

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to THE ARBORS AT ST BARNABAS INC
LEGAL ENTITY

To operate THE ARBORS AT ST BARNABAS - GIBSONIA
NAME OF FACILITY OR AGENCY

Located at 3RD FLOOR,SOUTH WING,GROUND FL, 5827 MERIDIAN ROAD, GIBSONIA, PA 15044
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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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, 2012 until October 29, 2013,
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



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

NOV 09 2012

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

RE: The Arbors at St. Barnabas – Gibsonia
3rd Floor, South Wing and Ground Floor
5827 Meridian Road
Gibsonia, Pennsylvania 15044

Dear Ms. Trapp:

As a result of the Department of Public Welfare's (Department) licensing inspection on September 5, 2012 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 Human Services 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 read "Ronald Melusky".

Ronald Melusky
Director

Enclosures
License
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa Code Chapter 2600

RECEIVED

OCT 22 2012

PCH Name: THE ARBORS AT ST BARNABAS GIBSONIA	License Number: 441590
Address: 5827 MERIDIAN ROAD, GIBSONIA, PA 15044	County: Allegheny
Administrator: Karen Trapp	Region: WEST
Legal Entity Name: THE ARBORS AT ST BARNABAS INC	Western Field Office Adult Residential Licensing
Legal Entity Address: 85 CHARITY WAY, VALENCIA, PA 16059	

Certificate(s) of Occupancy	
I-2 09/11/2009 Richland Township	I-2 05/19/2010 Richland Township

Staffing Hours		
Resident Support: 0	Total Daily Staff: 33	Waking Staff: 25

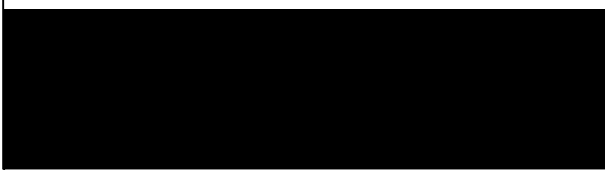
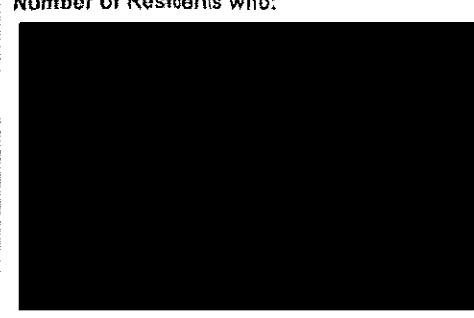
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
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Reason(s) for inspection(s) Renewal

On-Site Inspections Dates and Department Representatives On-Site 09/05/2012: Glidden, Michelle; Cutter, Jan

Off-Site Inspection Dates and Inspectors, if Applicable
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Other Details
Partial or Full Triggers: _____ Random Indicators: _____

Resident Demographic Data as of Inspection Dates	
Licensed Capacity: 56 Number of Residents Served: 25 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: 	Number of Residents who: 

Violation Report: 44159 - 09/05/2012 - Glidden, Michelle
 PCH Name: THE ARBORS AT ST BARNABAS GIBSONIA

2 2 2012

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, ^{Western Field Office} ~~advised~~ ^{advised} ~~in writing~~ ^{in writing} to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

On 9/5/2012, at 10:20am, lab books with resident health information were unlocked and accessible on the buffet in the dining room of the Penthouse.

On 9/5/2012, at 10:25am, materials that contained personal resident information were unlocked and accessible on a file tray located in the Penthouse.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Plan of Correction Full Inspection September 5, 2012

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 5, 2012 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.

REGULATION 55 Pa. Code 2600.17 The description of the violation indicated that lab books with resident health information were unlocked and accessible on the buffet in the dining room of the Penthouse. Materials that contained personal resident information were unlocked and accessible on a file tray, located in the penthouse. The lab books and other materials were immediately removed from the unlocked area of the penthouse and returned to the locked medication room once the inspector noticed the error. All unlocked and accessible areas were checked for materials that may contain personal and health care information. All records containing resident health information are to be kept in locked areas. Staff is being educated on PA. Code 2600.17. This will be completed by October 26, 2012 by Arbor's administrator or designee. A monthly audit will be completed by the Arbor's administrator or designee. Additional education will be provided as needed. Audits will be reviewed quarterly by the Quality Assurance Committee. Additional actions will be mandated as indicated.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *Karen Trapp*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Karen Trapp Administrator* Date *10-22-12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 10/31/12
 (Date)

The above plan of correction was approved by *[Signature]*
 (Initials)

Plan of correction implementation status as of 10/31/12
 (Date)

- Fully Implemented *[Signature]*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44159 - 09/05/2012 - Glidden, Michelle
PCH Name: THE ARBORS AT ST BARNABAS GIBSONIA

10/22/2012

1. REGULATION 55 Pa.Code §2600
2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION
Three trash cans in the kitchen did not have a lid.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

REGULATION 55 Pa. Code 2600.85(d)

The description of the violation indicated that three of the trash cans in the kitchen did not have lids. Upon review with the food service director, all trash cans at the time of inspection were being actively used during clean up. As stated in the DPW Regulatory Compliance Guide, "Lids may be removed from trash receptacles in kitchen areas when they are actively in use, such as during clean up or food preparation." All trash cans in the kitchen areas had trash can lids that were stored during use either beside the trash can or lying under the trash can. After preliminary results from inspection were reviewed with administrator, the food service director inspected that all cans did have lids. The facility does not agree that this was a violation; however, staff will be educated on keeping trash can lids closed when not in active use. Food service director or designee will be educating staff on Regulation 2600.85d by November 2nd, 2012. Food service director or designee will do a monthly audit to assure all trash cans are closed when not in active use. The audit will be reviewed quarterly by the Quality Assurance Committee. Additional actions will be mandated as indicated.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *Karen Trapp*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Karen Trapp Administrator* Date *10-22-12*

