COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
11 Stanwix Street
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Pittsburgh, Pennsylvania 15222

ADULT RESIDENTIAL LICENSING

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Mailing Date: AUG 30

Ms. Whitney Reed, Administrator
The Arbors at St. Barnabas, Inc.
The Arbors at St. Barnabas
85 Charity Place
Valencia, Pennsylvania 16059

Dear Ms. Reed:

As a result of the Department of Public Welfare's licensing inspection on August 15, 2011 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

Sincerely,

Jill Pezzino
Regional Licensing Administrator

Enclosure(s)

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME	CURRENT LICENSE NUMBER
THE ARBORS AT ST BARNABAS, 85 CHARITY PLACE VALENCIA, PA 16059	423090
INSPECTION DATES (Include all dates of the inspection) 08/15/2011	REGIONAL REPRESENTATIVE Jason Williams

PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)

WHITNEY REED, ADMINISTRATOR

SIGNATURE OF LEGAL ENTITY	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE
Whitney A. Reed	8/25/11	Jean L Pezzino (JLP)	8-29-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special	-The August 2011 MAR for Resident #1 lists Pantoprazole 40 mg orally daily and Olanzapine 2.5 mg orally at bedtime. Neither of these entries include the dose or dosage form of the medications. -The August 2011 MAR for Resident #2 lists Trospium CL 20 mg orally twice daily and Paxil 20 mg orally daily. Neither of these entries include the dose or dosage form of the medications. Western Region AUG 29 2011 Adult Residential Licensing	08/16/2011 08/26/2011	Assuming for the sake of this discussion, the validity of the deficiencies noted in the Department of Public Welfare's Violation Report to The Arbors at St. Barnabas, Inc. for the Survey on August 15, 2011, which The Arbors 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. For resident #1 and #2, the MAR's were corrected with the dose and dosage form of the medication by the Resident Care Coordinator. All other MAR's were checked by the Resident Care Coordinator for compliance that the dose and dosage form of the medication was listed.	8-29-11 JLP

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precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.	Western Region Adult Residential Licensing	08/24/2011 and ongoing 08/24/2011	Bi-monthly Quality Assurance audits will now be completed on the MAR's in order to monitor for continued compliance by the Resident Care Coordinator or designee. Education has been given to the nursing staff to list the dose and dosage form of the medication when writing a new order on the MAR.	

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Whitney L. Reed	8/25/11	JJP	8-29-11

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187b The information in subsections 187a13 and 187a14 shall be recorded at the time the medication is administered.	-On 7/3/2011 at 9AM, Staff person A administered Citalopram 40 mg and Digoxin 0.25 mg to Resident #3. Staff person A did not initial the MAR for these medications until sometime between 7/5/2011 and 8/15/2011. The following meds were administered by the home without any documentation in the MAR: -Hydrocodone /APAP 5-500 mg for Resident #4 on 8/4, 8/12, and 8/14/2011 at 6AM. -Donepezil 10 mg for Resident #5 on 8/12/2011 at 9PM. -Trazodone 50 mg for Resident #6 on 8/12/2011 at 9PM. -Olanzapine 2.5 mg for Resident #1 on 8/7, 8/10, 8/12, and 8/13/2011 at bedtime. -Midodrine 5 mg for Resident #7 on 8/11, 8/13, 8/14, and 8/15/2011 at 9PM.	08/16/2011 08/24/2100 08/24/2011 and ongoing 08/16/2011	For resident #1,#3,#4,#5,#6 and #7 the medication cart was checked and it was acknowledged that the medication was given according to the blister pack medication packs by the Resident Care Coordinator. Staff who had the omissions on the MAR's were given violations for documentation error. Additional med observations were completed. A Quality Assurance audit to verify proper documentation will be completed bi-monthly by the Resident Care Coordinator or designee. A quarterly MAR review and medication observation will also be completed. Education was provided on the proper medication administration and documentation process.	Steps have been taken to correct violation; full compliance is not verifiable (N/A) Initials Date

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187d The home shall follow the directions of the prescriber.	Staff person B acknowledged a doctor's order on 7/2/2011 that increased Resident #3's dose of Lasix from 40 mg to 60 mg. The July MAR for Resident #3 indicates that the 60 mg dose was first administered on 7/4/2011 and that none was given on 7/3/2011. This medication was prescribed for Edema. Resident #3 was sent to the emergency room on 7/5/2011 due to edema of the legs.	08/24/2011 08/26/2011 08/24/2011 and ongoing 08/24/2011	Staff member on July 3, 2011, that did not give the dosage of lasix was given a violation report and a medication error is being recorded. MAR's verified for all medications ordered being given to the resident. Quality Assurance audits will be completed on a bi-monthly basis to ensure that medications ordered were given timely. Education was given to specific staff member involved, as well as, all nursing staff to ensure any medication ordered is given to the resident as prescribed. Additional medication observations were completed.	Steps have been taken to correct violation; full compliance is not verifiable Initials (DPW) Date

Western Region

Adult Residential Licensing