



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **THE ARBORS AT ST BARNABAS INC**

LEGAL ENTITY

To operate **THE ARBORS AT ST. BARNABAS**

NAME OF FACILITY OR AGENCY

Located at **85 CHARITY PLACE, VALENCIA, PA 16059**

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide **Personal Care Homes**

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **229**
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: **Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 47**

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **January 26, 2026** until **July 26, 2026**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **423091**

Janette Biderup
ISSUING OFFICER

Juliet Marsala
ACTING DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

HS 628P - 04/23



Pennsylvania Department of Human Services

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: JANUARY 26, 2026

[REDACTED], Administrator
The Arbors at St. Barnabas Inc.
85 Charity Place
Valencia, Pennsylvania 16059

RE: The Arbors at St. Barnabas
License/COC #: 42309

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on November 12, 2025, December 2, 2025 and December 12, 2025 of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance (license number 42309) dated November 10, 2025 to November 10, 2026 and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026 (b)(1) ;(4) ;(5) and 55 Pa. Code § 20.71(a)(2) ;(5) ;(6) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from JANUARY 26, 2026 to JULY 26, 2026.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

If you disagree with the decision to issue a FIRST PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. If you decide to appeal your FIRST PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

[REDACTED], Workload Manager
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120
[REDACTED]

This decision is final eleven days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc:

[REDACTED]

Facility Information

Name: THE ARBORS AT ST. BARNABAS

License #: 42309

License Expiration: 11/10/2026

Address: 85 CHARITY PLACE, VALENCIA, PA 16059

County: BUTLER

Region: WESTERN

Administrator

Name: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Legal Entity

Name: THE ARBORS AT ST BARNABAS INC

Address: 85 CHARITY PLACE, VALENCIA, PA, 16059

Phone: [REDACTED]

Email: [REDACTED]

Certificate(s) of Occupancy

Type: I-1

Date: 06/04/2010

Issued By: Adams Township

Type: I-1

Date: 01/09/2020

Issued By: Adams Township

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 89

Waking Staff: 67

Inspection Information

Type: Partial

Notice: Unannounced

BHA Docket #:

Reason: Complaint

Exit Conference Date: 12/09/2025

Inspection Dates and Department Representative

11/12/2025 - On-Site: [REDACTED]

12/02/2025 - Off-Site: [REDACTED]

12/09/2025 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 229

Residents Served: 64

Secured Dementia Care Unit

In Home: Yes

Area: SDCU

Capacity: 47

Residents Served: 13

Hospice

Current Residents: 15

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 63

Diagnosed with Mental Illness: 2

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 25

Have Physical Disability: 0

Inspections / Reviews

11/12/2025 Partial

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 01/02/2026

Inspections / Reviews (*continued*)

01/14/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/02/2026

Reviewer:

Follow Up Type:

42b - Abuse

1. 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

On [REDACTED], resident [REDACTED] was admitted to the Secure Dementia Care Unit with multiple diagnoses, including Dementia. Staff interviews and progress notes indicate resident [REDACTED] was ambulatory, typically used a wheeled walker, was alert to self, wanders, and required extensive supervision in the home. A resident assessment and support plan was not completed for resident [REDACTED].

On [REDACTED] at approximately 7:30 a.m., resident [REDACTED] had an unwitnessed fall in his/her bathroom and sustained a skin tear on the nose and elbow.

On [REDACTED] at approximately 1:50 a.m., resident [REDACTED] attempted to enter resident [REDACTED]'s bedroom. Staff person A redirected resident [REDACTED] away from resident [REDACTED]'s bedroom and resident [REDACTED] shut and locked his/her bedroom door. At approximately 4:00 a.m., staff person A attempted to open resident [REDACTED]'s bedroom door; however, the door was locked, and no light appeared from under the door. The resident did not respond when the staff person A knocked on the door, and the staff person did not attempt to gain access to the bedroom. At approximately 6:30 a.m., when attempting to pass medications to resident [REDACTED] staff person B found the bedroom door was locked. Staff person B retrieved a key, unlocked the door and entered the resident's bedroom.

Staff person B found resident [REDACTED] bent over the back of a wheelchair, with his/her brief caught on the right arm of the wheelchair. The resident's head was down near the front wheels of the chair, beyond the seat. Resident [REDACTED] had bruising on his/her legs and arms, his/her arms were bleeding near the elbows, and blood was on the bedroom floor and walls. Both of his/her legs were purple, bruised, and had indentations from the arms of the wheelchair. The resident was not moving or speaking, and staff had to tilt the wheelchair to lower the resident to the floor.

Emergency services were called, and resident [REDACTED] was transported to Allegheny General Hospital due to trauma, where he/she was admitted and diagnosed with complicated rhabdomyolysis with acute kidney injury requiring hemodialysis with lactic acidosis. On [REDACTED] resident [REDACTED] was discharged to a skilled nursing facility where he/she remains unable to ambulate and does not have a plan of discharge.

Plan of Correction

Accept ([REDACTED] 01/14/2026)

Assuming, for the sake of this discussion only and without agreeing to any of the alleged facts, the validity of the deficiencies noted in the Department of Human Service's Statement of Deficiencies Report to The Arbors at St. Barnabas, Valencia for the Survey ending November 12, 2025, which alleged deficiencies The Arbors at St. Barnabas does not admit, we offer the following Plan of Correction. Nothing contained in the Plan of Correction shall/should be deemed an admission, either expressed or implied, on the part of The Arbors at St. Barnabas, Inc. as to the validity of the deficiencies noted in the report.