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The above plan of correction is approved as of *10/31/12*
(Date)

Plan of correction implementation status as of *10/31/12*
(Date)

The above plan of correction was approved by *[Signature]*
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44159 - 09/05/2012 - Glidden, Michelle
 PCH Name: THE ARBORS AT ST BARNABAS GIBSONIA

Western Field Office
 Adult Residential Licensing

1. REGULATION 55 Pa.Code §2600
 2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

The telephone in the medication room of the Penthouse does not have emergency service numbers posted nearby.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

REGULATION 55 Pa. Code 2600.91

The description of the violation indicated that the telephone in the medication room of the Penthouse did not have emergency service numbers posted nearby. After reviewing preliminary inspection results, a replacement emergency telephone listing was posted. All outside lines were checked for emergency telephone listings on September 6, 2012. Staff will be educated by administrator or designee on PA Code 2600.91 by October 26, 2011. A monthly audit for emergency numbers will be completed by the administrator or designee on a monthly basis. Continuing education will be provided as needed. Results of audits will be reviewed quarterly by the Quality Assurance Committee. Additional actions will be initiated as indicated

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/27/2011		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Karen Trapp*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Karen Trapp Administrator* Date *10 22-2012*

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 (Date)

The above plan of correction was approved by *[Signature]*
 (Initials)

Plan of correction implementation status as of 10/31/12
 (Date)

- Fully Implemented *[Signature]*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44159 - 09/05/2012 - Glidden, Michelle
PCH Name: THE ARBORS AT ST BARNABAS GIBSONIA

2 2 2012

1. REGULATION 55 Pa.Code §2600
2600.95 - Furniture and equipment must be in good repair, clean and free of hazards
Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION
The enabler attached to resident #1's bed had an opening that was 11 inches wide and is an entrapment hazard.

The enabler attached to resident #2's bed had an opening that was 6 inches wide and is an entrapment hazard.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Regulation 55 Pa. Code 2600.95

A summary of the violation indicated that two residents had attached enablers to a bed that had openings of 6 inches and 11 inches, which may be an entrapment hazard. An audit of all other enabler equipment was completed by staff on September 7, 2012. Administrator, staff, and rehab began review for need of enabler and replacement enabler or cover that would meet the resident's needs, and fulfill the regulatory requirements. Orders for devices to be completed by November 2, 2012. Staff will be educated on PA Code 2600.95. by administrator or designee by October 26, 2012. A monthly audit of enablers will be completed by administrator or designee. Results of audits will be reviewed by the Quality Assurance Committee quarterly. Additional actions will be taken as indicated.

By 11/30/12 - Direct care staff in the home will be instructed to check enablers daily, as part of their regular duties, to ensure they are covered and securely attached to bed.

[Handwritten signature]
10/31/12

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *Karen Trapp*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Karen Trapp Administrator* Date *10-22-2012*

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The above plan of correction is approved as of 10/31/12
(Date)

Plan of correction implementation status as of 10/31/12
(Date)

The above plan of correction was approved by *[Signature]*
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *3*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44159 - 09/05/2012 - Glidden, Michelle
PCH Name: THE ARBORS AT ST BARNABAS - GIBSONIA

2 2 2012

1. REGULATION 55 Pa.Code §2600

2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION

The first aid kit in the in the kitchenette does not include a breathing shield.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Regulation 55 Pa. Code 2600.96a

The description of the violation indicated that the first aid kit in the kitchenette does not include a breathing shield. After receiving preliminary results of survey, the first aid kit was inspected and showed the breathing shield was present. Staff will be educated on Pa Code 2600.96a. Education will be completed by administrator or designee by October 26, 2012. A monthly audit will be completed by nursing home administrator or designee monthly. Results of audits will be reviewed by the quality Assurance Committee quarterly. Additional approaches will be added as indicated.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Karen Trapp

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Karen Trapp Administrator

Date 10-22-2012

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The above plan of correction is approved as of 10/31/12
(Date)

Plan of correction implementation status as of 10/31/12
(Date)

- Fully Implemented *J*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *J*
(Initials)

Violation Report: 44159 - 09/05/2012 - Glidden, Michelle
PCH Name: THE ARBORS AT ST BARNABAS GIBSONIA 2-2-2012

1. REGULATION 55 Pa.Code §2600
2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.
Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION
The door that leads to the greenhouse appears to be an exit but cannot be used as an exit in an emergency.
The door that leads to the courtyard appears to be an exit but cannot be used as an exit in an emergency.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Regulation 55 Pa. Code 2600.121

The description of the violation indicated that the door that leads to the greenhouse appears to be an exit but cannot be used as an exit in an emergency. The door that leads to the courtyard appears to be an exit but cannot be used as an exit in an emergency. Both doors were immediately labeled as non exits. Permanent signs are on order and will be posted by November 30, 2012. All areas were checked for any additional areas that were not proper exits. No other areas found. Staff will be educated on regulation Pa Code 2600.121 by October 26, 2012. A monthly audit for proper marking of exits and non exits will be completed monthly and reviewed by Quality Assurance Committee quarterly. Additional approaches will be added as indicated.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Karen Trapp*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Karen Trapp Administrator Date 10-22-2012

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The above plan of correction is approved as of 10/31/12 (Date)

Plan of correction implementation status as of 10/31/12 (Date)

The above plan of correction was approved by *[Signature]* (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented