

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

April 5, 2024

[REDACTED], EXECUTIVE DIRECTOR
STAIRWAYS BEHAVIORAL HEALTH
[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 02/01/2024 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: 05/20/2024
 Address: 118 EAST 26TH STREET, ERIE, PA 16504
 County: ERIE Region: WESTERN

Administrator

Name: [REDACTED]

Legal Entity

Name: STAIRWAYS BEHAVIORAL HEALTH
 Address: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP 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: 02/01/2024

Inspection Dates and Department Representative

02/01/2024 - 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: 7 Are 60 Years of Age or Older: 4
 Diagnosed with Mental Illness: 8 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

02/01/2024 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/26/2024

02/29/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 04/04/2024
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/07/2024

Inspections / Reviews (*continued*)

03/13/2024 POC Submission

Submitted By: [REDACTED] Date Submitted: 04/04/2024

Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 04/05/2024

04/05/2024 Document Submission

Submitted By: [REDACTED] Date Submitted: 04/04/2024

Reviewer: [REDACTED] Follow Up Type: Not Required

65f - Training Topics

1. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
5. Personal care service needs of the resident.
6. Safe management techniques.

Description of Violation

Direct care staff persons A, B and C did not receive training in instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, personal care service needs of the resident, and safe management techniques during training year 2023.

Plan of Correction

Accept ([REDACTED] - 03/13/2024)

1. Supervisor immediately sent an email out to persons A, B, and C to arrange times to meet to train direct care staff on meeting the needs of the residents as described in the preadmissions screening form, assessment tool, medication evaluation and support plan, personal care service needs of the resident, and safe management techniques face-to-face and in Relias.

Owner: PCH Supervisor

Completion Date: 3/5/2024.

2. Additional trainings were added to Relias titled "Care for Residents with MH and IDD, Care for residents with Dementia and Cognitive needs."

Owner: Supervisor and Direct of Risk Management.

Completion Date: 2/22/2024

3. Create an instruction binder to be utilized by the trainer in order to address meeting all PCH-specific trainings not already addressed in Relias.

Owner: PCH Supervisor.

Completion Date: 3/31/24.

4. Direct care staff A, B, and C will receive training and instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, personal care service needs of the resident, and safe management techniques.

Owner: PCH Supervisor.

Completion Date: 3/31/24.

5. Train all staff in PCH-specific trainings not covered in Relias.

Owner: PCH Supervisor.

Completion Date: 9/30/2024

5. Add dates of PCH-specific trainings to staff annual training plans for 2024 as they are completed.

Owner: PCH Supervisor.

Completion Date: 10/11/24

65f Training Topics (continued)

6. Send individualized sign in sheets for each PCH specific trainings to Human Resources to be added into the Relias system.

Owner: PCH Supervisor.

Completion Date: 10/11/24

7. The PCH Supervisor will audit all staff records to ensure that during the 2023 training year, all direct care staff received trainings in all topics, in accordance with 2600.5(f)(1 7). Any missing trainings will immediately be completed. Documentation of the audit will be kept.

Owner: PCH Supervisor

Completion Date: 3/31/24.

Licensee's Proposed Overall Completion Date: 03/31/2024

Implemented ([redacted] - 04/05/2024)

65g - Annual Training Content

2. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

3. Resident rights.

Description of Violation

Staff persons A, B and C did not receive training in resident rights during training year 2023.

Plan of Correction

Accept ([redacted] - 03/13/2024)

1. Supervisor immediately sent an email out to persons A, B, and C to arrange times to meet to train direct care staff on resident rights face to face and in Relias.

Owner: PCH Supervisor

Completion Date: 3/5/2024.

2. Create an instruction binder to be utilized by the trainer in order to address meeting all PCH specific trainings not already addressed in Relias.

Owner: PCH Supervisor.

Completion Date: 3/31/24.

3. Train all staff in PCH specific trainings not covered in Relias.

Owner: PCH Supervisor.

