

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

March 24, 2026

[REDACTED] EXECUTIVE DIRECTOR  
STAIRWAYS BEHAVIORAL HEALTH INC  
[REDACTED]

RE: STAIRWAYS  
810 WALNUT STREET  
ERIE, PA, 16502  
LICENSE/COC#: 40759

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/30/2025, 12/02/2025 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: STAIRWAYS License #: 40759 License Expiration: 01/09/2026  
 Address: 810 WALNUT STREET, ERIE, PA 16502  
 County: ERIE Region: WESTERN

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

Name: STAIRWAYS BEHAVIORAL HEALTH INC  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: C-2 LP Date: 12/06/1996 Issued By: Dept. of Labor & Industry

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 26 Waking Staff: 20

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal, Complaint, Incident Exit Conference Date: 12/02/2025

**Inspection Dates and Department Representative**

10/30/2025 - On-Site: [REDACTED]  
 12/02/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 27 Residents Served: 26  
 Secured Dementia Care Unit  
 In Home: No Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: 0  
 Number of Residents Who:  
 Receive Supplemental Security Income: 21 Are 60 Years of Age or Older: 11  
 Diagnosed with Mental Illness: 26 Diagnosed with Intellectual Disability: 2  
 Have Mobility Need: 0 Have Physical Disability: 0

**Inspections / Reviews**

10/30/2025 - Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/02/2026

02/19/2026 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 03/19/2026  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/26/2026

Inspections / Reviews (*continued*)

## 03/18/2026 - POC Submission

Submitted By: [REDACTED] Date Submitted: 03/19/2026

Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 04/03/2026

## 03/24/2026 - Document Submission

Submitted By: [REDACTED] Date Submitted: 03/19/2026

Reviewer: [REDACTED] Follow-Up Type: Not Required

## 25b SOPa - Rent Rebate: Contract

## 1. Requirements

2600.

25b.a. The resident-home contract is to include whether the home collects a portion of a resident's rent rebate under § 2600.25(d) (relating to resident-home contract).

## Description of Violation

The resident-home contract, dated [REDACTED] for resident #1 does not indicate whether the home collects a portion of the resident's rent rebate benefit.

## Plan of Correction

Accept ([REDACTED] - 03/18/2026)

1. Based on historical information, it was thought that our PCH was ineligible to collect rent rebate money. This was re-examined by our Risk Management Department. It was confirmed that in order to claim a rent rebate, the property being rented from must have paid property taxes. Stairways is a not-for-profit organization and does not pay property taxes on their facilities, including the personal care homes. Therefore, Stairways PCH residents are ineligible for rent rebate. Owner: Director of Risk Management. Completion Date: 12/16/2025

2. A request was made to update the tenant agreement in the electronic health record. The update should be completed within two weeks. Owner: EHR System Specialist. Completion Date: 1/23/26.

3. PCH staff will resign all tenant agreements with residents. The updated signature will verify the new content regarding rent rebates has been reviewed and agreed to. Owner: PCH Supervisor. Completion Date: 2/6/26

4. A chart audit will be completed to verify that all tenant agreements have been updated for all current residents. Owner: PCH Supervisor. Completion Date: 2/13/26

We currently have content related to rent rebates in our tenant agreement. This was somehow missed by us when a licensing representative was inquiring about it. Since resident #1 is referenced above as not having this language in [REDACTED] chart, a copy of [REDACTED] tenant agreement is attached as supporting documentation. Please refer to page 3, item 3 (end of that paragraph).

Proposed Overall Completion Date: 02/26/2026

Licensee's Proposed Overall Completion Date: 02/26/2026

Implemented ([REDACTED] - 03/24/2026)

## 42b - Abuse

## 2. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

## Description of Violation

During the last week of September 2025, Staff person A accompanied resident #1 to the store. On approximately 10/3/25, resident #1 reported to staff person B that staff person A did not return [REDACTED] EBT card to [REDACTED] after going to the store. Staff person A did not work in the home from 10/1/25 – 10/5/25 and was in possession of resident #1's EBT card during this time. Staff person A returned the EBT card to resident #1 on 10/6/25. The Erie County Assistance Office

**42b - Abuse (continued)**

provided documentation that on 10/2/25, resident #1's EBT card was used for two transactions totaling \$25.58.

