

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  
NAME OF FACILITY OR AGENCY

Located at 85 CHARITY PLACE, VALENCIA, PA 16059  
(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 182  
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 November 10, 2012 until November 10, 2013,  
unless sooner revoked for non-compliance with applicable laws and regulations

No: 423090

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.



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

DEC 31 2012

Mr. Ron Huff, Administrator  
The Arbors at St. Barnabas, Inc.  
The Arbors at St. Barnabas  
85 Charity Place  
Valencia, Pennsylvania 16059

Dear Mr. Huff:

As a result of the Department of Public Welfare's (Department) licensing inspection on September 19, 2012 and September 20, 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 "R. Melusky", with a long horizontal line extending to the right.



Ronald Melusky  
Director

Enclosures  
License  
Violation Report

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

**RECEIVED**

**NOV 30 2012**

PCH Name: THE ARBORS AT ST BARNABAS		License Number: 423090
Address: 85 CHARITY PLACE, VALENCIA, PA 16059		County: Butler
Administrator: Ron Huff		Region: WEST
Legal Entity Name: THE ARBORS AT ST BARNABAS INC		Western Field Office Adult Residential Licensing
Legal Entity Address: 85 CHARITY PLACE, VALENCIA, PA 16059		
Certificate(s) of Occupancy I-1 06/04/2010 Adams Twp.		
Staffing Hours Resident Support: 0                      Total Daily Staff: 104                      Waking Staff: 78		
Type of Inspection: Full                      BHA Docket Number:                      Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 09/19/2012: Whitney, Diane; Goedert, Caroline 09/20/2012: Whitney, Diane; Goedert, Caroline		
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: 182 Number of Residents Served: 85 Secured Dementia Care Unit In Home: No Area: Secured Dementia Unit Capacity, if Applicable: 		Number of Residents who: 

Violation Report: 42309 - 09/19/2012 - Whitney, Diane  
PCH Name: THE ARBORS AT ST BARNABAS

NOV 30 2012

1. REGULATION 55 Pa. Code §2600

2600.16(b) - The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.   
Western Pied Office  
Addition Residential Licensing

2a. DESCRIPTION OF VIOLATION

The home's written policy on reportable incidents and conditions does not address prevention, investigation, and management of incidents and conditions.

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.

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 ending September 20, 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 violations noted in the report.

All aspects of prevention, reporting, notification, investigation and management of reportable incidents and conditions was being completed as evidenced by training logs, assessments and reviews. The written policy was revised in September 2012. All staff continues to be routinely educated. Event reporting will be reviewed at the Quarterly Quality Assurance meetings.

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

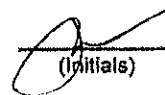
Signature of Legal Entity Representative  
(Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)      Date  
RON HUFF      11/29/12

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

The above plan of correction is approved as of 12/3/12  
(Date)

Plan of correction implementation status as of 12/3/12  
(Date)

The above plan of correction was approved by   
(Initials)

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

Violation Report: 42309 - 09/19/2012 - Whitney, Diane  
PCH Name: THE ARBORS AT ST BARNABAS

NOV 30 2012

1. REGULATION 55 Pa.Code §2600

2600.26(a) - The home shall establish and implement a quality management plan. Western Field Office  
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

The home's quality management plan does not address complaint procedures, licensing violations and plans of corrections.

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.

During the Quality Assurance review, the facility will indicate the reasons an audit was initiated, i.e. complaint procedure, licensing violations and plan of correction. This was implemented with the 3rd Quarter Review.

*By 1/31/13 - All elements under 2600.26b will be reviewed at least annually.*

*RH 11/3/12*

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

Signature of Legal Entity Representative  
(Required on EVERY Page)

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

RON HUFF

11.29.12

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

The above plan of correction is approved as of 12/3/12  
(Date)

Plan of correction implementation status as of 12/3/12  
(Date)

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

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

NOV 30 2012

Violation Report: 42309 - 09/19/2012 - Whitney, Diane  
PCH Name: THE ARBORS AT ST BARNABAS

1. REGULATION 55 Pa. Code §2600

2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Western Field Office  
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

On 9-19-2012, the home had 85 residents, but only 78 gallons of emergency drinking water.

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.

On 09/20/12, The Arbors gathered our additional water supplies from our other building to meet the requirements of drinking water on hand for correct census according to policy, and will continue to maintain adequate 3-day supply of water on site within the building according to census levels, effective September 2012. This will be reported at the Quarterly Quality Assurance meetings.

The total amount of water stored on-site for emergency purposes shall be one gallon of water per resident for 3 days.

J 12/3/12

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

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date 11/29/12

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

The above plan of correction is approved as of 12/3/12 (Date)

Plan of correction implementation status as of 12/3/12 (Date)

The above plan of correction was approved by (Initials)

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

RECEIVED

Violation Report: 42309 - 09/19/2012 - Whitney, Diane  
PCH Name: THE ARBORS AT ST BARNABAS

NOV 30 2012

1. REGULATION 55 Pa.Code §2600

2600.130(h) - The home's emergency procedures shall indicate the procedures that will be immediately implemented until the smoke detector or fire alarms are operable.

