

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

June 25, 2026

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

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

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/03/2025, 12/09/2025 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 #: 44647 License Expiration: 02/04/2026
 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 and 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: 12/09/2025

Inspection Dates and Department Representative

12/03/2025 - On-Site: [REDACTED]
 12/09/2025 - 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: 6 Are 60 Years of Age or Older: 7
 Diagnosed with Mental Illness: 8 Diagnosed with Intellectual Disability: 3
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

12/03/2025 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/25/2026

05/27/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 06/22/2026
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 06/24/2026

Inspections / Reviews *(continued)*

06/25/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/22/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted] Resident #2 sustained self-inflicted wounds [redacted]

[redacted] This incident was not reported to the Department.

Plan of Correction

Accept ([redacted] - 05/27/2026)

1. The report was confirmed as unsent. A review occurred with staff to confirm the need to send incident reporting to external entities within 24 hours (preferably before 24 hours). Owner: PCH Director. Completion Date: 12/5/25.

2. All staff of this location will take their annual incident report training within the next two weeks. Owner: PCH Director. Completion Date: 6/5/26.

3. All incident reporting will be monitored with a checklist over the next four weeks to ensure all reporting is completed and forwarded to all required reporting sources. Owner: PCH Director. Completion Date: 6/19/26.

4. Any further discrepancies in the incident reporting procedure will be reviewed for a potential change in process. Owner: PCH Director. Completion Date: 6/26/26.

Licensee's Proposed Overall Completion Date: 06/26/2026

Implemented ([redacted] - 06/25/2026)

89b - Hot Water Temperature

2. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

At 10:42 AM, the kitchen hot water was 128.6 degrees. At 11:15 AM, the kitchen hot water was 126.6 degrees.

Plan of Correction

Accept ([redacted] - 05/27/2026)

1. A maintenance ticket was submitted to have the hot water tanks checked and adjusted. Owner: PCH Supervisor. Completion Date: 12/3/25.

2. Subsequent daily water temp checks by third shift staff would confirm if the adjustment was successful. Owner: PCH Clinical Care Specialist. Completion Date: 12/17/25.

3. An email was sent to all staff to review our practice of monitoring water temperatures. Owner: PCH Director. Completion Date: 5/22/26.

4. Any future occurrence of water temperatures being outside the appropriate range will be reported to Maintenance for adjustment of the hot water tanks. Owner: PCH Director. Completion Date: 5/22/26.

89b Hot Water Temperature *(continued)*

Licensee's Proposed Overall Completion Date: 05/22/2026

Implemented () - 06/25/2026

92 - Windows

3. Requirements

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

On 12/3/25 at 10:50 AM, a 3 inch by 1 inch hole was found in the dining room window screen.

Plan of Correction

Accept () - 05/27/2026

1. It was confirmed with staff that this window would not be opened since it was December. A maintenance ticket was submitted to have the screen repaired. Owner: PCH Supervisor. Completion Date: 12/4/25.
2. A verbal review was completed with staff to ensure facility issues are identified and reported for repair/replacement. Owner: PCH Supervisor. Completion Date: 12/5/25.
3. The screen was checked to ensure it was repaired. Owner: PCH Clinical Care Specialist. Completion Date: 1/16/26.
4. All screens in the home will be checked to ensure they are in good condition. Any needs for repairs will be submitted to Maintenance for repair/replacement. Owner: PCH Clinical Care Specialist. Completion Date: 5/29/26.

Licensee's Proposed Overall Completion Date: 05/29/2026

Implemented () - 06/25/2026

183e - Storing Medications

4. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident #2's () did not have an open date.

Plan of Correction

Accept () - 05/27/2026

1. The need to date items with an open date was verbally reviewed with staff. Owner: PCH Supervisor. Completion Date: 12/3/26.
2. Our train the trainer staff will provide content from the medication certification course for staff to review. Each staff will respond via email that they have reviewed this content, and that they understand it and do not have any questions (or they will ask any questions they have). Owner: PCH Director. Completion Date: 6/5/26.
3. Any med items that require an open date will be reviewed to ensure there is a date written on it. Any missed items may prompt a review/change in our med process or re education process. Owner: PCH Clinical Care Specialist.

183e - Storing Medications (continued)

Completion Date: 6/19/26.