Resident #1 told staff person C that several months ago staff person A asked to borrow \$400 to help ██████ pay ██████ rent. On 9/15/25, staff person A accompanied resident #1 to the bank where ██████ withdrew \$400 and gave it to staff person A. Resident #1 stated staff person A promised ██████ would pay ██████ back and ██████ never did.

On 12/1/25, resident #2 reported to staff person C that over a month ago ██████ had given staff person A \$12 to purchase a money order and send in ██████ mail order for prayer cards. However, when ██████ contacted the company, the order was never received. Resident #2 indicated that person A told ██████ the order must have been delayed.

**Plan of Correction****Accept (████ - 02/12/2026)**

There was some initial resistance with resident 1 in providing sufficient detail to ██████ report. ██████ stated at a later time that ██████ did not want to get staff person A in trouble. Staff person A was also not forthcoming.

1. Guidance was provided to staff specific to handling resident money. Policy C04.19006 - PCH and LTSR Financial and Property Management, was distributed to all staff with directions to review it. Staff were to respond with any questions they had, and to also confirm that they had reviewed the document. Clarifications were made as needed. Owner: PCH Director. Completion Date: 11/1/25.
2. In addition to the external review that occurred, an internal review occurred. As a result, staff person A was terminated. Owner: Director of Human Resources. Completion Date: 11/20/25.
3. There was confirmation as to which staff have access to the safe. This is currently limited to one clinical care specialist, the program supervisor, and the program director. Owner: PCH Director. Completion Date: 12/11/25.
4. A meeting was held on 12/11/25 to discuss the handling of resident money. There may be instances where a resident will need something and not be able to obtain it themselves (example – medication needs picked up but the resident has a broken foot, the weather is extremely bad, etc). A form was created to document signed permission for a staff person to obtain an item for a resident. The staff person will return a receipt from the purchase and any change leftover to the resident (or the change will be signed into the safe with the resident). The only staff permitted to complete this process is the Clinical Care Specialists, nurses, or supervisory/administrative level staff. The process will be implemented once the form is completed by Risk Management and created in the electronic health record. Owner: Director of Risk Management. Completion Date: 1/8/26

Licensee's Proposed Overall Completion Date: 01/09/2026

**Implemented (████ - 03/24/2026)****65d - Initial Direct Care Training****3. 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.

65d - Initial Direct Care Training (*continued*)**Description of Violation**

Direct care staff person B, hired on [REDACTED] did not complete and pass the Department-approved direct care training course and pass the competency test until [REDACTED]

**Plan of Correction**

Accept ([REDACTED] - 02/19/2026)

1. A new hire checklist lists items needed to be completed. This list will be updated by the supervisor/director as items are completed. Owner: PCH Supervisor. Completion Date: 10/24/25.
2. The direct care staff training is listed in our Relias training system. Relias will provide a list of trainings that are due/overdue, which will serve as a reminder of having this training completed. Owner: PCH Supervisor. Completion Date: 10/31/25.
3. An audit will be completed to ensure there are no additional staff that did not meet the required timeframe. Owner: PCH Supervisor. Completion Date: 11/21/25.

Licensee's Proposed Overall Completion Date: 01/09/2026

Implemented ([REDACTED] - 03/24/2026)

## 102d - Grab/Hand/Assist Bar/Slip-Resistant Surface

**4. Requirements**

2600.

102.d. Toilet and bath areas must have grab bars, hand rails or assist bars. Bathtubs and showers must have slip-resistant surfaces.

**Description of Violation**

There is no grab bar, handrail or assist bar near the toilet in the 2nd floor common bathroom near the office.

**Plan of Correction**

Accept ([REDACTED] - 03/18/2026)

1. The bathroom in question is a staff bathroom. The licensing representative was informed of this on the day of the review. Owner: PCH Director. Completion Date: 12/2/25
2. A sign will be placed on the bathroom door to designate this is a staff-only bathroom due to the lack of bars/rails. Owner: PCH Director. Completion Date: 1/9/26.
3. An email will be sent to all staff to provide direction not to allow residents to use the bathroom in question. Residents all have their own bathrooms in their rooms. Owner: PCH Director. Completion Date: 1/9/26.
4. The door to the bathroom is regularly locked so it is not accessible to residents. An email will be sent to staff as a reminder that the bathroom door needs shut and locked at all times. Owner: PCH Director. Completion Date: 2/26/26

