



APR 28 2014

Mr. George Hunter, President
Ball Pavilion, Inc.
5416 East Lake Road
Erie, Pennsylvania 16511

RE: Barnabas Court at Brevillier Village
License #: 453060

Dear Mr. Hunter:

As a result of the Department of Public Welfare's licensing inspection on August 21, 2013, August 22, 2013 and October 8, 2013 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period December 8, 2013 to December 8, 2014 was issued on August 30, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long, sweeping horizontal line extending to the right.

Matthew J. Jones
Acting Director

Enclosure
License Inspection Summary

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

PCH Name: BARNABAS COURT AT BREVILLIER VILLAGE		License Number: 45306
Address: 5416 EAST LAKE ROAD, ERIE, PA 16511		County: Erie
Administrator: Jean LaFuria		Region: WEST
Legal Entity Name: BALL PAVILION INC		
Legal Entity Address: 5416 EAST LAKE ROAD, ERIE, PA 16511		
Certificate(s) of Occupancy		
C-1 08/10/1988 Labor & Industry	C2 11/16/1989 Labor & Industry	
Staffing Hours		
Resident Support: N/A	Total Daily Staff: 88	Waking Staff: 66
Type of Inspection: Full	BHA Docket Number: N/A	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
08/21/2013: Mazza, Larry; Williams, Jason		
08/22/2013: Mazza, Larry; Williams, Jason		
10/08/2013: Mazza, Larry; Mandock, Nancy; Pollock, Susan		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers: N/A		Random Indicators: N/A
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 140 Number of Residents Served: 77 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 5	Number of Residents who: Receive Supplemental Security Income: 5 Are 60 Years of Age or Older: 77 Have Mental Illness: 2 Have an Intellectual Disability: 1 Have a Mobility Need: 11 Have a Physical Disability: 5	

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Violation Report: 45306 - 08/21/2013 - Mazza, Larry
PCH Name: BARNABAS COURT AT BREVILLIER VILLAGE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible 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 8/22/13 at 1:08 pm and at 1:35 pm, resident records for the South building were unlocked and unattended in the 1st floor nursing office

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 Barnabas Court Nurses were verbally re-educated during the Survey and on days following 8/22/13 and 8/23/13.
- Nurse was contacted in writing. Goal set upon return from LOA / 12/20/13
- All nurses will be re-educated on this regulation at monthly nurses meeting on 12/13/13.
- Residents Rights and HIPPA / HITECH policies will continue to be reviewed as part of New Employee Orientation and at Annual All Day In-service which is mandatory for all staff / on going - annual training.
- Administrator and Assistant Administrator will monitor locking of doors at Nurse Stations throughout each week to insure that all staff on all shifts keep door locked and resident records secure - ONGOING.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Jean LaFura

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

JEAN LAFURA Administrator VP Residential Services

Date 12-12-13

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

The above plan of correction is approved as of

2/20/14
(Date)

Plan of correction implementation status as of

2/20/14
(Date)

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

The above plan of correction was approved by

MS
(Initials)

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Violation Report: 45306 - 08/21/2013 - Mazza, Larry
PCH Name: BARNABAS COURT AT BREVILLIER VILLAGE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.42(m) - A resident has the right to leave and return to the home at times consistent with the home rules and the resident's support plan.

2a. DESCRIPTION OF VIOLATION

The home has a North and South building, adjoined with a corridor between the 2 buildings. The only 1st floor exit door that was unlocked was the main entrance to the South building. The North building has 0 1st floor exit doors that were unlocked. The 1st floor corridor that adjoins the 2 buildings was locked with a keypad and had no delayed locking device. Residents of the home do not have immediate egress from one building to another. The home is not licensed as a secured dementia care unit.

On 10/8/13, 31 of the 56 residents residing in the North building have a diagnosis of Alzheimer's Disease, dementia or memory loss and have specialized care needs. Staff member A, the home's administrator, indicated residents who wander reside in the North building.

Not all residents are able to operate the keypad locks and exit the door independently. On 8/22/13, residents #6, #7, #8 and #9 (North building) and resident #5 (South building) were unable to operate the keypad and exit the doors independently.

