

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to BALL PAVILION INC

LEGAL ENTITY

To operate BARNABAS COURT AT BREVILLIER VILLAGE

NAME OF FACILITY OR AGENCY

Located at 5416 EAST LAKE ROAD, ERIE, PA 16511

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

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 140
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 December 8, 2012 until December 8, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 453060

Robert E. Robinson

ISSUING OFFICER

[Signature]

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



DEC 31 2012

Mr. George Hunter, President
Ball Pavilion, Inc.
Barnabas Court at Brevillier Village
5416 East Lake Road
Erie, Pennsylvania 16511

Dear Mr. Hunter:

As a result of the Department of Public Welfare's (Department) licensing inspection on September 27, 2012, September 28, 2012, and October 2, 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". The signature is written in a cursive style with a long horizontal stroke extending to the right.


Ronald Melusky
Director

Enclosures
License
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa. Code Chapter 260

RECEIVED

DEC 4 2012

PCH Name: BARNABAS COURT AT BREVILLIER VILLAGE		License Number: 453060
Address: 5416 EAST LAKE ROAD, ERIE, PA 16511		County: Erie
Administrator: Jean LaFuria		Region: WEST
Legal Entity Name: BALL PAVILION INC		Western Field Office Adult Residential Licensing
Legal Entity Address: 5416 EAST LAKE ROAD, ERIE, PA 16511		
Certificate(s) of Occupancy C-2 LP 11/16/1989 L & I		
Staffing Hours Resident Support: 0 Total Daily Staff: 120 Waking Staff: 90		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 09/27/2012: Whitney, Diane; Ropon, Dennis 09/28/2012: Whitney, Diane; Ropon, Dennis 10/02/2012: Whitney, Diane		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 140 Number of Residents Served: 83 Secured Dementia Care Unit In Home: No Area: Secured Dementia Unit Capacity, if Applicable:		Number of Residents who: 

RECEIVED

DEC 4 2012

Page 2 of 6

Violation Report: 45306 - 09/27/2012 - Whitney, Diane
PCH Name: BARNABAS COURT AT BREVILLIER VILLAGE

Western Field Office
Adult Residential Licensing

1. REGULATION 85 Pa.Code §2600
2600.130(a) - There shall be an operable automatic smoke detector located within 15 feet of each bedroom door.

2a. DESCRIPTION OF VIOLATION

The nearest operable smoke detector to resident bedroom #113 is 22.5 feet.
The nearest operable smoke detector to resident bedroom #115 is 17.5 feet.
The nearest operable smoke detector to resident bedroom #213 is 22.5 feet.
The nearest operable smoke detector to resident bedroom #215 is 17.5 feet.

Withdrawn

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.

2600.130 (a)

There shall be an operable automatic smoke detector located within 15 feet of each bedroom door.
(RCC interpretation—The detectors must be located in common hallways (2600.130(b). Additional detectors may be placed in the bedrooms. Primary benefit—Smoke detectors in the hallways alert residents of smoke or fire before the smoke or fire enters the room, allowing the resident time to wake and react.)

Plan of Correction—

The current smoke detection system that Barnabas Court South has is an interconnected system with smoke detectors, sprinkler heads, alarm bells and strobe lights along the hallways and in each room. When ANY detector is activated, the alarm automatically sounds throughout the halls the entire building as well as in every resident's room. A strobe light also flashes in each resident's apartment when the alarm sounds. Upon activation, the system displays the location of the affected area on the fire control panel at the nurse's station as well as auto dialing the local fire department. Each detector in a resident's room is within the 15 feet of the doorway. We feel that the Barnabas Court smoke detection system meets the "Primary benefit" of the regulation, as well as the purpose of the regulation. We feel we should not be cited for this regulation

The maintenance staff will also continue to maintain the interconnecting system and use this system for monthly fire drills. The interconnecting system will be serviced by the installer on a quarterly basis.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Jean Lafuria*

Printed Name and Title of Legal Entity Representative *JEAN LAFURIA* Date *12/4/12*
(Required on EVERY Page) *Adm./VP Residential Services*

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

The above plan of correction is approved as of 12/11/12
(Date)

Plan of correction implementation status as of 12/11/12
(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: 45306 - 09/27/2012 - Whitney, Diane
PCH Name: BARNABAS COURT AT BREVILLIER VILLAGE

Western Field Office
Adult Residential Licensing

1. REGULATION 55 Pa.Code §2600
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident #1's last medical evaluation was completed on 11-19-2011. An additional medical evaluation was in the resident's record, but the evaluation date was not completed.

