

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

March 5, 2025

[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 02/07/2025, 02/18/2025 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: *05/20/2025*  
 Address: *118 EAST 26TH STREET, ERIE, PA 16504*  
 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-2 LP* Date: *11/16/1993* Issued By: *Department of L&I*

**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: *02/18/2025*

**Inspection Dates and Department Representative**

02/07/2025 - On-Site: [REDACTED]  
 02/18/2025 - Off-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: *8* Are 60 Years of Age or Older: *4*  
 Diagnosed with Mental Illness: *8* Diagnosed with Intellectual Disability: *2*  
 Have Mobility Need: *0* Have Physical Disability: *0*

## Inspections / Reviews

02/07/2025 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *02/28/2025*

03/03/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: *03/03/2025*

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *03/03/2025*

03/05/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: *03/03/2025*

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 126b - Furnace Cleaning

**1. Requirements**

2600.

126.b. Furnaces shall be cleaned according to the manufacturer's instructions. Documentation of the cleaning shall be kept.

**Description of Violation**

*The home's most recently conducted furnace annual maintenance was conducted on 11/7/24, however the previously conducted furnace annual inspection was completed on 6/30/23.*

**Plan of Correction**

Accept (█ - 03/03/2025)

1. *The Maintenance Director was immediately notified that the annual inspection on the furnace that was conducted on 11/7/24 was outside of the annual due date of 6/30/23.*

*Owner: PCH Director.*

*Completion Date: 2/7/25.*

2. *A checklist will be created to be completed quarterly to notify maintenance when the annual due date is near to get the furnace inspected.*

*Owner: Clinical Care Specialist*

*Completion Date: 3/31/25 and ongoing thereafter*

3. *Maintenance will be notified through an internal work order as to when the annual due date is near for the furnace to be inspected.*

*Owner: Clinical Care Specialist*

*Completion Date: 3/31/25 and ongoing thereafter*

**Licensee's Proposed Overall Completion Date: 03/31/2025**

Implemented (█ - 03/05/2025)

## 132b - Safety Inspection/Fire Drill

**2. Requirements**

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

**Description of Violation**

*The most recent fire drill to be observed by a fire safety expert was conducted on 2/3/25. However, the previously held fire drill observed by a fire safety expert was conducted on 1/29/24.*

**Plan of Correction**

Accept (█ - 03/03/2025)

1. *The Maintenance Director was immediately notified that the annual fire safety expert drill that was conducted on 2/3/25 was outside the annual due date of 1/29/24.*

*Owner: PCH Director*

*Completion Date: 2/7/25*

2. *A checklist will be created to notify maintenance on a quarterly basis as to when the annual due date is near to have our fire safety expert complete a drill to ensure that the PCH is in compliance with the state guidelines.*

*Owner: Clinical Care Specialist*

*Completion Date: 3/31/25 and ongoing thereafter*

3. *Maintenance will be notified through a work order, 3-months prior to when our annual inspection is due.*

*Owner: Clinical Care Specialist*

132b - Safety Inspection/Fire Drill (continued)

Completion Date: 3/31/25 and ongoing thereafter

Licensee's Proposed Overall Completion Date: 03/31/2025

Implemented ( [redacted] - 03/05/2025)

132c - Fire Drill Records

3. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill conducted on 8/27/24, indicated that 9 residents evacuated the home. However, there were only 8 residents residing in the home on this date.

The fire drill conducted on 1/29/25, indicated that 8 residents evacuated the home. However, there were only 7 residents residing in the home on this date.

Plan of Correction

Accept ( [redacted] - 03/03/2025)

1. An email was sent out to Maintenance Director notifying [redacted] that Wilkin's Fire Company has made a documentation error on the fire drill they completed on 8/27/24; by indicating that 9 residents evacuated the home, however there were only 8. On 1/29/25, Wilkins indicated that 8 residents evacuated the home; however, there were only 7 residents in the home on this date.

Owner: Clinical Care Specialist

Completion Date: 2/19/25

2. A checklist will be created to identify that the monthly fire drills are documented accurately, representing the max amount of residents that are present during the drill, the accurate # of residents that evacuate during the drill, the time frame it takes to evacuate, the amount of staff participating, the alarms are activated and operative, the routes taken, and if there are any problems identified during the drill.

Owner: Clinical Care Specialist

Completion Date: 3/31/25 and ongoing thereafter

3. An internal work order will be submitted to Maintenance to inform them of any documentation errors that were listed on the monthly fire drills.

Owner: Clinical Care Specialist

Completion Date: 3/31/25 and ongoing thereafter

Licensee's Proposed Overall Completion Date: 03/31/2025

Implemented ( [redacted] - 03/05/2025)

144c2 - Smoking Area Distance

4. Requirements

2600.

144c2 - Smoking Area Distance (continued)

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**

At approximately 11:05 a.m., the rear patio leading from the home's designated rear smoking room had approximately 1 dozen cigarette butts on the ground.

**Plan of Correction**

Accept (█ - 03/03/2025)

1. Direct Care staff immediately swept up the cigarette butts on the ground outside the rear patio leading to the back of the home.

Owner: Direct Care Staff

Completion Date: 2/7/25

2. A discussion was had with the residents at the PCH who smoke, restating the smoking policies at the PCH, and reminding them of the appropriate places to dispose of their cigarette butts.

Owner: Clinical Care Specialist

Completion Date: 2/7/25

3. A checklist will be created to identify if there is presence of cigarette butts outside on the ground around the unit; which will be completed on each shift.

Owner: Clinical Care Specialist

Completion Date: 3/31/25 and ongoing thereafter

Licensee's Proposed Overall Completion Date: 03/31/2025

Implemented (█ - 03/05/2025)

187c - Refusal of Medication

5. Requirements

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

**Description of Violation**

On 1/1/25, through 1/4/25, resident #1 refused to take a scheduled dose of █. The home did not notify the prescribing physician.

**Plan of Correction**

Accept (█ - 03/03/2025)

1. The Clinical Care Specialist immediately printed out two credible notes completed by staff showing that the medication refusal of █ was reported to the prescriber on 2 separate occasions.

Owner: Clinical Care Specialist

Completion Date: 2/7/25

2. A D/C order was faxed over to the PCH to discontinue this medication from the resident's medication list.

Owner: Clinical Care Specialist

Completion Date: 2/19/25.

3. A checklist will be created to identify when a medication is refused, when the provider was notified about the

**187c - Refusal of Medication (continued)**

*refusal, and if a credible note was completed on a weekly basis regarding notifying the provider about the refusal.*

*Owner: Clinical Care Specialist*

*Completion Date: 3/31/25 and ongoing thereafter*

**Licensee's Proposed Overall Completion Date: 03/31/2025**

**Implemented ( [REDACTED] - 03/05/2025)**