On 10/8/13, residents #7, #9, #10, #11, #12, #13, #14, #15, #16, #17 and #18, who reside in the North building, were unable to operate the keypads and exit the doors independently.

Residents #9, #12, #15, #17 and #18 do not have a diagnosis of Alzheimer's Disease, dementia or memory loss.

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.

2600.42 (m) Resident has the right to leave and return to the home at times consistent with the home's rules and the resident's support plan

12/9/13 At time of admission, all residents of Barnabas Court North and South building and their responsible parties are made aware that the buildings have coded doors. We will continue to make all residents and families aware of the Coded doors at Barnabas Court north and will explain the new door-release system that is to be installed on the BC South unit.

CONTINUED ON NEXT PAGE

See page 3A of 21

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
JEAN LAFURIA, Adm VP Residential Services			12/12/13

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The above plan of correction is approved as of <u>2/20/14</u> (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by <u>MS</u> (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

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WEST REGION FIELD OFFICE
Human Services Licensing

2600.42(M) Continued:

12/10/13 On this date a letter requesting licensing of Barnabas-Court North as a Secure Dementia unit. We will continue to conduct annual (and as needed) assessments on all personal care residents using the BV Safety Risk Assessment/Dementia Behavior Scale to determine if a resident needs to become or continue as a resident of a secure dementia unit.

The doors at Barnabas Court South will be outfitted with a new delay release panic bar system so that residents at BCS will be able to come and go as they wish. Certain doors (2 doors) will have the delay release bars, but will still be designated as Emergency exits only, as they are not part of our fire drill emergency evacuation plan. There are 5 doors that are used as exits for drills and evacuations, which will be able to be used by residents wishing to exit the building. All the doors will still have an alarm on them which will signal the nursing staff if someone does exit from one of these doors. The alarms on the main door and courtyard doors are quieted during the good weather daytime hours as residents do frequently use the courtyards for outdoor enjoyment.

Delay release bars on doors will be installed by January 15, 2014 or approximately 6 weeks after approval of plan of correction. (Verbal approval given by Department the first week JAN 2014 SPF)

As part of the new BC Assessment team meetings, diagnoses will be reviewed. Team will look at residents who have not done well on Safety risk assessment/Behavior, any mini-mental exams, or have displayed short or long term memory issues. Their medical files will be checked for dementia diagnosis, and if need be the PCP will be asked to update the DME to include this diagnosis. The RASP will then be updated to address any changes in care needs. Ongoing

Any resident in the south building whom the BC Assessment Team determines to be unsafe residing in the South building will be moved to the North building and then DME and RASP will be updated to reflect change in level of care and new services to be provided.

MARIA STEPANOVICH (ms) 2/20/14
Regional Licensing Approval of Plan of Correction
Maria Stepanovich

Regulation 2600.42(m) Plan of Correction (cont)
Jan 12/13

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Violation Report: 45306 - 08/21/2013 - Mazza, Larry
PCH Name: BARNABAS COURT AT BREVILLIER VILLAGE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.82(c) - 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.

2a. DESCRIPTION OF VIOLATION
On 8/22/13, there was a tube of Calmosepline ointment, with a manufacturer's label indicating, "In case of accidental ingestion, contact physician or poison control center," unlocked and accessible in resident #4's bedroom. Not all residents of the home, including resident #4, have been assessed capable of recognizing and using poisons safely.

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 was transferred to Ball Pavilion on 10/26/13.

- On November 19, 2013, all PCA's and CNA's working at Barnabas Court received their annual training on Medication Safety and Administration. They were given copies of medication policies and were re-educated on the importance of keeping only physician ordered medications at bedside and locked up.
- On December 9, 2013, Social Worker went to each resident's room to check for poisonous materials left out unlocked, and to insure that any creams or other medications were ordered by the doctor and addressed by nurse monitoring self medicators. Social Worker will include this check in her monthly room inspections. All Personal Care Residents who have orders for self medication will be re-instructed on keeping medications locked up. This will be monitored by nurse who reviews self medicators on a monthly bases. Social worker will address self medication orders and plans to meet medication needs in resident's RASP. - On going.
- Barnabas Court Assessment Team will address any changes in self medication status in their weekly meetings. *ON-going*