Western Field Office  
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

The home's emergency procedures do not indicate that inoperable smoke detectors will be repaired within 48hrs.

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.

Correction to policy of emergency procedures will include that any inoperable smoke detectors will be repaired within 48 hours was completed September 2012.

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

Signature of Legal Entity Representative  
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)      Date 11/29/12

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

The above plan of correction is approved as of 12/3/12  
(Date)

Plan of correction implementation status as of 12/3/12  
(Date)

The above plan of correction was approved by  
(Initials)

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

Violation Report: 42309 - 09/19/2012 - Whitney, Diane  
 PCH Name: THE ARBORS AT ST BARNABAS

NOV 30 2012

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

Western Field Office  
 Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

The medical evaluation for resident #1 does not have special health, dietary, mobility, immunization, body positioning, and medical information pertinent to diagnoses sections completed.

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.

Resident #1 has an updated medical evaluation. All medical evaluations were checked for accuracy. All sections of the medical evaluation have been completed and is accurate. Monthly random audits of resident's charts will be completed by the Administrator or designee and reported at the Quarterly Quality Assurance meetings.

*By 12/3/12 - All new medical evaluations will be reviewed for completeness and accuracy by the administrator or a designee. Any medical evaluation that is incomplete will be returned to the resident's physician for completion.*

*Jr  
12/3/12*

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **RON HUFF** Date **11/29/12**

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

The above plan of correction is approved as of <u>12/3/12</u> (Date)	Plan of correction implementation status as of <u>12/3/12</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42309 - 09/19/2012 - Whitney, Diane  
 PCH Name: THE ARBORS AT ST BARNABAS

Western Field Office  
 Adult Residential Licensing

1. REGULATION 55 Pa.Code §2600

2600.171(b)(5) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.96 (relating to first aid kit).

2a. DESCRIPTION OF VIOLATION

On 9-19-2012, the passenger van's first aid kit did not contain tweezers, scissors, and a thermometer.

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.*

The transportation vehicle in question is not the property of The Arbors at St. Barnabas. Transportation is not provided by The Arbors at St. Barnabas; it is by another company. Random audits will now be completed and reported at the Quarterly Quality Assurance meetings.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*[Handwritten Signature]*

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

RON HUFF

Date 11/29/12

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

The above plan of correction is approved as of

12/3/12  
 (Date)

Plan of correction implementation status as of

12/3/12  
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *2*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

*[Handwritten Initials]*  
 (Initials)

NOV 30 2012

Violation Report: 42309 - 09/19/2012 - Whitney, Diane  
PCH Name: THE ARBORS AT ST BARNABAS

1. REGULATION 55 Pa.Code §2600  
2600.187(d) - The home shall follow the directions of the prescriber.

Western Field Office  
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

Resident #2 is prescribed Senna-Gen 8.6mg 2 tablets daily. The medication was not administered on 9-14-2012, 9-15-2012 and 9-16-2012.

Resident #2 is prescribed ferrous sulfate 325mg 1 tablet 3 times a day. The medication was not administered on 9-15-2012 at 12:30pm.

Resident #2 is prescribed vitamin C 500mg 1 tablet 3 times a day. The medication was not administered on 9-15-2012 at 12:30pm.

Resident #3 is prescribed Levothyroxine 50mcg 1 tablet daily at 6:00am. The medication was not administered on 9-12-2012 through 9-17-2012.

Resident #4 is prescribed Ativan 1mg 1 tablet 2 times a day. The medication was not administered on 9-12-2012 at 9:00am.

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.

(The medication in question was administered as it was not in the blister pack; however, it was not documented on the Medication Administration record.) All medication trained staff has been re-educated on proper medication documentation. All staff has also been trained to check their documentation at the end of their shift to ensure it is complete. A weekly audit was started in October 2012 by the Administrator. A random sample of Medication Administration records for proper documentation will be audited at least monthly by the Administrator or designee and reported at the Quarterly Quality Assurance meetings.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

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

Date 11/29/12

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

The above plan of correction is approved as of 12/3/12 (Date)

Plan of correction implementation status as of 12/2/12 (Date)

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

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

NOV 30 2012

Violation Report: 42309 - 09/19/2012 - Whitney, Diane  
PCH Name: THE ARBORS AT ST BARNABAS

1. REGULATION 55 Pa.Code §2600

2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

2a. DESCRIPTION OF VIOLATION

On 9-14-2012, 9-15-2012, and 9-16-2012, an error in resident #2's medication administration occurred involving Senna-Gen 8.6mg, ferrous sulfate 325mg, and vitamin C 500mg. The error was not reported to the resident, the resident's designated person, and the prescriber.

On 9-12-2012 through 9-17-2012, an error in resident #3's medication administration occurred involving Levothyroxine 50mcg. The error was not reported to the resident, the resident's designated person, and the prescriber.

On 9-12-2012, an error in resident #4's medication administration occurred involving Ativan 1mg. The error was not reported to the resident, the resident's designated person, and the prescriber.

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.

