

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

February 7, 2024

[REDACTED], EXECUTIVE DIRECTOR
STAIRWAYS BEHAVIORAL HEALTH
[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 11/15/2023 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 #: 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]

Certificate(s) of Occupancy

Type: C-3 SP Date: 01/28/1994 Issued By: Depart of Labor

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: 11/15/2023

Inspection Dates and Department Representative

11/15/2023 - 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: Capacity: Residents Served:
 Hospice
 Current Residents: 0
 Number of Residents Who:
 Receive Supplemental Security Income: 6 Are 60 Years of Age or Older: 6
 Diagnosed with Mental Illness: 8 Diagnosed with Intellectual Disability: 4
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

11/15/2023 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/15/2023

12/26/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 02/02/2024
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 02/08/2024

Inspections / Reviews *(continued)*

02/07/2024 Document Submission

Submitted By

[REDACTED]

Date Submitted: 02/02/2024

[REDACTED]

Follow Up Type: *Not Required*

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Care Facility Carbon Monoxide Alarms Standards Act, enacted on 6-23-16, requires carbon monoxide alarms to be installed in close proximity to, but not less than 15 feet from, any fossil-fuel burning device or appliance. No carbon monoxide detectors were present in the home's basement furnace room as required by The Care Facility Carbon Monoxide Alarms Standards Act, enacted on 6/23/16.

At 10:06 a.m., there was no carbon monoxide detector in the furnace room located in the basement of the home. However, there were 2 gas operated hot water tanks and a gas operated furnace in the furnace room.

Plan of Correction

Accept (████) - 12/26/2023)

1. The Property Management Director will be contacted to request an additional CO Detector for the basement. Person responsible: PCH Director Due Date: 11/16/23

2. The additional CO Detector will be placed in the home's basement. Person responsible: Property Management Director. Due Date: 12/15/23

3. A facility check will occur for the next three months to ensure the CO detector is present and it has not been moved. Person responsible: Clinical Care Specialist Due date: 12/22/23 and monthly thereafter for the following two months.

Licensee's Proposed Overall Completion Date: 02/22/2024

Implemented (████) - 02/07/2024)

85a - Sanitary Conditions

2. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

At 10:22 a.m., resident #1 had no paper towels or other means of hand drying in his private bathroom.

Plan of Correction

Accept (████) - 12/26/2023)

1. The paper towels were refilled upon finding that none were present (same day). Person responsible: Housekeeping Staff Due Date: 11/15/23

2. Guidance will be provided to residents that they can ask for paper towels or other hand towel should they run out. Person responsible: Clinical Care Specialist Due Date: 12/15/23

3. Staff will complete room checks to verify paper towels are present, and remind residents to ask for them if they run out. Person responsible: Clinical Care Specialist Due Date: 12/22/23 and weekly thereafter for a total of 8 weeks.

85a - Sanitary Conditions *(continued)*

Licensee's Proposed Overall Completion Date: 02/09/2024

Implemented ([REDACTED]) - 02/07/2024

224a - Preadmission Screen Form

3. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #3's date of arrival was on [REDACTED], however, there was no preadmission screening form completed.

Plan of Correction

Accept ([REDACTED]) - 12/26/2023

1. A pre-admission screen was completed the day of the licensing visit. Person responsible: PCH Director Due Date: 11/15/23
2. The criteria for pre-admission screenings will be reviewed to ensure compliance guidelines are well-known. Person responsible: PCH Director and PCH Supervisor Due Date: 11/30/23
3. The pre-admission screen will be an item on the admission checklist to ensure no items are missed by the time of admission. Person responsible: PCH Director Due Date: 11/30/23
4. Chart review will occur monthly for the next 3 months to verify the pre-admission screening form is in charts. Two charts per month will be reviewed. Person responsible: Clinical Care Specialist Due Date: 1/8/24 and monthly thereafter

Licensee's Proposed Overall Completion Date: 03/08/2024

Implemented ([REDACTED]) - 02/07/2024