

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

December 31, 2025

[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 11/12/2025 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: Complaint, Incident Exit Conference Date: 11/12/2025

**Inspection Dates and Department Representative**

11/12/2025 - 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**

11/12/2025 - Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/15/2025

12/17/2025 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 12/23/2025  
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 12/24/2025

Inspections / Reviews *(continued)*

12/31/2025 - Document Submission

Submitted By: [REDACTED] *rater*

Date Submitted: *12/23/2025*

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 42s - Privacy

## 1. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

## Description of Violation

*The home is video recording throughout the home to include hallways. There are no signs posted indicating that images are being recorded in the home.*

## Plan of Correction

Accept (█ - 12/17/2025)

1. *The home recently had additional cameras installed. Signage was being redone in response to the additional areas of coverage. Laminated signage was on the director's desk the day of the licensing visit, but it was not hung.*

2. *At the end of the licensing visit, temporary signage was hung to identify areas of video camera coverage. Owner: Program Supervisor. Date completed: 11/12/25*

3. *Wall brackets were purchased and attached to the wall for a more permanent placement of signage. Owner: Maintenance Director. Date Completed: 12/3/25*

4. *New signage was hung in the wall brackets. There are 9 locations of signage for the two floors of the building. Owner: Program Director. Date Completed: 12/5/25*

Licensee's Proposed Overall Completion Date: 12/09/2025

Implemented (█ - 12/31/2025)

## 95 - Furniture and Equipment

## 2. Requirements

2600.

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

## Description of Violation

*On the day of the inspection the home's elevator was out of service.*

## Plan of Correction

Accept (█ - 12/17/2025)

1. *Prior to the licensing visit, the elevator was running properly but was making an odd sound. The elevator was tested by staff without any residents in it to gather details of the issue. A maintenance support ticket was submitted. Once the ticket was submitted, there was direction provided to close the elevator. Owner: Program Director. Date Completed: 11/6/25.*

2. *Staff increased interactions with residents on the ground floor who could not take the stairs to the first floor. This included meds and other daily activities. Owner: Program Director. Date Completed: 11/6/25*

3. *Elevator vendor Otis was on site several times to work on the elevator. There was a part needed for the repair that was not available in their shop so it was ordered. The part was installed to complete the repair. The elevator was re-opened at that time. Owner: Maintenance Director. Date Completed: 11/13/25.*

4. *A new maintenance support ticket will be submitted should there be any repeat or new issues observed with the*

**95 - Furniture and Equipment (continued)**

elevator. It is used on a daily basis by staff and residents, so it is being "checked" daily. Owner: Program Director.  
Completion Date: 11/13/25 and ongoing.

Licensee's Proposed Overall Completion Date: 12/09/2025

Implemented (█ - 12/31/2025)