The medication in question was administered as it was not in the blister pack; however, it was not documented on the Medication Administration record. All medication trained staff has been re-educated on proper medication documentation. All staff has also been trained to check their documentation at the end of their shift to ensure it is complete. A weekly audit was started in October 2012 by the Administrator. A random sample of Medication Administration records for proper documentation will be audited at least monthly by the Administrator or designee and reported at the Quarterly Quality Assurance meetings.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

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

Date 11/29/12

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

The above plan of correction is approved as of \_\_\_\_\_ (Date)

The above plan of correction was approved by \_\_\_\_\_ (Initials)

Plan of correction implementation status as of \_\_\_\_\_ (Date)

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

FILED

Violation Report: 42309 - 09/19/2012 - Whitney, Diane  
PCH Name: THE ARBORS AT ST BARNABAS

NOV 30 2012

1. REGULATION 55 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 #4's assessment dated 9-21-2011 does not reflect use of hospice services.

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.*

Resident #4 RASP/Support Plan has been updated to include Hospice services. All resident RASP/Support Plans have been reviewed and updated as indicated. We will educate all staff on updating RASP/Support Plans as indicated. A QA will be completed and results will be reported at the Quarterly Quality Assurance meetings.

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

Signature of Legal Entity Representative  
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)      Date 11/29/12

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

The above plan of correction is approved as of 12/3/12  
(Date)

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

Plan of correction implementation status as of 11/30/12  
(Date)

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

RECEIVED

Violation Report: 42309 - 09/19/2012 - Whitney, Diane  
 PCH Name: THE ARBORS AT ST BARNABAS

NOV 30 2012

**1. REGULATION 55 Pa.Code §2600**

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

Western Field Office  
 Adult Residential Licensing

**2a. DESCRIPTION OF VIOLATION**

The most recent assessment for resident #5 was completed on 8-11-2011.

The most recent assessment for resident #1, dated 2-23-2012, does not include the diagnoses of anxiety and anemia.

The most recent assessment for resident #6, dated 9-21-2011, does not include all diagnoses including lactose intolerance, asthmatic bronchitis, cardiomyopathy, insomnia, and COPD.

**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.*

RASP/Support Plans for Resident #5, #1 and #6 have been updated. All resident RASP/Support Plans have been reviewed to ensure assessments and updates have been completed as indicated. All staff have been educated on when and what updates need completed. QA's will be completed and results will be reported at the Quarterly Quality Assurance meetings.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) RON HUFF	Date 11/29/12
---	------------------

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

The above plan of correction is approved as of <u>12/3/12</u> (Date)	Plan of correction implementation status as of <u>12/3/12</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42309 - 09/19/2012 - Whitney, Diane  
 PCH Name: THE ARBORS AT ST BARNABAS

NOV 30 2012

1. REGULATION 55 Pa.Code §2600  
 2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Western Field Office  
 Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION  
 The last completed support plan for resident #5 is dated 8-12-2011.

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.

Resident #5 Support Plan was updated. All resident records have been checked for accuracy. Annual assessments will be tracked by the Administrator or designee beginning in October 2012. All nursing staff has been educated on the annual assessment and support plan requirements. A monthly audit will be completed and reported at the Quarterly Quality Assurance meetings.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page)

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

Date **11/29/12**

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

The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by _____ (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42309 - 09/19/2012 - Whitney, Diane  
PCH Name: THE ARBORS AT ST BARNABAS

NOV 30 2012

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, mental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident #4's support plan, dated 9-22-2011, does not document how mobility and history of falls needs will be met.

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.

All resident RASP/Support Plans have been evaluated for mobility needs and the history and prevention of falls. All staff has been educated on ensuring mobility and fall needs are included in the Support Plan. A QA will be completed by the Administrator or designee and results will be reported at the Quarterly Quality Assurance meetings.

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

Signature of Legal Entity Representative  
(Required on EVERY Page)

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

Date 11/29/12

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

The above plan of correction is approved as of \_\_\_\_\_  
(Date)

The above plan of correction was approved by \_\_\_\_\_  
(Initials)

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

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

Violation Report: 42309 - 09/19/2012 - Whitney, Diane  
PCH Name: THE ARBORS AT ST BARNABAS

NOV 30 2012

Western Field Office  
Pennsylvania Residential Licensing

1. REGULATION 55 Pa.Code §2600

2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION

Resident's #1, #4 and #7 records does not include a personal inventory.

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.

Resident #1, #4 and #7 have a personal inventory sheets completed. On September 21, 2012, all charts were reviewed and checked for personal inventory sheets. The nurse will now collect personal inventory sheets from the PCA's for each new admission. The Administrator or designee will audit charts for inventory sheets completed monthly and will report the findings at the Quarterly Quality Assurance meetings.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *[Signature]*

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

Date **11/29/12**

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

The above plan of correction is approved as of 12/3/12  
(Date)

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

- Plan of correction implementation status as of 12/3/12 (Date)
- Fully Implemented
  - Partially Implemented - Adequate Progress
  - Partially Implemented - Inadequate Progress
  - Not Implemented