Licensee's Proposed Overall Completion Date: 06/19/2026

Implemented () - 06/25/2026)

184a - Resident's Meds Labeled

5. Requirements

2600.

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

Description of Violation

Resident #2's is prescribed [redacted]. However, the pharmacy label states to take the medication [redacted].

Plan of Correction

Accept () - 05/27/2026)

1. The pharmacy was called to clarify the order further since there appeared to be a contradiction in orders. Owner: PCH Supervisor. Completion Date: 12/4/25.

2. An order clarification was received and reviewed against the MAR to ensure they matched. Owner: PCH Clinical Care Specialist. Completion Date: 12/11/25.

3. A review of the MARs will be completed to ensure there are no other discrepancies in orders/MARs. Owner: PCH Clinical Care Specialist. Completion Date: 12/22/25.

Licensee's Proposed Overall Completion Date: 05/22/2026

Implemented () - 06/25/2026)

185a - Implement Storage Procedures

6. 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

On 12/3/25, Resident #2's [redacted]

Plan of Correction

Accept () - 05/27/2026)

1. [redacted] Owner: PCH Supervisor. Completion Date: 12/3/25.

2. There was confirmation that there were no other [redacted]. Owner: PCH Supervisor. Completion Date: 12/3/25.

3. Third shift staff were identified to review [redacted]. Checks for

185a Implement Storage Procedures (continued)

these will occur monthly. Owner: PCH Director. Completion Date: 12/4/25.

4. An email reminder was sent to all staff that [REDACTED].

Owner: PCH Director. Completion Date: 5/22/26.

5. [REDACTED]. Owner: PCH Clinical Care Specialist. Completion Date: 6/12/26.

Licensee's Proposed Overall Completion Date: 06/12/2026

Implemented ([REDACTED] - 06/25/2026)

225c - Additional Assessment

7. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident #2's most recent assessment, dated [REDACTED] indicates the resident is independent with ambulation and transferring. However, on [REDACTED] Resident #2 was prescribed [REDACTED] a significant change assessment was not completed.

Plan of Correction

Accept ([REDACTED] - 05/27/2026)

1. A review was completed with staff regarding the creation of new/updated RASPs. Owner: PCH Supervisor. Completion Date: 12/3/25.

2. A new RASP was generated to reflect the change [REDACTED]. Owner: PCH Clinical Care Specialist. Completion Date: 12/22/25.

3. All other RASPs on site were reviewed to ensure no other updates were needed for other residents. Owner: PCH Supervisor. Completion Date: 12/22/25.

4. All new RASPs generated in the next month will be reviewed to confirm all updates are present. Owner: PCH Clinical Care Specialist. Completion Date: 1/30/26.

Licensee's Proposed Overall Completion Date: 05/22/2026

Implemented ([REDACTED] - 06/25/2026)

251c - Standardized Forms

8. Requirements

2600.

251.c. The home shall use standardized forms to record information in the resident's record.

Description of Violation

Resident #1's preadmission screening form, dated [REDACTED]

251c - Standardized Forms (continued)

, was not completed on the Department's current standardized form.

Resident #2's preadmission screening form, dated [REDACTED], was not completed on the Department's current standardized form.

Plan of Correction**Accept ([REDACTED] - 05/27/2026)**

1. Background information - Stairways Personal Care uses the electronic health record called "Credible". Credible has its own format for forms. However, Credible also has a "template" format. A template will take the content of a form in the system and re-create the information to make it look like another form. This functionality allows the electronic health record to show a document such as the PCH preadmission screening form in the format required by licensing. This functionality was present during the licensing visit on 12/3/25. The paper chart kept for licensing review simply held the PCH preadmission screening form printed in the Credible form format instead of the templated format that looks like licensing's required form.

2. A review was completed with staff to ensure standardized forms are printed in the templated format required by licensing. Owner: PCH Supervisor. Completion Date: 12/3/25.

3. The PCH preadmission screening form was reprinted in the proper format for all resident paper charts that needed it. Owner: PCH Clinical Care Specialist. Completion Date: 12/4/25.

4. A chart review will be completed for all newly admitted residents over the next month to ensure the PCH Preadmission Screening Form was printed in the correct format. Owner: PCH Clinical Care Specialist. Completion Date: 1/15/26.

Licensee's Proposed Overall Completion Date: 05/22/2026

Implemented ([REDACTED] - 06/25/2026)