



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to STAIRWAYS BEHAVIORAL HEALTH INC
LEGAL ENTITY

To operate STAIRWAYS
NAME OF FACILITY OR AGENCY

Located at 810 WALNUT STREET, ERIE, PA 16502
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 27
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from January 9, 2025 until January 9, 2026,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **407590**

Janette Biderup
ISSUING OFFICER

Juliet Marsala
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



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DEPARTMENT OF HUMAN SERVICES

Emailing Date: January 9, 2025

[REDACTED]
Stairways Behavioral Health Inc.
[REDACTED]

RE: Stairways
810 Walnut Street
Erie, PA 16502
License #: 40759

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspection on September 26, 2024 and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in cursive script that reads "Juliet Marsala".

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

Facility Information

Name: *STAIRWAYS* License #: *40759* License Expiration: *11/14/2024*
Address: *810 WALNUT STREET, ERIE, PA 16502*
County: *ERIE* Region: *WESTERN*

Administrator

Name: [REDACTED]

Legal Entity

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

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *06/02/2023* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *22* Waking Staff: *17*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Provisional* Exit Conference Date: *09/26/2024*

Inspection Dates and Department Representative

09/26/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *27* Residents Served: *22*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *17* Are 60 Years of Age or Older: *13*
Diagnosed with Mental Illness: *22* Diagnosed with Intellectual Disability: *2*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

09/26/2024 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/19/2024*

Inspections / Reviews (*continued*)

10/17/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/18/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 12/18/2024

01/08/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/18/2024

Reviewer: [REDACTED]

Follow-Up Type: *Exception*

65d - Initial Direct Care Training

1. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

- 2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff A does not have a certificate of completion of the direct care staff competency training and test.

Plan of Correction

Accept [redacted] 10/17/2024)

1. Staff person A will be instructed that any ADL services provided must be supervised until the training course certificate has been obtained. Owner: PCH Director. Completion Date: 9/26/24.

2. Staff person A will be assigned to complete the direct care staff training. The certificate of completion will be stored at Human Resources and a copy will be kept on site. Owner: PCH Supervisor. Completion Date: 10/4/24.

3. A new hire checklist will be used at the time a person is hired. The checklist will list the need for the direct staff training to be completed. Owner: PCH Director. Completion Date: 10/10/24 (used at the time of each new hire).

4. All other staff personnel charts will be reviewed to ensure the direct staff training has been completed and certificates are present. Owner: PCH Supervisor. Completion Date: 10/31/24.

Licensee's Proposed Overall Completion Date: 10/31/2024

Evidence of Completion

Implemented [redacted] - 01/06/2025)

See attached.

88a - Surfaces

2. 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 were two missing ceiling tiles, approximately one by two feet in size, in the first-floor laundry room directly above the stationary sink and washer.

There was a 3 x 3 foot ceiling tile missing from the kitchen's ceiling directly above the food prep counter next to the stove.

Plan of Correction

Accept [redacted] - 10/17/2024)

1. The Property Management Director was contacted to inform of the missing ceiling tiles and request they be addressed. Owner: Administrative Director. Completion Date: 9/27/24

2. Maintenance will install new ceiling tiles. Owner: Property Management Director. Completion Date: 10/16/24

3. A checklist will be created to inspect ceiling tiles and similar items. Owner: PCH Director. Completion Date: 10/24/24

88a - Surfaces (continued)

4. Checks will be completed monthly. Owner: PCH Supervisor. Completion Date: Monthly, starting by 10/31/24 (ongoing)

5. Any items needing addressed will be submitted as a support ticket with Maintenance. Owner: PCH Supervisor. Completion Date: Monthly, starting by 10/31/24 (ongoing)

Licensee's Proposed Overall Completion Date: 10/31/2024

Evidence of Completion

Implemented [redacted] - 01/06/2025)

See attached.

103g - Storing Food

3. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

There was an unsealed plastic bag of sausage patties on the left shelf in the kitchen's walk-in freezer.

