for Abnormal Muscle Movement.
- Vitamin D-3 500 unit, take 1 tablet daily.
- Pantoprazole 40mg, take 1 tablet daily for Acid Reflux.
- Fish Oil 100mg, take 1 capsule twice a day for Cholesterol.
- Synthroid 50mcg, take 1 tablet daily for Thyroid Disorder.
- Lisinopril/HTCZ 10-12.5mg, take 1 tablet by mouth daily for Hypertension.

These medications have not been administered to resident #3 since 1/1/24, as the resident refuses them.

Plan of Correction

Accept [REDACTED] - 04/25/2024)

1. Guidance will be provided to staff that whenever education is completed with a resident, that it needs documented in the resident's record. This can be related to missed medications, missed appointments, etc. Owner: PCH Director. Completion Date: 3/25/24.
2. For residents with ongoing refusals like those listed above, charts will be reviewed weekly for confirmation of education documentation. Owner: Program Supervisor. Completion Date: 4/15/24 and weekly thereafter for three months.
3. Discussion will occur with Stairways' administration for clarification of what other options can be considered

187d - Follow Prescriber's Orders (continued)

for residents that have multiple refusals of medications and / or medical care. Owner: PCH Director. Completion Date: 4/15/24.

4. Staff and residents will be re-educated on a resident's right to question or refuse a medication if the resident believes there may be a medication error. It will also be reviewed that once the medication has been confirmed to be accurate, any further refusals of the same medication will be considered a refusal of care/treatment. Owner: PCH Director. Completion Date: 5/10/24.
5. Medication refusals will be reported to the prescriber within 24 hours or within the timeframe specified by the prescriber (note: this is a current practice that is running well). Owner: PCH Director. Completion Date: 4/19/24.
6. MARs will be audited to confirm medication refusals match the physician reporting. Any refusals that missed being reported will be reported at the time the variance is found. Owner: PCH Supervisor. Completion Date: weekly from 4/30/24 through 6/25/24.

Licensee's Proposed Overall Completion Date: 06/25/2024

228b - Discharge or Transfer**9. Requirements**

2600.

228.b. If the home initiates a discharge or transfer of a resident, or if the legal entity chooses to close the home, the home shall provide a 30-day advance written notice to the resident, the resident's designated person and the referral agent citing the reasons for the discharge or transfer. This shall be stipulated in the resident-home contract. A 30-day advance written notice is not required if a delay in discharge or transfer would jeopardize the health, safety or well-being of the resident or others in the home, as certified by a physician or the Department. This may occur when the resident needs psychiatric or long-term care or is abused in the home, or the Department initiates closure of the home.

Description of Violation

On [REDACTED]/23, the home drafted a 30-day notice to evict resident #1, and posted it in [REDACTED]'s empty bedroom, as [REDACTED] was in the hospital at the time. The home failed to provide resident #1 and [REDACTED] designee a 30-day advanced written notice of discharge.

Plan of Correction

Accept [REDACTED] - 04/25/2024)

The notice was verbally relayed to the treating hospital, who in turn relayed the information to the resident. It is recognized that this was not proper procedure.

1. The Director of Property Management will act as the "landlord" for the personal care home. Owner: PCH Director. Completion Date: 3/21/24.
2. The Director of Property Management will be informed of the need to present an eviction notice to a resident face-to-face. Owner: PCH Director. Completion Date: 3/21/24.
3. At the time of the next resident eviction, the PCH will work with the Director of Property Management to coordinate all needed information, and coordinate of a face-to-face meeting with the resident. Owner: PCH Director. Completion Date: Unspecified (as needed).
4. Per standard practice, a 30 day notice of eviction will be issued to the resident, resident's designated person, and the referral agent (if applicable). Owner: PCH Director. Completion Date: Unspecified (as needed).

Licensee's Proposed Overall Completion Date: 04/19/2024

228b - Discharge or Transfer (continued)

Not Implemented [REDACTED] /06/2024)

228h - Grounds Discharge/Transfer

10. Requirements

2600.

228.h. The only grounds for discharge or transfer of a resident from a home are for the following conditions:

Description of Violation

Resident #1 is diagnosed with schizoaffective disorder and borderline intellectual functioning. [REDACTED] resident assessment and support plan (RASP), dated [REDACTED]/23, indicates [REDACTED] needs supervision and attendance when in unfamiliar places, has issues with aggression, and may become argumentative when disagreeable. To meet these needs, staff are to assist Resident #1 in unfamiliar places and provide support.

On [REDACTED]/4/23 at 9:00 AM, staff person A accompanied resident #1 to an outpatient laboratory for standard blood work. After returning to the home, the lab called and reported resident #1's blood glucose level (BGL) was extremely high, to check [REDACTED] level again and if it remains high then [REDACTED] needs to go to the hospital. Staff made multiple attempts to check resident #1's BGL; however, resident #1 adamantly refused and became highly agitated. After much convincing from staff, resident #1 agreed to go to the hospital. Staff printed out resident #1's medication list, wrote a note on the paperwork and gave it to resident #1.

On 12/4/23 at approximately 4pm, staff person B transported resident #1 to UPMC Hamot Emergency Room (ER), pulled up to the ER entrance and was greeted by a security guard that approached [REDACTED] car. Staff person B explained [REDACTED] was dropping resident #1 off, who needed to be seen in the ER and instructed resident #1 to provide the paperwork to hospital staff. Resident #1 got out of the car and entered the ER with the security guard and staff person B left. Resident #1 was left alone in the ER to access services. Initially, resident #1 was agreeable when hospital staff attempted to admit [REDACTED] due to unsafe glucose levels, and staff were able to insert an IV. However, shortly thereafter, resident #1 stated [REDACTED] wanted to leave and ripped out [REDACTED] IV. When staff and security attempted to interact with resident #1, a physical altercation ensued, resulting in resident #1 being charged with Aggravated Assault, Attempts to cause or causes Significant Bodily Injury, Resist Arrest/Other Law Enforcement. On 12/12/23, the home drafted a 30-day notice to evict resident #1, and posted it in [REDACTED] empty bedroom, as [REDACTED] was in the hospital at the time. Resident #1 remained at UPMC [REDACTED] Hospital from [REDACTED]/4/23 until 12/17/23, when [REDACTED] was transferred to [REDACTED] Community Hospital Behavioral Health.

On the evening of [REDACTED] 8/23, [REDACTED] Community Hospital Behavior Health contacted the home to advise resident #1 was being discharged. The home refused to let resident #1 return, indicating they could not meet [REDACTED] needs. [REDACTED] Community Hospital Behavioral Health could not hold resident #1 against [REDACTED] will and released [REDACTED] into the community with no discharge plan and no place to go. Resident #1's whereabouts were unknown until 12/19/23 at approximately 2:00 PM, when a local property owner contacted police and reported there was a [REDACTED] walking up and down driveways in the neighborhood. Erie Police Department arrived and transported Resident #1 to the Erie City Mission.

The home was aware of resident #1's need for supervision and attendance in unfamiliar places and [REDACTED] tendency for aggression and being argumentative; however, the home failed to provide the supervision, attendance, and support necessary to prevent this incident from occurring. The home failed to provide resident #1 and [REDACTED] designee a 30-day advanced written notice of discharge and refused to readmit resident #1 after [REDACTED] discharge from the hospital.

228h - Grounds Discharge/Transfer (continued)

Plan of Correction

Accept [REDACTED] - 04/11/2024)

1. Regulation 2600.228.h. will be reviewed with our administration, specific to items 1 and 3. Owner: PCH Director. Completion Date: 4/1/24.
2. For any future occurrences where a resident is being considered for discharge due to danger to self/others, or for a declining level of functioning, a physician's review will be requested. PCH Director. Completion Date: 4/1/24.
3. Should a doctor agree that a resident be discharged under 2600.228.h.(1) or (3), written documentation will be obtained from the physician prior to proceeding with the discharge. Owner: PCH Director. Completion Date: unspecified (as needed).

Licensee's Proposed Overall Completion Date: 03/29/2024

Not Implemented [REDACTED] - 05/06/2024)