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Jean Lafuria</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>JEAN LAFURIA Adm. Vice President Res. Services</i>			Date <i>12-12-13</i>

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The above plan of correction is approved as of <u>2/20/14</u> (Date)	Plan of correction implementation status as of <u>2/20/14</u> (Date)
	<input type="checkbox"/> Fully Implemented
	<input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>MS</i>
	<input type="checkbox"/> Partially Implemented - Inadequate Progress
	<input type="checkbox"/> Not Implemented
The above plan of correction was approved by <u>MS</u> (Initials)	

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Violation Report: 45306 - 08/21/2013 - Mazza, Larry
PCH Name: BARNABAS COURT AT BREVILLIER VILLAGE

DEC 13 2013

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION
On 8/21/13, the following food items were opened and unsealed in a cabinet above the recreation room sink in the South building:
*1 bag of confectioners sugar
*1 bag of whole wheat flour
*1 bag of cornmeal

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 August 21, 2013 immediate action was taken by the Recreation Aide who placed all of the above mentioned items in zip locked plastic bags that were labeled and dated.
- On August 21, 2013 Director of Recreation re-educated the Barnabas Court Recreation Aide on duty during survey on regulation. All other recreation aides were re-educated on 12/4/13 on the importance of food being stored in closed or sealed containers.
- On December 4, 2013, Director of Recreation updated the policy to be more specific on storage of food if kept in the recreation area. Barnabas Court staff will check food and recreation area monthly to assure that all foods products are stored as required. ONGOING

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. VICE PRES. RESIDENTIAL SERVICES

Date: 12-8-13

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The above plan of correction is approved as of 2/20/14
(Date)

Plan of correction implementation status as of 2/20/14
(Date)

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

The above plan of correction was approved by MS
(Initials)

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Violation Report: 45306 - 08/21/2013 - Mazza, Larry
PCH Name: BARNABAS COURT AT BREVILLIER VILLAGE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION
On 8/21/13 at 10:05 am, there was approximately 1/4" accumulation of lint in the lint trap of the middle commercial dryer in the North building's laundry room. Also, there was a large pile of lint on the bottom of the same dryer.

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.

1. Lint was found in dryer as laundry / housekeeper was finishing up a load of wash. Dryer was still hot. Lint was removed immediately when surveyor made note of it.
2. Laundry / housekeeper was re-educated at that time on the importance of removing lint after each load of wash. (8/21/12)
3. All housekeepers / laundry staff will be re-instructed on 12/18/13 on fire safety and the need to be vigilant in removing lint from dryer with every load.
4. A Dryer Lint Cleaning Log was developed and put into use in August 2012 so that staff documented the removal of lint throughout each shift each day.
5. Policy of lint removal was updated on 12/5/13 to include checking dryers for lint before as well as after operating the machines.
6. Director of Housekeeping shall check logs weekly and do random checks on dryers to insure that staff is following policy and that the dryers remain lint free.

ONGOING

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. Vice Pres Residential Svc.

Date 12-12-13

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The above plan of correction is approved as of

2/20/14
(Date)

Plan of correction implementation status as of

(Date)

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

The above plan of correction was approved by

ms
(Initials)

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 45306 - 08/21/2013 - Mazza, Larry
FACILITY Name: BARNABAS COURT AT BREVILLIER VILLAGE

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.

2a. DESCRIPTION OF VIOLATION

The home has a North and South building, adjoined with a corridor between the 2 buildings. The only 1st floor exit door that was unlocked was the main entrance to the South building. The North building has 0 1st floor exit doors that were unlocked. The 1st floor corridor that adjoins the 2 buildings was locked with a keypad and had no delayed locking device. Residents of the home do not have immediate egress from one building to another. The home is not licensed as a secured dementia care unit.

Egress accessibility from the home is as follows:

On 8/21/13, 8/22/13 and 10/8/13, the following doors in the North building, which were labeled as exits, were locked with a keypad and did not have a delayed locking device:

- *inside the main entrance
- *in the Sunset Lounge
- *near bedroom #511
- *the chapel area, across from bedroom #416

On 8/21/13, 8/22/13 and 10/8/13, the door in the North building's Lakeview Lounge, which was labeled as an exit, was locked with a keypad. There was a panic bar on this door; however, the door did not open when an agent of the Department pushed on it. On 8/21/13, staff member B, the home's Maintenance Director, indicated the door is not programmed to unlock after any time-delay.

