

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to THE ARBORS AT ST. BARNABAS, INC.

To operate THE ARBORS AT ST BARNABAS - GIBSONIA

Located at 3RD FLOOR, SOUTH WING, 5827 MERIDIAN ROAD, GIBSONIA, PA 15044

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

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 56
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions:

This certificate is granted in accordance with the Public Welfare 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 October 29, 2011 until October 29, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 441590

Robert E. Robinson

ISSUING OFFICER

R C King

DIRECTOR

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.

PW 628 - 01/11



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

PHONE: (717) 783-3670
FAX: (717) 783-5662

NOV 03 2011

Ms. Karen Trapp, Administrator
The Arbors at St. Barnabas, Inc.
85 Charity Way
Valencia, Pennsylvania 16059

RE: The Arbors at St. Barnabas – Gibsonia
5827 Meridian Road
Gibsonia, Pennsylvania 15044

Dear Ms. Trapp:

As a result of the Department of Public Welfare's licensing inspection on September 27, 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.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to be 'R' followed by a long horizontal stroke.

Ronald Melusky
Director

Enclosures
License
Violation Report

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


NAME AND ADDRESS OF PERSONAL CARE HOME
 THE ARBORS AT ST BARNABAS - GIBSONIA, 5827 MERIDIAN ROAD GIBSONIA, PA 15044

CURRENT LICENSE NUMBER
 441590

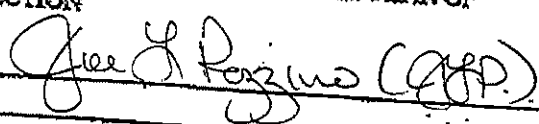
INSPECTION DATES (Include all dates of the inspection)
 09/27/2011

REGIONAL REPRESENTATIVE
 Michael Marini, Mindy Orms, Dennis Ropon

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

SIGNATURE OF LEGAL ENTITY


DATE
 10/18/11

REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION


DATE
 10-26-11

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
65a Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:	Staff person A, whose first day of work was 5/17/2011, and staff person B, whose first day of work was 5/12/2011, were not oriented to any of the required topics in the first day orientation		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 September 27, 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.	Steps have been taken to correct violation; full compliance is not verifiable Date: 10/18/11 Initials (DPW):
(1) Evacuation procedures. (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency	Western Region OCT 20 2011 Adult Residential Licensing	9-30-11 and ongoing	Staff person A, was on Medical Leave of Absence at the time of inspection. On the first day of her return, staff person A will receive orientation to all the required topics. Staff person B, was educated on general fire safety and emergency preparedness upon her next day of work.	
		9-28-11	All direct care staff records have been reviewed for completion of required topics.	

P. 2/27

NO. 659

ST BARNABAS NURSING

2:28PM

OCT. 20. 2011

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

NAME AND ADDRESS OF PERSONAL CARE HOME
 THE ARBORS AT ST BARNABAS GIBSONIA, 5827 MERIDIAN ROAD GIBSONIA, PA 15044

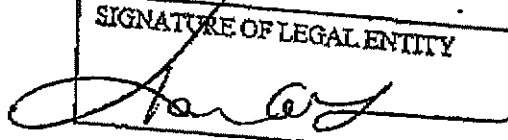
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 Michael Marini, Mindy Orrie, Dennis Rogon

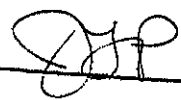
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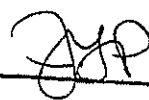
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
location if applicable. (3) The designated meeting place outside the building or within the fire safe area in the event of an actual fire. (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable. (6) The location and use of fire extinguishers.		9-28-11 ongoing 9-28-11 and ongoing	All training staff has received education on completion of first day orientation topics and paperwork on completion of education. Monthly audits of staff records will be completed by administrator or designee on all new hires to assure all mandatory paperwork has been completed.	
(6) Smoke detectors and fire alarms. (7) Telephones use and notification of emergency services.	<p align="center">Western Region</p> <p align="center">OCT 20 2011</p>			
<p align="center">Adult Residential Licensing</p>				

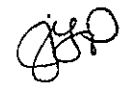
NO. 659 P. 3/27

ST BARNABAS NURSING

OCT. 20. 2011 2:28PM

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

NAME AND ADDRESS OF PERSONAL CARE HOME THE ARBORS AT ST BARNABAS GIBSONIA, 5827 MERIDIAN ROAD GIBSONIA, PA 15044		CURRENT LICENSE NUMBER 441590	
INSPECTION DATES (Include all dates of the inspection) 09/27/2011		REGIONAL REPRESENTATIVE Michael Marini, Mindy Orme, Dennis Rogon	
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			DATE 10-26-11