Licensee's Proposed Overall Completion Date: 02/26/2026

Implemented ([REDACTED] - 03/24/2026)

## 103i - Outdated Food

## 5. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

## Description of Violation

*There was an unlabeled, undated bag of chicken patties, bag of corn dogs, and bag of empanadas in the walk-in freezer.*

## Plan of Correction

Accept (█) - 03/18/2026

1. *The unlabeled/undated items were addressed with the kitchen vendor supervisor on the day of the licensing visit. The vendor supervisor removed the identified items that day. Owner: PCH Director. Completion Date: 12/2/2025*
2. *The kitchen staff will be re-educated on the need to label and date all food items. Owner: Food Vendor Supervisor. Completion Date: 12/3/2025*
3. *A checklist will be completed daily for a two week time period to ensure there are no further occurrences. Owner: Food Vendor Supervisor. Completion Date: 1/23/26.*

Licensee's Proposed Overall Completion Date: 02/26/2026

Implemented (█) - 03/24/2026

## 123b - Emergency Procedures Posted

## 6. Requirements

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

## Description of Violation

*The home's emergency procedures are not posted in a conspicuous and public place in the home.*

## Plan of Correction

Accept (█) - 02/19/2026

1. *It was confirmed that are multiple copies of the emergency procedures / disaster guidelines on site on the date of the licensing visit. Owner: PCH Director. Completion Date: 12/2/2025.*
2. *A copy of the emergency procedures was moved to the table at the front entryway. Owner: PCH Director. Completion Date: 1/8/26*
3. *An email was sent to staff to make them aware of the change in location, and to note that there is an additional copy for staff to reference in the tech office. The director also has a copy. Owner: PCH Director. Completion Date: 1/9/26.*

Licensee's Proposed Overall Completion Date: 01/09/2026

Implemented (█) - 03/24/2026

## 130h - Inoperable Smoke Detector

**7. Requirements**

2600.

130.h. The home's emergency procedures shall indicate the procedures that will be immediately implemented until the smoke detector or fire alarms are operable.

**Description of Violation**

*The home's emergency procedures do not indicate what procedures will be implemented when a smoke detector or fire alarm is inoperable.*

**Plan of Correction**

Accept (█) - 02/19/2026)

1. *There has been policy content on this topic for a number of years. The documentation simply was not be located at the time of the licensing visit. Owner: PCH Director. Completion Date: 12/2/25.*
2. *The location of the policy was clarified upon the director's return to the office. Owner: PCH Director. Completion Date: 12/3/25.*
3. *Licensing provides a "Entrance Conference Guide" as an indicator of items that are needed when they arrive for a licensing visit. A binder contains this form. Supporting documents are then contained after the form, in the order presented on the form. The policy is confirmed to be in the binder. Owner: PCH Director. Completion Date: 1/8/26.*
4. *As a precautionary measure, staff will be reminded of the process to address an inoperable fire alarm system. Owner: PCH Director. Completion Date: 1/9/26.*

Licensee's Proposed Overall Completion Date: 01/09/2026

Implemented (█) - 03/24/2026)

## 132f - Alternate Exit Routes

**8. Requirements**

2600.

132.f. Alternate exit routes shall be used during fire drills.

**Description of Violation**

*The front door/front entry was the only exit route used during the fire drills held from 10/10/24 to 10/15/25.*

**Plan of Correction**

Accept (█) - 02/19/2026)

1. *A meeting was held with our vendor that runs our fire drills. Discussions centered around the safety of residents when running drills with alternate exits due to potential issues with stairs, etc. Details were worked out at this time. Owner: PCH Director. Completion Date: 12/4/25.*
2. *The initial fire drill with an alternate exit was run during first shift to ensure that maximum number of staff available to assist with trouble-shooting and supporting residents. Owner: PCH Director. The north stairwell was used as an alternate exit. Completion Date: 12/22/25*
3. *Fire drills will be reviewed monthly for the next three months to confirm alternate exits are used. Owner: PCH Director. Completion Date: 3/31/26.*

132f - Alternate Exit Routes *(continued)*

Licensee's Proposed Overall Completion Date: 03/31/2026

Implemented (█) - 03/24/2026

## 141a 1-10 Medical Evaluation Information

## 9. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

## Description of Violation

*Resident #3's medical evaluation did not indicate the date of the assessment or medical professional license number, and there was no certification that the resident's needs can be met safely in at the Personal Care Home.*