On 8/21/13, 8/22/13 and 10/8/13, the courtyard in the North building had a gate locked with a keypad and the code was posted. The gate was not labeled, "not an exit." The gate did not have a delayed locking device.

On 8/21/13, 8/22/13 and 10/8/13, the dining room door in the North building, which was labeled as an exit, was locked with a keypad and did not have a delayed locking device.

On 8/21/13, 8/22/13 and 10/8/13, the left door in the dining room of the North building, which was labeled as an exit, was locked with a keypad and did not have a delayed locking device.

On 8/21/13, 8/22/13 and 10/8/13, the double doors next to the Purchasing Department of the North building, which were labeled as exits, were locked with a keypad and did not have a delayed locking device.

On 8/21/13, 8/22/13 and 10/8/13, the following doors in the South building, which were labeled as exits, were locked with a keypad and did not have a delayed locking device:

- *near bedroom #115
- *near to bedroom #101

On 8/21/13, 8/22/13 and 10/8/13, the activity room door in the South building, which was labeled as an exit, had a magnetic lock. The door had no delayed locking device or keypad.

On 8/21/13, 8/22/13 and 10/8/13, the corridor door from the South building into the North building, which was labeled as an exit, was locked. The door was locked with a keypad and did not have a delayed locking device.

On 8/21/13, 8/22/13 and 10/8/13, the door that leads to a stairwell near bedroom #126 in the South building, which was labeled as an exit, was locked with a keypad and did not have a delayed locking device.

Not all residents are able to operate the keypad locks and exit the doors independently. On 8/22/13, residents #6, #7, #8, #9 (North building) and resident #5 (South building), were unable to operate the keypad and exit the doors independently.

On 10/8/13, residents #7, #9, #10, #11, #12, #13, #14, #15, #16, #17 and #18, who reside in the North building, were unable to operate the keypads and exit the doors independently.

Residents #6, #7, #8, #10, #11, #13, #14, and #16 have a diagnosis of Alzheimer's Disease, dementia or memory loss.

See home's plan of correction See page 7A of 21

Immediately, if any dates by which the steps will be completed

Repeat Violation: No	Date(s) of Previous Violation(s):		
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WEST REGION FIELD OFFICE
Human Services Licensing

Plan of Correction for 2600.121(a)

2600.121 (a) Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Barnabas Court North and South have code boxes on the exits of the buildings with the exception of the front door of South. The front door at South is always open for residents to exit if they wish. That door is locked at night but South residents are given the key to this door upon admission. The North door is also equipped with a wandergard system for the 4 to 6 known wanderers that we normally have in our North building. All residents and their responsible parties are educated on the coded door system and other safety features at time of admission. They sign a paper stating that they are aware of the system and consent to admission into the facility. This education process will be ongoing. The BC South residents will also be educated on the new door release system once it has been installed. (January 30, 2014)

Resident can exit freely without key. Key used to re-enter without assistance at night.

The door in the BC North dining room which did not have a key pad device on it will have one installed. This dining room will be part of the secure dementia unit. To be completed by 12/15/2013.

12/10/13 On this date a letter requesting licensing of Barnabas Court North as a Secure Dementia unit. We will continue to conduct annual (and as needed) assessments on all personal care residents using the BV Safety Risk Assessment/Dementia Behavior Scale to determine if a resident needs to become or continue as a resident of a secure dementia unit.

The doors at Barnabas Court South will be outfitted with a new delay release panic bar system so that residents at BCS will be able to come and go as they wish. Certain doors (2 doors) will have the delay release bars, but will still be designated as Emergency exits only, as they are not part of our fire drill emergency evacuation plan. There are 5 doors that are used as exits for drills and evacuations, which will be able to be used by residents wishing to exit the building. All the doors will still have an alarm on them which will signal the nursing staff if someone does exit from one of these doors. The alarms on the main door and courtyard doors are quieted during the good weather daytime hours as residents do frequently use the courtyards for outdoor enjoyment.