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
65d Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following: (1) Training that includes a demonstration of job duties, followed by supervised practice. (2) Supervised completion and passing the Department approved direct care training course and passing of the competency test. (3) Initial direct care staff person training to include the	Direct care staff person B, hired on 5/12/2011, provided unsupervised assistance with ADLs but did not complete the online direct care training course.	9-30-11 9-28-11 9-28-11 ongoing 9-28-11 and ongoing	Staff person B completed the online direct care training course, expedited completion before returning to work. All direct care staff records have been reviewed for completion of on line direct care training course. Training staff were educated on need to complete online direct care staff training prior to being able to provide unsupervised assistance with ADLs. Monthly audits of staff records will be completed by administrator or designee on all new hires to ensure all mandatory training and paperwork has been completed.	10-26-11 
	OCT 20 2011			

NO. 659. P. 4/27
ST. BARNABAS NURSING
OCT. 20. 2011 2:28PM

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

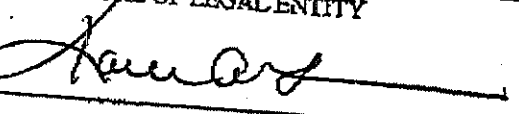
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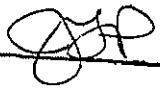
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following: (i) Safe management techniques. (ii) ADLs and IADLs. (iii) Personal hygiene. (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.				
(v) The normal aging cognitive, psychological and functional abilities of individuals who are older. (vi) Implementation of the initial assessment, annual	Western region OCT 20 2011			

Adult Residential Licensing

ST BARNABAS NURSING
 OCT. 20. 2011 2:28PM
 NO. 659 P. 5/27

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

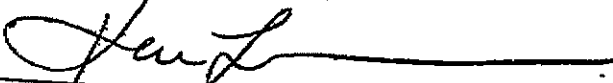
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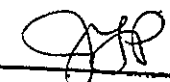
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assessment and support plan. (vii) Nutrition, food handling and sanitation. (viii) Recreation, socialization, community resources, social services and activities in the community. (ix) Gerontology. (x) Staff personnel supervision, if applicable.	<p align="center">Western Region</p> <p align="center">OCT 20 2011</p> <p align="center">Adult Residential Licensing</p>			
(xi) Care and needs of residents with special emphasis on the residents being served in the home. (xii) Safety management and hazard prevention.				

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 ST BARNABAS NURSING
 OCT. 20. 2011 2:29PM

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

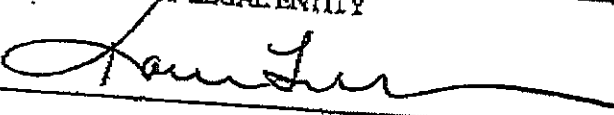
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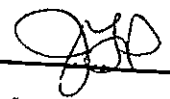
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(xiii) Universal precautions. (xiv) The requirements of this chapter. (xv) Infection control. (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.				
applicable to fire residents served in the home. (6) Smoke detectors and fire alarms. (7) Telephone use and notification of emergency services.	<p align="center">Western Region</p> <p align="center">OCT 20 2011</p>			

Adult Residential Licensing

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 NO. 659
 ST BARNABAS NURSING
 2:40PM
 OCT. 20. 2011

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

NAME AND ADDRESS OF PERSONAL CARE HOME THE ARBORS AT ST BARNABAS GIBSONIA, 5827 MERIDIAN ROAD GIBSONIA, PA 15044		CURRENT LICENSE NUMBER 441590
INSPECTION DATES (include all dates of the inspection) 09/27/2011		REGIONAL REPRESENTATIVE Michael Marini, Mindy Orma, Dennis Ropon
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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
82c Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.	A bottle of Butcher's Gilsten Glass and Surface Cleaner, with a manufacture's label indicating "In case of contact call a physician.", was in an unlocked cabinet under the sink in the Gathering Room and was accessible to residents. Residents of the home have not been assessed capable of recognizing and using poisons safely. A bottle of Morning Mist Neutral Disinfectant Cleaner, with a manufacture's label indicating "If contact with skin or eyes get medical attention.", was in an unlocked cabinet under the sink in the Gathering Room and was accessible to residents. Residents of the home have not been assessed capable of recognizing and using poisons safely.	9-27-11 9-28-11 and ongoing 9-28-11 and ongoing	All poisonous materials were immediately removed from areas that were accessible to residents and put in locked housekeeping areas. All areas were checked for other poisonous materials, no other items found. Staff has been educated on keeping poisonous materials locked and inaccessible to residents.	10-26-11 
	A bottle of High Density Deodorant Spray, with a manufacture's label indicating "If swallowed call a physician immediately.", was in an unlocked cabinet under the sink in the Gathering Room and was accessible to residents. Residents of the home have not been assessed capable of recognizing and using poisons safely.		A remedy will be completed by administrator or designee to assure all poisonous materials are locked out of reach of residents.	

