

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

January 6, 2025

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

RE: ENHANCED PERSONAL CARE HOME
432 WEST 3RD STREET
ERIE, PA, 16507
LICENSE/COC#: 44647

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/30/2024 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 #: 44647 License Expiration: 02/04/2025
 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]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-3 SP Date: 01/28/1994 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: 11/01/2024

Inspection Dates and Department Representative

10/30/2024 - 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: 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

10/30/2024 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/30/2024

12/05/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 01/03/2025
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/12/2024

Inspections / Reviews (*continued*)

12/27/2024 POC Submission

Submitted By: [REDACTED] Date Submitted: 01/03/2025

Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 12/31/2024

01/06/2025 Document Submission

Submitted By: [REDACTED] Date Submitted: 01/03/2025

Reviewer: [REDACTED] Follow Up Type: Not Required

131f - Fire Extinguisher Inspection

1. 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

All fire extinguishers in the home have not been inspected by a fire safety expert since May 2023.

Plan of Correction

Accept [redacted] - 12/27/2024)

- 1. On the inspection date, the Director of Property Management was called to confirm that the extinguishers had not been checked. A request was made to have them checked as soon as possible. Owner: PCH Director. Completion date: 10/30/2024
- 2. Fire extinguishers were inspected and approved by Summit Fire & Security. Owner: Director of Property Management. Completion date: 10/31/2024.
- 3. Since the extinguisher inspections only occur annually, it is not relevant to audit further extinguisher inspections during the year to ensure they are occurring. A reminder will be scheduled in staff's phone at the 11 month mark (September 30, 2025) to contact the Director of Property Management and request the inspection be completed at the one year mark. Owner: Clinical Care Specialist. Completion Date: 12/6/2024
- 4. Summit Fire & Security will complete next year's inspections of fire extinguishers by the one year mark. Owner: Director of Property Management. Completion Date: 10/30/2025 (note: overall end date will be listed as 12/31/24 due to this date being nearly a year into the future).

Proposed Overall Completion Date: 12/31/2024

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented [redacted] 01/06/2025)

183d - Prescription Current

2. 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

The following medications prescribed for resident [redacted] were found to be expired or past their use by date:

The following medications prescribed for resident [redacted] were found to be expired or past their use by date:

The following medications prescribed for resident [redacted] were found to be expired or past their use by date:

183d - Prescription Current (continued)

and [REDACTED].

The following medications prescribed for resident [REDACTED] were found to be expired or past their use by date: [REDACTED] and [REDACTED]

Plan of Correction

Accept [REDACTED] - 12/27/2024)

1. Discussions occurred with nursing staff related to expired meds. Owner: PCH Director. Completion Date: 10/31/2024
2. A medication disposal occurred for all expired medications. Owner: PCH Nursing and Clinical Care Specialist. Completion Date: 11/4/2024.
3. All medications on site will be reviewed monthly to remove any that are expired, and identify meds that will expire soon. A checklist will be used to confirm the reviews are occurring for the next three months. Owner: Clinical Care Specialist. Completion date: the checklist will be completed monthly, December 2024 through February 2025, though the reviews will be ongoing (no end date).
4. Reviews will allow for meds to be refilled/reordered in time to be available on site by the time the current med expires. Reviews will also prompt for meds to be removed on the date they expire. Owner: Clinical Care Specialist. Completion date: by the last regular work day of the month each month. (note: overall end date will be listed as 12/31/24 due to this date being nearly a year into the future).

Proposed Overall Completion Date: 12/31/2024

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented [REDACTED] - 01/06/2025)

184a - Resident's Meds Labeled

3. Requirements

2600.

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

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

The pharmacy label for resident [REDACTED]'s [REDACTED] indicates take 1 capsule by mouth 3 times a day as needed for cough; however, the prescriber's order indicates take 2 capsules by mouth every 6 hours as needed.

Plan of Correction

Accept [REDACTED] - 12/27/2024)

1. The pharmacy was contacted the day of inspection to confirm the medication order. Owner: PCH Director.

184a - Resident's Meds Labeled (continued)

Completion Date: 10/30/2024

2. The medication in question was for a cough. Resident [REDACTED] no longer had the cough. The med order was confirmed as discontinued since it was no longer needed. Owner: Clinical Care Specialist. Completion Date: 10/31/2024

3. The pharmacy delivers med packs and bubble cards weekly to the home. Med deliveries are compared to the MAR to ensure they match. A checklist will be used to confirm the reviews are occurring for the next three months. Owner: Clinical Care Specialist. Completion date: the checklist will be completed weekly from December 6, 2024 through February 28, 2025, though the reviews will be ongoing (no end date).

4. Any discrepancies between the medication delivery and MAR will be clarified with the pharmacy/prescriber to ensure accuracy of all doses. Owner: Clinical Care Specialist. Completion date: as needed (ongoing) (note: overall end date will be listed as 12/31/24 due to this date being nearly a year into the future).

Proposed Overall Completion Date: 12/31/2024

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented [REDACTED] - 01/06/2025)

227d - Support Plan Medical/Dental

4. 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

Resident [REDACTED] assessment, dated [REDACTED] was not updated to include the diagnosis of [REDACTED] as indicated on the resident's medical evaluation, dated [REDACTED].

Plan of Correction

Accept [REDACTED] - 12/27/2024)

1. Resident [REDACTED] RASP was reviewed the day of inspection to confirm the information needed in the content. Owner: PCH Director. Completion Date: 10/30/2024

2. A RASP addendum was completed on the date of the licensing visit to include the diagnosis of hypertension for Resident #3. Owner: Clinical Care Specialist. Completion Date: 10/30/2024

3. RASPs for all other residents in the home will be reviewed to ensure diagnostics match the DMEs. Any discrepancies will be corrected with a RASP addendum. Owner: Clinical Care Specialist Completion Date: 12/13/2024

4. For the next three months (December 2024 through February 2025), any newly obtained DMEs and newly written RASPs will be audited to ensure the diagnostics are the same. Owner: Clinical Care Specialist Completion

227d - Support Plan Medical/Dental (continued)

Date: 2/28/2025

(note: overall end date will be listed as 12/31/24 due to this date being nearly a year into the future).

Proposed Overall Completion Date: 12/31/2024

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented (█ - 01/06/2025)