Delay release bars on doors will be installed by January 15, 2014 or approximately 6 weeks after approval of plan of correction. *(Verbal approval given by the Department the first week of JANUARY 2014)*

As part of the new BC Assessment team meetings, diagnoses will be reviewed. Team will look at residents who have not done well on Safety risk assessment/Behavior, any mini-mental exams, or have displayed short or long term memory issues. Their medical files will be checked for dementia diagnosis, and if need be the PCP will be asked to update the DME to include this diagnosis. The RASP will then be updated to address any changes in care needs. Ongoing

Any resident in the south building whom the BC Assessment Team determines to be unsafe residing in the South building will be moved to the North building and then DME and RASP will be updated to reflect change in level of care and new services to be provided.

MARLA STAPANOVICH (MS) 2/20/14
Regional Licensing Approval of Plan of Correction
Marla Stapanovich

Plan of Correction for 2600.121(a)
[Signature] 12/12/13

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DEC 13 2013

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Violation Report: 45306 - 08/21/2013 - Mazza, Larry
PCH Name: BARNABAS COURT AT BREVILLIER VILLAGE

WEST REGION FIELD OFFICE
Human Services Licensing

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.

Signature of Legal Entity Representative
(Required on EVERY Page)

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

Date 12/12/13

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The above plan of correction is approved as of 2/20/14
(Date)

Plan of correction implementation status as of _____
(Date)

The above plan of correction was approved by MS
(Initials)

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

Violation Report: 45306 - 08/21/2013 - Mazza, Larry
 PCH Name: BARNABAS COURT AT BREVILLIER VILLAGE

DEC 18 2013

1. REGULATION 55 Pa.Code §2600
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months. **WEST REGION FIELD OFFICE**
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION
 A fire drill during sleeping hours was conducted on 9/19/12 at 10:10 pm; however, another fire drill during sleeping hours was not conducted until 6/7/13 at 6:30 am.

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 9/3/13 Administrator reviewed fire drill regulations with Director of Maintenance and Maintenance Technician in charge of fire drills.
- On 9/13/13 at 5:06 am a night time fire drill was held.
- Director of Maintenance and Technician have developed a calendar for 2014 (and will continue this for each year forward) rotating the drills between shifts, insuring that a drill is held every 6 months during sleeping hours with minimal staff. This schedule will be kept confidential so that drill will be unannounced to staff and residents. Done 12/9/13 for the 2014 calendar year.
- Drills will be scheduled on different days of the week, different times of the day and night. Technician will be in charge of each drill and setting off the alarm. Once the alarm has sounded, the nurse on duty will run the drill. ON GOING

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
JEAN LAURIA, Adm. VP Residential Services			12-12-13

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The above plan of correction is approved as of <u>2/20/14</u> (Date)	Plan of correction implementation status as of <u>2/20/14</u> (Date)
	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress MS <input type="checkbox"/> Partially Implemented - Inadequate Progress
The above plan of correction was approved by <u>MS</u> (Initials)	

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DEC 13 2013

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Violation Report: 45306 - 08/21/2013 - Mazza, Larry
PCH Name: BARNABAS COURT AT BREVILLIER VILLAGE

WEST REGION FIELD OFFICE
Human Services License #

1. REGULATION 55 Pa. Code §2600

2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION

Eleven staff participated in the sleeping hours fire drill conducted on 9/19/12 at 10:10 pm and 14 staff participated in the sleeping hours fire drill conducted on 6/7/13 at 6:30 am. According to staff member A, the home's administrator, the minimum number of staff scheduled for the night shift is 4; however, the home has not conducted a fire drill during sleeping hours with 4 or less staff.

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.

- A night time drill was held on 9/13/13 at 5:06 am when only 3rd shift staff was in the building. There were three nursing staff and maintenance staff on duty at the time.
- As per Brevillier Village Emergency Management Plan, staff from Ball Pavilion SNF on campus were sent to assist when fire call information was relayed to SNF nurse; Staff from SNF are assigned to assist in fire emergencies in the PCH buildings during night time hours. This number of staff will be available at any time of drill.
- Drill schedule for 2014 will include drills during sleeping hours when Barnabas Court staff is at its lowest level, supplemented by SNF available staff. A third shift drill will be held during sleeping hours one every 6 months.