Western Region

OCT 20 2011

ST BARNABAS NURSING P. 8/27 NO. 659 OCT. 20. 2011 2:40PM

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

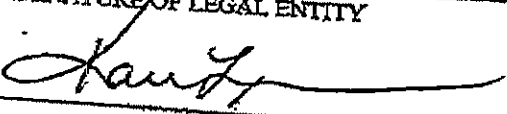
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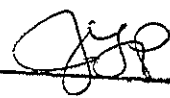
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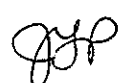
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DATE
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91 Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control center, municipal emergency management agency and personal care home complaint hotline	The resident telephones in the home did not have the updated personal care home hotline telephone number or the ombudsman's telephone number posted nearby.	9-27-11 9-28-11 and ongoing	New emergency phone number lists were made with correction to the updated personal care home hotline telephone number. The ombudsman's telephone number was also added. A new list has been placed at each resident's phone. Staff has been educated on placement of list at all residents' phones.	10-26-11 
or by each telephone with an outside line.	Western Region OCT 20 2011	9-28-11 and ongoing	An audit by administrator or designee will be completed to ensure accuracy of the phone numbers.	

Adult Residential Licensing

NO. 659 P. 9/27 ST. BARNABAS NURSING OCT. 20. 2011 2:41PM

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

NAME AND ADDRESS OF PERSONAL CARE HOME
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DATE
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JJP

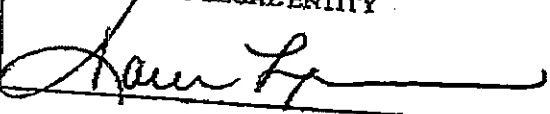

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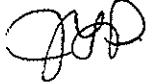
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103e Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.	There was an uncovered and unlabelled glass of strawberry flavored milk in the gathering room refrigerator and bags of mixed vegetables, broccoli, green beans, and beef ravioli in the kitchen freezer that were opened and undated.	9-27-11 9-28-11 and ongoing	All unlabeled and uncovered foods were removed from gathering room and kitchen freezers. All other food storage areas were also checked for uncovered and unlabeled items, none found. Staff has been provided with education on storage of open foods.	10-26-11 <i>JJP</i>
	Western Region OCT 20 2011	9-28-11 and ongoing	All areas of all food storage areas will be completed monthly by administrator or designee to ensure compliance with food storage.	

Adult Residential Licensing

ST. BARNABAS NURSING ... P. 10/27 ... NO. 659 ... OCT. 20. 2011 2:41PM

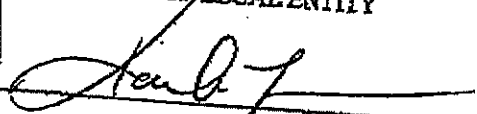

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600


NAME AND ADDRESS OF PERSONAL CARE HOME THE ARBORS AT ST BARNABAS GIBSONIA, 5827 MERIDIAN ROAD GIBSONIA, PA 15044		CURRENT LICENSE NUMBER 441590
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103f Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers shall be required in refrigerators and freezers.	The freezer in the gathering room was 4 degrees fahrenheit.	9-27-11 9-28-11 and ongoing 9-28-11 and ongoing	Temperature of courtyard gathering room freezer was adjusted. All other freezer units were checked and found to have no problems. Staff has been educated on food refrigeration and freezing temperatures. An audit of all refrigeration and freezer systems will be completed monthly by administrator or designee.	10-26-11 
Western Region OCT 20 2011 Adult Residential Licensing				

P. 11/27
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132b A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.	The home has not had a fire inspection completed within the last year. The last inspection was conducted on 4/29/2010.	9-27-11 10-6-11 9-28-11 and ongoing	Fire safety inspector was immediately contacted and an appointment was scheduled for inspection. Inspection was completed on October 6, 2011. Education was provided to staff responsible for scheduling of yearly fire inspection.	10-26-11 
	Western Region OCT 20 2011	ongoing	The administrator or designee will place a reminder on 2012 calendar to schedule a yearly fire expert safety inspection.	