Resident #2's medical evaluation dated 4-25-2012 did not include the resident's diagnoses.

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.

2600.141 (b) (1)
A resident shall have a medical evaluation at least annually.

Plan of Correction—

1. Date of evaluation for resident #1 was noted on medical evaluation as determined by the consult sheet that had been completed at the time of the visit. (copy of consult sheet attached) *was been completed. Medical evaluation was 4/25/12. 12/10/12*

Diagnoses for Resident #2 were confirmed and noted on medical evaluation as listed in PCP's history and physical sheet from the date of the evaluation. This list of diagnoses is kept with the medical evaluation in the resident's medical file. (H and P sheet attached)

2. The medical evaluation completion process was reviewed with the Medical Assistant, Director of Admissions, and the Barnabas Court Social Workers, and copy of the RGC "Preadmission screen, Medical Evaluation, and Assessment-Support Plan: Best Practices" appendix was given to Medical Assistant and Social Workers for their reference.

3. The Director of Admissions is responsible for insuring that the Medical Evaluations to of applicants for Barnabas Court are completed by their Physicians and returned to Barnabas Court. She will review each and make sure that PCP's are fully completing the form, will follow up to obtain any missing information.

4. The Medical Assistant is responsible for sending out the annual and the "change in condition" Medical Evaluations for each Barnabas Court resident and insuring that they are received, reviewed and filed in accordance with the timeline specified by 2600.141. She will contact the PCP's with any questions, fax back any med evals that need more info, and make sure that all required information is on the form before it is placed on the medical file

5. The Social Workers will continue to use the medical evaluation as the starting point for completion of the RASP's. They will cross check the medical evaluation as they complete the RASP's according to the information documented by the PCP on the RASP.

6. The Administrator will do random checks of the medical evaluations and RASP's on a monthly basis to insure that all forms have been completed. Each resident's medical evaluation will be reviewed at least annually.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Jean Lafuria*

Printed Name and Title of Legal Entity Representative *JEAN LAFURIA Adm/VP Residential Services* Date *12-4-12*

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

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

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

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

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

RECEIVED

DEC 4 2012

Violation Report: 45306 - 09/27/2012 - Whitney, Diane
PCH Name: BARNABAS COURT AT BREVILLIER VILLAGE
Western Field Office
Adult Residential Licensing

1. REGULATION 55 Pa.Code §2600
2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION
On 9-26-2012, the medication Cephalexin 250mg for resident #3, was discontinued. The medication was still in the medication cart.

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.

2600183(f)

Prescription medications, OTC medications, and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations.

Plan of Correction-

1. Resident had been sent to hospital for nose bleed on 9/22/2012, returned to facility later same date with orders for antibiotic Cephalexin 250 mg, 20 doses to span 5 days. Order was faxed to pharmacy when resident returned. Medication came in on the evening run of pharmacy delivery on 9/22/2012, approximately 10 pm. Initial dose of Cephalexin was given at midnight on 9/23/2012, and medication was given over the next 5 days, ending with the last dose on 9/27/2012. What the surveyors identified as a discontinued medication for 9/26/2012 was actually the last doses of the medication.
2. Brevillier Village has for many years followed pharmacy procedure of returning discontinued medication to the pharmacy in the pharmacy tote after it has been emptied of the deliveries of the day. A formal policy was written by the Brevillier Village Director of Nursing to address discontinued medications. This policy was posted in each medication room on 12/3/2012.
3. All shifts of nurses will be re-educated on the proper removal and disposal of medications as per pharmacy and facility policy at nurses' meeting on December 7, 2012.
4. The evening/night time nurse has the responsibility of checking the medication drawers and medication room storage cabinets to make sure that discontinued/expired medications are removed and returned to pharmacy or destroyed as per policy.
5. A pharmacist consultant visits Barnabas Court on a monthly basis. She reviews each PCH building bi-monthly. Her review includes a review of the medication room, including appropriate storage of medications and disposal of discontinued/expired medication to insure that all medications are current. She also reviews labeling of medications and a review of the medications currently in the medication carts.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Jean LaFuria*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **JEAN LAFURIA**
Adm/VP Residential Services Date *12/4/12*