Completion Date: 9/30/2024

4. Add dates of PCH specific trainings to staff annual training plans for 2024 as they are completed.

Owner: PCH Supervisor.

Completion Date: 10/11/24

5. Send individualized sign in sheets for each PCH specific trainings to Human Resources to be added into the Relias system.

Owner: PCH Supervisor.

65g - Annual Training Content (continued)

Completion Date: 10/11/24

6. PCH Supervisor will audit all staff records to ensure that during the 2023 training year, all direct care staff received training in all topics, in accordance with 2600.65(f)(1-6). Any missing trainings will immediately be completed.

Owner: PCH Supervisor

Completion Date: 3/31/24.

Licensee's Proposed Overall Completion Date: 03/31/2024

Implemented [redacted] - 04/05/2024)

88a - Surfaces

3. 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

There was a cracked and jagged edge on the switch plate on the right-side wall nearest the front south door, posing a skin tear hazard.

Plan of Correction

Accept [redacted] - 02/29/2024)

1. The Maintenance Director was immediately notified of the jagged edge switch plate during inspection (2/1/24).

Owner: PCH Director.

Completion Date: 2/1/2024.

2. An internal work order was submitted that will go directly to our maintenance for repair of light switch; service #40004390.

Owner: PCH Supervisor.

Completion Date: 2/20/24.

3. Maintenance will repair the light switch.

Owner: Maintenance Director.

Completion Date: 3/8/24.

4. A checklist will be created to identify the need for facility repairs.

Owner: Clinical Care Specialist.

Completion Date: 3/31/2024.

5. The facility checklist will be completed monthly on an ongoing basis, starting in March and continuing thereafter.

Owner: Clinical Care Specialist.

Completion Date: 3/31/2024.

Licensee's Proposed Overall Completion Date: 03/31/2024

Implemented [redacted] - 04/05/2024)

89a - Water Pressure

4. Requirements

2600.

89.a. The home must have hot and cold water under pressure in each bathroom, kitchen and laundry area to accommodate the needs of the residents in the home.

Description of Violation

At 11:45a.m., the home did not have sufficient hot water to resident #1's bathroom sink.

Plan of Correction

Accept (█ - 03/13/2024)

1. The Maintenance Director was notified of the issue immediately on the day of inspection to adjust the hot water in resident #1 bathroom sink.

Owner: PCH Director.

Completion Date: 2/1/24.

2. Winston Plumbing was called and arrived on site to adjust the hot water to a sufficient pressure.

Owner: Maintenance Director.

Completion Date: 2/1/24.

3. A checklist will be created to identify the need to adjust water pressure which will be completed by the 3rd shift staff daily.

Owner: Clinical Care Specialist.

Completion Date: 3/31/2024.

4 The Clinical Care Specialist will also complete a weekly check of the water temps and pressure to ensure that they are in compliance with the state guidelines and sign off on that check.

Owner: Clinical Care Specialist

Completion Date: 3/31/2024

5. Maintenance will be called to adjust the water pressure as needed.

Owner: Clinical Care Specialist.

Completion Date: April 1, 2024 and ongoing thereafter (no end date).

Licensee's Proposed Overall Completion Date: 03/31/2024

Implemented (█ - 04/05/2024)

89b - Hot Water Temperature

5. Requirements

2600.

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

Description of Violation

At 10:40a.m., the hot water temperature in the home's kitchen sink measured 125.4 degrees Fahrenheit.

At 10:54a.m., the hot water temperature in the bathroom sink of bedroom #7 measured 123 degrees Fahrenheit.

At 10:59a.m., the hot water temperature in the bathroom sink of bedroom #6 measured 125.9 degrees Fahrenheit.

At 11:06a.m., the hot water temperature in the bathroom sink of bedroom #3 measured 126.3 degrees Fahrenheit.

At 11:45a.m., the hot water temperature in resident #1's bathroom sink measured 124.8 degrees Fahrenheit.

89b - Hot Water Temperature (continued)

Plan of Correction

Accept (█) - 03/13/2024

- 1. Maintenance Director was contacted the day of inspection (2/1/24) to test and adjust the water temps.
Owner: PCH Director.
Completion Date: 2/1/24
- 2. Winston Plumbing was called and arrived on site to adjust the hot water tanks to a sufficient temperature.
Owner: Maintenance Director.
Completion Date: 2/1/24.
- 3. Instructions will be sent out to all staff on how to measure water temperatures.
Owner: PCH Director
Completion Date: 2/23/24
- 4. Water temps are already being tested and recorded nightly in 3 different areas of the home during 3rd shift. The logs will be reviewed and initialed weekly to ensure temperatures are not above 120 degrees.
Owner: Clinical Care Specialist.
Completion Date: Starting 2/26/24 for the next two months, ending 4/30/24.
- 5. If water temps are above 120F, Maintenance "on-call" process will be imitated immediately and a request will be submitted through our "service help desk" to adjust the water temp.
Owner: Clinical Care Specialist.
Completion Date: 2/26/24 and ongoing thereafter (no end date).

Licensee's Proposed Overall Completion Date: 03/31/2024

Implemented (█) - 04/05/2024

93a - Handrails

6. Requirements

- 2600.
- 93.a. Each ramp, interior stairway and outside steps must have a well-secured handrail.

Description of Violation

The handrail on the exterior rear ramp entrance is unsecured and detached from the middle bracket, and is pulling away from the exterior wall.

Plan of Correction

Accept (█) - 03/13/2024

- 1. Maintenance director was contacted the day of inspection (2/1/24) to view the exterior rear ramp handrail.
Owner: PCH Director.
Completion Date: 2/1/24.
- 2. PCH Supervisor completed a work order through service desk plus that will go directly to our maintenance for repair of the railing; work order #40004392.

93a - Handrails (continued)

Owner: PCH Supervisor.
Completion Date: 2/20/24.

3. The current railing on the ramp will be evaluated for repair/replacement, with an estimate of cost.
Owner: Maintenance Director.
Completion Date: 3/28/24.

4. The railing will be repaired / replaced.
Owner: Maintenance Director.
Completion Date: 3/31/24.

5. A facility checklist will be completed monthly to evaluate the need for facility repairs as they develop.
Owner: clinical Care Specialist.
Completion Date: 3/31/24 and ongoing thereafter (no end date).

Licensee's Proposed Overall Completion Date: 03/31/2024

Implemented (█) - 04/05/2024)

95 - Furniture and Equipment

7. Requirements

2600.

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

Description of Violation

At 10:25a.m., there was approximately 10" of soap bubbles foaming around the hose connection to the wall of the north side washing machine while it was running.

Plan of Correction

Accept (█) - 02/29/2024)

1. Maintenance Director was contacted and came out to the PCH by site the day of inspection (2/1/24) to evaluate the soap bubbles foaming around the hose connection to the wall of the washer.

Owner: PCH Director.
Completion Date: 2/1/24.

2. The automatic soap dispenser was discovered to be running longer than needed at the washer. This was causing the water discharge at the wall to foam excessively. The washer will not be used until repaired.

Owner: Maintenance Director.
Completion Date: 2/1/24.

3. The soap dispenser will be adjusted to dispense the correct amount of laundry soap.

Owner: Maintenance Director.
Completion Date: 2/29/24.

4. A facility checklist will be completed monthly to evaluate the need for facility repairs. Any needs will have work orders submitted to maintenance.

Owner: Clinical Care Specialist.

95 Furniture and Equipment (continued)

Completion Date: 3/1/24 and ongoing thereafter (no end date).

Licensee's Proposed Overall Completion Date: 03/01/2024

Implemented () - 04/05/2024)

141b1 - Annual Medical Evaluation

8. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident 2's most recent medical evaluation was completed on (). The resident's previous medical evaluation was completed on ().

Resident 3's most recent medical evaluation was completed on (). The resident's previous medical evaluation was completed on ().

Plan of Correction

Accept () - 02/29/2024)

1. Create a checklist to monitor when residents DME dates are expiring, so that they align within a month of their RASP dates.

Owner: Clinical Care Specialist.

Completion Date: 3/4/24.

2. The checklist of DME dates will be reviewed monthly to ensure resident DMEs are identified for renewal.

Owner: Clinical Care Specialist.

Completion Date: 3/1/24 and ongoing thereafter (no end date).

3. Resident appointments to renew DME paperwork with a PCP will be scheduled prior to the current DME expiring.

Owner: Clinical Care Specialist.

Completion Date: As needed, starting 3/1/24 and ongoing thereafter (no end date).

4. Two resident charts will be reviewed each month to verify the DME is current, and if expiring soon, that a doctor's appointment is scheduled for DME renewal. With 8 residents, all charts will be reviewed within 4 months.

Owner: Clinical Care Specialist.

Completion Date: 3/15/24, 4/12/24, 5/17/24, and 6/14/24.

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

Implemented () - 04/05/2024)

171b5 - First Aid Kit

9. Requirements

2600.

171b5 - First Aid Kit (continued)

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

Description of Violation

The first aid kit in the home's van used to transport residents does not include a thermometer.

Plan of Correction

Accept (█ - 02/29/2024)

1. Maintenance Director was notified the day of the inspection (2/1/24) that the van's first aid kit was missing a thermometer.

Owner: PCH Director.

Completion Date: 2/1/24.

2. A new thermometer was purchased and placed inside the first aid kit in the home van that is used to transporting residents.

Owner: Maintenance Director.

Completion Date: 2/9/24.

3. A facility checklist will be completed monthly to evaluate the need for facility repairs. Any needs will have work orders submitted to maintenance.

Owner: Clinical Care Specialist.

Completion Date: 3/1/24 and ongoing thereafter (no end date).

Licensee's Proposed Overall Completion Date: 03/01/2024

Implemented (█ - 04/05/2024)

227d - Support Plan Medical/Dental

10. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment for resident #3, dated █, indicates the resident has a diagnosis of █ and █. The resident's support plan, dated █, does not document how this need will be met.

The assessment for resident #4, dated █, indicates the resident has a diagnosis of █. The resident's support plan, dated █, does not document how this need will be met.

Plan of Correction

Accept (█ - 03/13/2024)

1. A copy of the RASP Addendum was submitted to Licensing, showing the addendum for resident #3 did include the diagnosis of █ on paper form.

227d Support Plan Medical/Dental (continued)

Owner: PCH Director.

Completion Date: 2/5/24.

2. A RASP Addendum was created for resident #4 to include [REDACTED], and how this need will be met. This addendum was upload into the Credible system.

Owner: Clinical Care Specialist

Completion Date: 2/29/24.

3. Create a checklist that monitors both the RASP and DME diagnosis to ensure that both forms match for diagnosis and how needs are met for the resident, as it's understood that the DME drives the RASP.

Owner: Clinical Care Specialist.

Completion Date: 3/1/24 and ongoing thereafter (no end date).

4. Complete an addendum to the resident's RASP if a new diagnosis is given to a resident and upload that addendum to Credible (electronic health record).

Owner: Clinical Care Specialist.

Completion Date: 3/1/24 and ongoing thereafter (no end date).

5. The Clinical Care Specialist will audit all support plans and ensure all residents have a current support plan and the support plan accurately indicates the care and services the home will provide to each resident. Documentation of audits will be kept.

Owner: Clinical Care Specialist

Completion Date: 3/31/24 and monthly thereafter.

Licensee's Proposed Overall Completion Date: 03/31/2024

Implemented ([REDACTED] - 04/05/2024)