Adult Residential Licensing

--NO. 659 P. 12/27
 ST BARNABAS NURSING
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VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

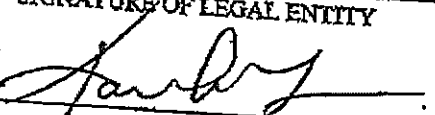
NAME AND ADDRESS OF PERSONAL CARE HOME
 THE ARBORS AT ST BARNABAS GIBSONIA, 5827 MERIDIAN ROAD GIBSONIA, PA 15044

CURRENT LICENSE NUMBER
 441590

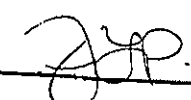
INSPECTION DATES (include all dates of the inspection)
 09/27/2011

REGIONAL REPRESENTATIVE
 Michael Marini, Mindy Orme, Dennis Ropon

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

SIGNATURE OF LEGAL ENTITY


DATE
 10/20/11

REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION


DATE
 10/26/11

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
	Month	Date	Time	Evac. Time	FSE			
	Jan	01/20/2011	03:17 PM	5:10	No			
	Feb	02/25/2011	01:30 PM	4:20	No			
	Mar	03/30/2011	05:30 AM	5:10	No			
	Apr	04/30/2011	03:30 PM	4:25	No			
	May	05/03/2011	10:30 AM	5:25	No			
	Jun	06/28/2011	06:42 AM	6:05	No			
	Jul	07/27/2011	03:30 PM	5:35	No			
	Aug	08/29/2011	11:04 PM	7:04	No			
	Sep	09/29/2011	10:47 AM	5:04	No			
	Oct	10/29/2010	03:19 AM	4:25	No			
	Nov	11/29/2010	01:30 PM	5:10	No			
	Dec	12/23/2010	12:05 AM	8:00	No			

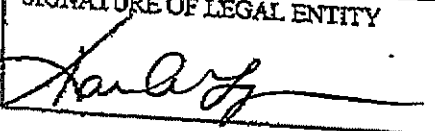

Western Region

OCT 20 2011

Adult Residential Licensing

ST BARNABAS NURSING
 OCT. 20. 2011 2:41PM
 NO. 659 P. 13/27

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

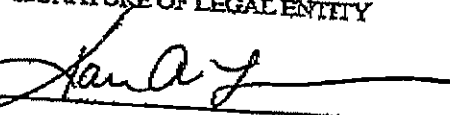
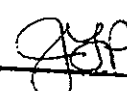
NAME AND ADDRESS OF PERSONAL CARE HOME THE ARBORS AT ST BARNABAS GIBSONIA, 5827 MERIDIAN ROAD GIBSONIA, PA 15044		CURRENT LICENSE NUMBER 441590	
INSPECTION DATES (Include all dates of the inspection) 09/27/2011		REGIONAL REPRESENTATIVE Michael Marini, Mindy Orme, Dennis Rogan	
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132d Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.	The home did not have an evacuation time from a fire safety expert designated within the last year. The home's fire drill evacuation times are:	9-27-11 10-6-11 9-28-11 and ongoing	Fire safety inspector was immediately contacted and an appointment was scheduled for inspection. Inspection was completed on October 6, 2011. A fire evacuation time was assigned from the fire safety expert. Education was provided to staff responsible for scheduling of yearly fire inspection which must include an evacuation time.	Steps have been taken to correct violation; full compliance is not verifiable Data 10/26/11 Initials (DPW)
	Western Region OCT 20 2011	9-28-11 ongoing	The administrator or designee will place a reminder on 2012 calendar to schedule a yearly fire expert safety inspection.	