Plan of Correction

Accept [redacted] - 10/17/2024)

1. The bag of sausage was first closed, but then same day was later thrown out. Owner: PCH Supervisor. Completion Date: 9/26/24

2. Kitchen vendor director was informed of violation and need for correction. Owner: PCH Supervisor. Completion Date: 9/26/24

3. Kitchen staff will complete checks twice daily of all food storage areas (dry, refrigerators, and freezers) to verify all foods are covered/closed. Checks will be recorded on a sheet to confirm completion. Owner: Kitchen vendor Director. Completion Date: 10/18/24 through 11/18/24 (twice daily)

4. Any issues with proper storage will be addressed. Owner: Kitchen vendor Director. Completion Date: 11/18/24

Licensee's Proposed Overall Completion Date: 11/18/2024

Evidence of Completion

Implemented [redacted] /06/2025)

See attached.

132d - Evacuation

4. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The home exceeded the safe evacuation time of 6 minutes during the fire drills conducted on the following dates/times: *5/29/24 at 4:34 a.m. - 7 minutes 40 seconds

132d - Evacuation (continued)

*5/30/24 at 5:53 a.m. – 6 minutes 13 seconds

Plan of Correction

Accept [REDACTED] /17/2024)

1. The Property Management Director was contacted to inform of issues with fire drills and request the process be addressed. Owner: Administrative Director. Completion Date: 9/26/24
2. Requirements for running fire drills will be resent to the vendor completing the drills. Owner: PCH Director and Property Management Director. Completion Date: 10/21/24.
3. All future drills will be run with sufficient time to rerun the drill if necessary. Each drill will be verified as meeting all requirements. Any variances will result in another drill being run daily until all requirements are met. Owner: PCH Director. Completion Date: 10/25/24
4. Discussions with Stairways' Property Management, the Personal Care Home, and our vendor running our drills will occur to work out any procedural issues. Owner: PCH Director. Completion Date: 11/8/24
5. All future fire drills will be reviewed by Property Management to ensure all requirements are met. Any variances will be addressed immediately and additional drills will be run until all requirements are met. Owner: Property Management Director. Completion Date: 10/25/24 and ongoing (monthly).

Licensee's Proposed Overall Completion Date: 11/08/2024

Evidence of Completion

Implemented [REDACTED] - 01/06/2025)

See attached.

171b5 - First Aid Kit**5. Requirements**

2600.

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 transportation van with License plate number [REDACTED] had no first aid kit.

Plan of Correction

Accept [REDACTED] - 10/17/2024)

1. The Property Management Director was contacted to inform of issues with the missing first aid kit and requested this be addressed. Owner: Administrative Director. Completion Date: 9/26/24
2. A first aid kit was obtained and placed in the company vehicle. Owner: PCH Supervisor. Completion Date: 9/26/24
3. A checklist will be created to inspect vehicle first aid kits and similar items. Owner: PCH Director. Completion Date: 10/24/24
4. Checks will occur monthly. Owner: PCH Supervisor. Completion Date: Monthly, starting by 10/31/24 (ongoing)

171b5 - First Aid Kit (continued)

5. Any items needing addressed will be submitted as a support ticket with Maintenance. Owner: PCH Supervisor.
Completion Date: Monthly, starting by 10/31/24 (ongoing)

Licensee's Proposed Overall Completion Date: 10/31/2024

Evidence of Completion

Implemented [REDACTED] - 01/06/2025)

See attached.

225a - Assessment 15 Days

6. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #1 was admitted to the home on [REDACTED]/24, However, the resident's initial assessment was not completed until 3/22/24.

Plan of Correction

Accept [REDACTED] - 10/17/2024)

1. Timeframe requirements were reviewed with staff generating the initial assessment. Owner: PCH Director.
Completion Date: 9/27/24

2. A tracking sheet will be used that will list all due dates for resident DME and RASP documents. Owner: PCH Supervisor. Completion Date: 10/18/24

3. Four months of chart audits will occur for all resident DME and RASP documents, using the tracking sheet to review what is due. Owner: PCH Supervisor. Completion Date: 10/31/24 and monthly thereafter for the next 3 months (October 2024 through January 2025).

Licensee's Proposed Overall Completion Date: 01/31/2025

Evidence of Completion

Implemented [REDACTED] - 01/06/2025)

See attached.