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

The above plan of correction is approved as of *12/4/12* (Date)

Plan of correction implementation status as of *12/4/12* (Date)

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

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

RECEIVED

DEC 4 2012

Page 5 of 6

Violation Report: 45306 - 09/27/2012 - Whitney, Diane
PCH Name: BARNABAS COURT AT BREVILLIER VILLAGE

1. REGULATION 55 Pa.Code §2600

Western Field Office
Adult Residential Licensing

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.

2a. DESCRIPTION OF VIOLATION

Resident #4 is prescribed Altram 50mg on a PRN basis. The home did not have this medication available.

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.

2600.185 (a)

The home shall develop and implement procedures for the safe storage, security, distribution, and use of medications and medical equipment by trained staff persons.

Plan of correction—

1. Order for new PRN medication for resident #4 was received 9/22/12. When noted by surveyor on 9/28/2012 that medication was not available, nurse phoned pharmacy. Pharmacy immediately sent medication, which was received on 9/28/2012. (Pharmacy packing slip attached)
2. Use of Talyst medication dispensing machine began for Barnabas Court on 10/3/2012. Machine is on location in the Village and most medication ordered for Barnabas Court residents are available from the machine as orders are received. This means that there is no waiting for most medications to come from pharmacy. Any medications not available from the machine will be sent up from pharmacy during daily runs. If medication is needed immediately, it can be ordered from local pharmacy that collaborates with facility's contracted pharmacy for rapid delivery.
3. All nurses will be re-educated at nurses' meeting on December 7, 2012 on the need to follow up on regular and prn orders received from physicians. A copy of these orders is kept on an "UNRESOLVED" clipboard at nurses' station, and it is each nurse's responsibility to check the board daily and follow up as needed.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Jean Lafuria*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **JEAN LAFURIA**
Adm VP Residential Services Date *12/4/12*

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

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

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

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

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

4 2012

Western Field Office
Adult Residential Licensing

Violation Report: 45306 - 09/27/2012 - Whitney, Diane
PCH Name: BARNABAS COURT AT BREVILLIER VILLAGE

1. REGULATION 65 Pa.Code §2600
2600.225(a) - 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.

2a. DESCRIPTION OF VIOLATION
Resident #5's assessment dated 8-22-2012 indicates the resident needs some physical assistance in bowel and bladder management. The description of need and the plan to meet this need are marked N/A.

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.

2600.225(a)

A resident shall have an 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.

Plan of Correction:

1. The initial assessment done for Resident # 5 (dated 8/22/2012) indicates that resident needs some physical assistance with bowel and bladder management. This was a typing error, resident is independent in B/B management. Social worker who completed the form was re-educated on reviewing form after completion, and was directed to update the form. This was done 9/28/2012. (updated RASP attached)
2. Social Workers do a hand written copy of the RASP and then information is entered into computer and saved into file. Social Workers, Food Service Director and Director of Recreation have all been re-educated on double-checking their typed entries to make sure they are correct and complete.
3. Administrator will do random checks on medical evaluations and RASPs on a monthly basis to make sure that information between forms and within a form is completed and that assessments and support plans match. All resident's files will be reviewed at least annually to insure compliance.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Jean Lafuria*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *JEAN LAFURIA* Date *12/4/12*
Admin / VP Residential Services

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

The above plan of correction is approved as of *[Signature]* (Date)

Plan of correction implementation status as of *[Signature]* (Date)

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

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