Adult Residential Licensing

P.14/27
NO.659
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<p>Western Region</p> <p>OCT 20 11</p>								


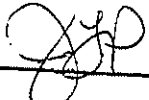
Adult Residential Licensing


NO. 659 P. 15/27

ST. BARNABAS NURSING

OCT. 20. 2011 2:42PM

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

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141a 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.	Resident 1's medical evaluation, dated 9/16/2011, refers to an attached list of diagnosis that are not with the form, and to an attached list of medications that is unsigned and undated. Repeated Violations: 09/24/2010	10-17-11 10-5-11 9-28-11 and ongoing	A new medical evaluation was completed by the doctor. All resident records were reviewed for proper completion of medical evaluations. Any attachments were present and MD signature found on attachment. Staff was educated on completion of Medical evaluation forms.	10-26-11 
	Western Region OCT 20 2011	9-28-11 ongoing	The administrator or designee will complete monthly audits of all medical evaluations.	

Adult Residential Licensing

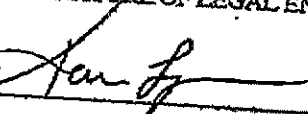

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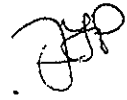
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187b The information in subsections 187a13 and 187a14 shall be recorded at the time the medication is administered.	On 9/15/2011, at 9 PM, resident 2's Sucralfate was administered and on 9/26/2011, at 9 PM, resident 2's fentanyl was administered. The staff person who administered these medications did not document this in the medication administration record.	9-27-11 9-28-11 9-28-11 and ongoing	For resident 2, the medication cart was checked and it was acknowledged that the medication was given according to the blister pack medication packs. Staff who had the omissions on the MAR was given violation for documentation error. Additional med observations were completed. Staff was educated on proper medication administration and documentation process.	10-26-11 
	Western Region OCT 20 2011	9-28-11 ongoing	The administrator or designee will complete a monthly audit of medication administration records.	

Adult Residential Licensing

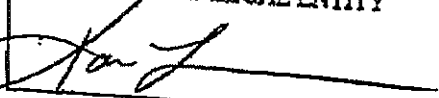
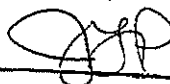
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187d The home shall follow the directions of the prescriber.	Resident 3 had an order to apply a lidoderm patch to the right shoulder in the evening and remove it in the morning. The home was applying the patch in the morning and removing it in the evening.	9-27-11 9-28-11 9-28-11 and ongoing 9-28-11 ongoing	On the day of inspection 9-27-11 clarification of the lidoderm patch order was obtained. All other MAR's were checked for proper transcription. No errors found. Staff has been educated on transcription and clarification of orders. An audit will be completed Monday by administrator or designee to ensure accuracy of order transcription.	10-26-11 
Western Region OCT 20 2011				

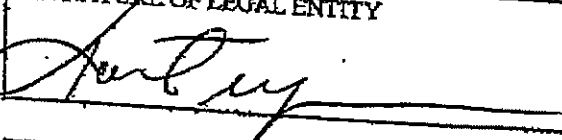
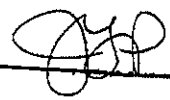
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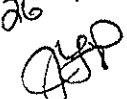
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225a A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.	Resident 4 was admitted on 3/30/2011. Resident 4 fell and had an injury for which the resident was hospitalized until 6/13/2011. The resident's assessment was done on 6/12/2011 but the assessor failed to address the resident's mobility, need for supervision, dietary needs, or the ability to participate in activities.	10-5-11	Resident 4 had a new assessment and support plan completed to ensure all areas of support is documented.	10-26-11 
		10-5-11	An audit of all resident assessments was completed to ensure completion documents to include all care areas.	
		9-28-11 and ongoing	Education was provided to staff to assure all assessments are completed and match resident's current condition.	
	System Region	10-5-11 ongoing	A monthly audit will be completed by administrator or designee to assure accurate completion of forms.	

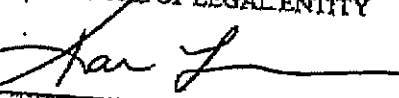
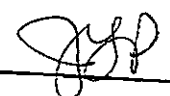
OCT 20 2011

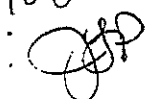
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252 Each resident's record shall include the following information: (1) Name, gender, admission date, birth date and Social Security number. (2) Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.	Resident 5 and 6's records did not include an inventory of the residents personal property. Resident 4 fell on 4/11/11 and the fall resulted in a fractured hip. The resident was admitted to North Hills Passavant Hospital and the incident was reported to the Department as required. The reportable incident was not in the resident's record.	9-28-11 10-5-11 9-28-11 and ongoing	Inventory of the resident's 5 and 6 personal property was completed and added to resident record. Resident 4 reportable incident was also added to records on 9-27-11. An audit of all resident records was completed. Staff has been educated on information required for resident records.	10-26-11 
(3) A photograph of the resident that is no more than 2 years old. (4) Language or means of communication spoken or used by the resident. (5) The name,	Western Region OCT 20 2011	10-5-11 Ongoing	Administrator or designee will audit records monthly to assure accuracy.	