## Plan of Correction

Accept (█) - 03/18/2026

1. *The DME form was reviewed the day of the licensing visit. The form was present but the physician's office did not complete all areas of the form correctly. Owner: PCH Director. Completion Date: 12/2/25*
2. *The form was returned to the physician's office for corrections. The office made corrections to the form and it was returned to the PCH, where it is currently on file. Owner: PCH Director. Completion Date: 12/8/25*
3. *CCS staff were retrained to review DME forms (blank fields, incorrect dates, etc). Owner: PCH Director. Completion Date: 12/8/25*
4. *Newly completed DMEs will be reviewed by CCS at the time of completion, so any discrepancies can be addressed immediately. Owner: PCH Director. Completion Date: 12/8/25.*
5. *Chart audits will occur over the next 30 days to ensure forms are accurate and complete. Owner: PCH Director. Completion Date: 1/8/26.*

Licensee's Proposed Overall Completion Date: 02/26/2026

Implemented (█) - 03/24/2026

## 162c - Menus Posted

## 10. Requirements

2600.

**162c - Menus Posted (continued)**

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

**Description of Violation**

*The home's menus for the current week and for the future week were not posted.*

**Plan of Correction**

**Accept (█ - 03/18/2026)**

1. *It was confirmed that menus were available to be posted on the day of the licensing visit. Owner: PCH Director. Completion Date: 12/2/25.*
2. *A more consistent location for posting menus was established. One corkboard that previously held menus is redecorated regularly for each season and/or holiday, so it appears the menus were not reposted when the board had been worked on. Wall brackets were purchased to ensure menus are hung in the same spots by themselves and not on a board. Owner: PCH Director. Completion Date: 11/28/25*
3. *An email was sent to all staff clarifying that menus needed posted regularly, and needed dated as well. Multiple weeks were posted at that time. Owner: PCH Director. Completion Date: 12/15/25.*
4. *The postings will be checked weekly for 4 weeks to verify there are current menus at each location. Owner: PCH Director. Completion Date: 1/9/26.*

**Licensee's Proposed Overall Completion Date: 02/26/2026**

**Implemented (█ - 03/24/2026)**

**185a - Implement Storage Procedures****11. Requirements**

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

**Description of Violation**

*Resident #3's glucometer indicated a blood glucose reading of 218 on 10/23/25 at 11:27a.m.; however, the resident's October 2025 Medication Administration Record indicated a blood glucose reading of 214.*

*Resident #3's glucometer indicated a blood glucose reading of 306 on 10/20/25 at 4:46p.m.; however, the resident's October 2025 Medication Administration Record indicated a blood glucose reading of 307.*

*Resident #3's glucometer indicated a blood glucose reading of 193 on 10/25/25 at 4:26p.m.; however, the resident's October 2025 Medication Administration Record indicated a blood glucose reading of 192.*

*Resident #4's glucometer was not set to the correct date. On 10/30/25 the glucometer indicated the date as 10/29/25.*

**185a - Implement Storage Procedures (continued)****Plan of Correction****Accept ( [REDACTED] - 02/19/2026)**

1. Resident 3's MAR was reviewed the day of the licensing visit. This resident was checking [REDACTED] BGL, and verbally reporting the number to the staff. The number being reported was not accurate. Owner: PCH Director. Completion Date: 12/2/25.
2. Direction was provided to staff to ensure they were directly observing the number displayed on the meter for all resident BGL levels, not taking the resident's report of the number. Owner: PCH Supervisor. Completion Date: 12/4/25.
3. Resident 3's meter was reviewed to ensure readings matched what was written on the MAR. Owner: PCH Supervisor. Completion Date: 12/11/25.
4. Resident 4's meter was recalibrated to show the correct date. Owner: PCH Director. Completion Date: 12/3/25.
5. Direction was provided to staff to ensure meters were being recalibrated. This process is completed on third shift. Owner: PCH Supervisor. Completion Date: 12/4/25.
6. Meters were checked to ensure they were displaying the correct date. Owner: PCH Supervisor. Completion Date: 12/11/25.

**Licensee's Proposed Overall Completion Date: 01/09/2026****Implemented ( [REDACTED] - 03/24/2026)**