- 10.28.25 staff member A was removed from the schedule and employment was terminated.
- staff are being educated on post fall injuries along with resident abuse guidance by the administrator or designee. Education on regulation 42b will be provided to all staff by administrator and/or designee. Education will be completed by 1.16.26.
- Audits on immediate treatment post falls and resident abuse will be completed on 0-3 residents weekly for one

42b Abuse (continued)

month, bi-weekly for a month and then monthly thereafter. The audit will be conducted by the administrator and/or designee. Audits will begin on 1.16.26.

Licensee's Proposed Overall Completion Date: 01/16/2026

185a - Implement Storage Procedures**2. 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 [REDACTED] during the 3:00 p.m. shift count, resident [REDACTED]'s [REDACTED] medications were incorrect. The [REDACTED] [REDACTED] should have had 27 pills; however, there were 28 pills. The [REDACTED] should have had 6 pills; however, there were 4 pills.

Plan of Correction

Accept ([REDACTED] - 01/14/2026)

Assuming, for the sake of this discussion only and without agreeing to any of the alleged facts, the validity of the deficiencies noted in the Department of Human Service's Statement of Deficiencies Report to The Arbors at St. Barnabas, Valencia for the Survey ending November 12, 2025, which alleged deficiencies The Arbors at St. Barnabas does not admit, we offer the following Plan of Correction. Nothing contained in the Plan of Correction shall/should be deemed an admission, either expressed or implied, on the part of The Arbors at St. Barnabas, Inc. as to the validity of the deficiencies noted in the report.

- 10.23.25 the med tech involved with the medication error was immediately removed from passing medications and an investigation was initiated by the administrator.
- Resident [REDACTED] has two different dosages of Lorazepam. On 10.24.25 small stop signs were placed on each of the medication cards of Lorazepam by the administrator as a reminder for all staff to see.
- Education on regulation 2600.185a will be provided to all med techs by the administrator and/or designee. This education will be completed by 1.16.26.
- Audits will begin by the Arbors nurses and/or designee on 1.16.26. The audits will consist of six residents weekly for one month, bi monthly for one month and monthly thereafter.

Licensee's Proposed Overall Completion Date: 01/16/2026

187d - Follow Prescriber's Orders

3. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [REDACTED] was prescribed [REDACTED] take 1 tablet by mouth 2 times a day. This medication was scheduled for 8:00 a.m. and 2:00 p.m. The resident was also prescribed [REDACTED], take 1 tablet by mouth at bedtime. This medication was scheduled for 8:00 p.m. However, on [REDACTED] at 8:00 a.m., the resident was administered Lorazepam 1mg by staff person C in error.

Plan of Correction

Accept [REDACTED] - 01/14/2026)

Assuming, for the sake of this discussion only and without agreeing to any of the alleged facts, the validity of the deficiencies noted in the Department of Human Service's Statement of Deficiencies Report to The Arbors at St. Barnabas, Valencia for the Survey ending November 12, 2025, which alleged deficiencies The Arbors at St. Barnabas does not admit, we offer the following Plan of Correction. Nothing contained in the Plan of Correction shall/should be deemed an admission, either expressed or implied, on the part of The Arbors at St. Barnabas, Inc. as to the validity of the deficiencies noted in the report.

- 10.20.25 the med tech involved with the prescriber's order recognized the error and immediately notified the nurse. The Arbors nurse assessed the resident and notified the POA and MD.
- 10.20.25 report was filed by the arbors nurse per DHS regulation and Arbors policy for a medication error.
- Education on regulation 2600.187.d will be provided to all med techs by the administrator and/or designee. This education will be completed by 1.16.26.
- Audits will begin by the Arbors nurses and/or designee on 1.16.26. The audits will consist of six residents weekly for one month, bi-monthly for one month and monthly thereafter.

Licensee's Proposed Overall Completion Date: 01/16/2026

234a - Admission Support Plan**4. Requirements**

2600.

234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident [REDACTED] was admitted to the Secure Dementia Care Unit on [REDACTED] However, the resident's initial support plan was not completed.

Plan of Correction

Accept [REDACTED] - 01/14/2026)

Assuming, for the sake of this discussion only and without agreeing to any of the alleged facts, the validity of the deficiencies noted in the Department of Human Service's Statement of Deficiencies Report to The Arbors at St. Barnabas, Valencia for the Survey ending November 12, 2025, which alleged deficiencies The Arbors at St. Barnabas does not admit, we offer the following Plan of Correction. Nothing contained in the Plan of Correction shall/should be deemed an admission, either expressed or implied, on the part of The Arbors at St. Barnabas, Inc. as to the

234a - Admission Support Plan (continued)

validity of the deficiencies noted in the report.

- 10.17.28 resident [REDACTED] was admitted to our facility as a respite resident, due to discharge 10.28.25. Arbors nurses completed a new resident sheet for resident [REDACTED] so staff was aware of current needs.*
- 12.23.25 new heading added to RASP tracker for SDCU as a reminder that RASP's must be completed within 72hrs of admission.*
- Education on regulation 2600.234a will be provided to all staff by the administrator and/or designee. This education will be completed by 1.16.26.*
- Audits to ensure all residents admitting to the sdcu have a rasp completed within 72hros of admission. Audits will begin by the Arbors nurse and/or designee on 1.16.25. The audits will consist of 0-3 residents weekly for one month, bi-monthly for one month and monthly thereafter.*

Licensee's Proposed Overall Completion Date: 01/16/2026