Adult Residential Licensing

P. 20/27

NO. 659

ST BARNABAS NURSING

2:43PM

OCT. 20. 2011

VIOLATION REPORT
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NAME AND ADDRESS OF PERSONAL CARE HOME

THE ARBORS AT ST BARNABAS GIBSONIA, 5827 MERIDIAN ROAD GIBSONIA, PA 15044

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REGIONAL REPRESENTATIVE

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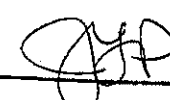
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address, telephone number and relationship of a designated person to be contacted in case of an emergency. (8) The name, address and telephone number of the resident's physician or source of health care. (7) The current and previous				
physician's examination reports, including copies of the medical evaluation forms. (8) A list of prescribed medications, OTC medications and CAM. (9) Dietary	Western OCT			

Adult Residential

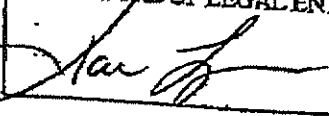
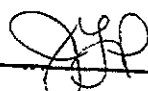
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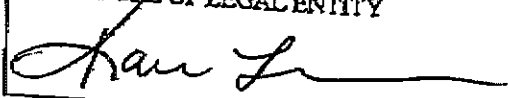
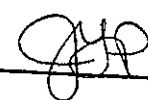
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restrictions, if any. (10) A record of incident reports for the individual resident. (11) A list of allergies, if any. (12) The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies. (13) The preadmission screening, initial intake assessment and the most current version of the annual assessment. (14) A support plan. (15) Applicable court order, if any.	Western Home OCT 2011			

Adult Residential License

NO. 659 P. 22/27
 ST. BARNABAS NURSING
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VIOLATION REPORT
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(16) The resident's medical insurance information. (17) The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity. (18) An inventory of the resident's personal property as				
voluntarily declared by the resident upon admission and voluntarily updated. (19) An inventory of the resident's property entrusted to the administrator for safekeeping. (20) The financial records of residents.	Western Region OCT 11			

Adult Residential Unit

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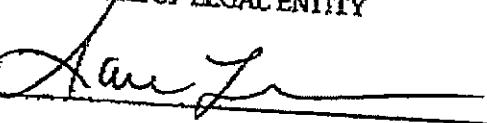
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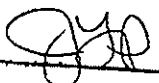
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DATE
 10-26-11

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
receiving assistance with financial management. (21) The reason for termination of services or transfer of the resident, the date of transfer and the destination. (22) Copies of transfer and discharge summaries from hospitals, if available.				
(23) If the resident dies in the home, a copy of the official death certificate. (24) Signed notification of rights, grievance procedures and applicable consent to treatment protections specified	<p align="center">Western Region</p> <p align="center">OCT</p>			

Adult Residential Services

ST. BARNABAS NURSING NO. 659 P. 24/27 OCT. 20. 2011 2:43PM

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

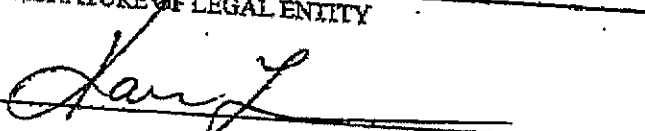
NAME AND ADDRESS OF PERSONAL CARE HOME
 THE ARBORS AT ST BARNABAS GIBSONIA, 5827 MERIDIAN ROAD GIBSONIA, PA 15044

CURRENT LICENSE NUMBER
 441590


INSPECTION DATES (include all dates of the inspection)
 09/27/2011

REGIONAL REPRESENTATIVE
 Michael Marini, Mindy Orme, Dennis Rojon

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

SIGNATURE OF LEGAL ENTITY


DATE
 10-20-11

REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION


DATE
 10-26-11

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
In 41. (25) A copy of the resident-home contract. (26) A termination notice, if any				
	Western Region OCT 20 11			

Adult Residential Home

P. 25/27
 NO. 659
 ST BARNABAS NURSING
 OCT. 20. 2011 2:43PM