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

12-12-13

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The above plan of correction is approved as of

2/20/14
(Date)

Plan of correction implementation status as of

(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress

The above plan of correction was approved by

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Violation Report: 45306 - 08/21/2013 - Mazza, Larry
PCH Name: BARNABAS COURT AT BREVILLIER VILLAGE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.141(a)(1) - 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.

2a. DESCRIPTION OF VIOLATION
Resident #2, admitted on 10/1/12, did not have a medical evaluation completed until 5/14/12.

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 10/1/12 Resident #2 was admitted to Barnabas Court South. She was not receiving full personal care services at that point in time.
- On 10/24/12 Resident #2 was transferred to Barnabas Court North due to a need for personal care services. A new medical evaluation should have been completed due to a significant change. The significant change RASP was completed on 10/24/12 based on her assessment and care needs.
- On 1/14/13 new Medical Evaluation was completed on Resident #2 due to significant change.
- On 12/6/13 a formal "Assessment Team" was developed to include Director of Admissions, Assistant Administrator/Social Worker, Vice President of Resident Services/BC Administrator, Social Workers, Medical Assistant, LPN, Director of Food Service and Director of Recreation and Recreation Coordinator. This team will meet weekly to review admissions and changes in condition. All personal care paperwork including pre-admission screening, medical evaluation will be reviewed for accuracy prior to admission by the Assessment Team as well. The Barnabas Court social workers will continue to update the BC Screening / RASP schedule checklist and the medical assistant will continue to update the annual physical's checklist to ensure that all dates are in compliance with requirements. Weekly - ON GOING
- The Vice President of Residential Services / Administrator and the Assistant Administrator / Social Worker will do random checks of completed Prescreens, DME's, and RASP's to insure compliance with Chapter 2600. - ON GOING

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
JEAN LaFollette Adm. VP Residential Services			12/13/13

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Violation Report: 45306 - 08/21/2013 - Mazza, Larry
 PCH Name: BARNABAS COURT AT BREVILLIER VILLAGE

DEC 13 2013

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

WEST REGION FIELD OFFICE
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION
 The medical evaluation, dated 12/6/12, for resident #12 does not include a mobility assessment.
 The medical evaluation, dated 4/18/13, for resident #20 does not include medications.

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.

- Barnabas Court Medical Assistant continues to be responsible for insuring that DME's are completed in a timely manner and that all areas of the DME are filled in as required. She tracks dates of annual DME's and updates. Medical Assistant will review each DME before it is placed on the chart. *ON GOING*
- If Medical Evaluation is missing any information, Medical Assistant or nurse will contact PCP for clarification; will either fax medical evaluation back to PCP for corrections or nurse will add correction as per PCP directives. She will then document the date, time, and person spoken to in the DME next to the addition or correction. *ON GOING*
- New Barnabas Court Assessment Team will meet weekly to review admissions, readmissions, changes of condition, and to review all new DME's and other forms such as Assessments, Support Plans, and Medication/Diagnosis list to insure that all forms include updated and consistent information. Weekly the Assistant Administrator/Social Worker and Administrator/VP of Residential Services will do random checks throughout the year to monitor documentation - ongoing.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Jean Lafuria</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>JEAN LAFURIA Adm. VP Residential Services</i>			Date <i>12-13-13</i>

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Violation Report: 45306 - 08/21/2013 - Mazza, Larry
PCH Name: BARNABAS COURT AT BREVILLIER VILLAGE

WEST REGION FIELD OFFICE
Human Services 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 8/21/13, there were no eye coverings in the first aid kit in the 2012 van used to transport residents.

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 8/22/13, during the Annual Inspection two sets of goggles were placed in the First Aid Kit in each vehicle used by the transportation aides to provide transportation for the residents.
- On 12/5/13 the Executive Administrative Assistant was given a copy of the above regulation as well as regulation 2600.96 that details the items that need to be included in the First Aid Kits that are on the vans.
- On 12/5/13 the Executive Administrative Assistant educated the transportation aides and provided them with an updated "Daily Inspection Report" that includes a checklist for the First Aid Kit and goggles. This list will be checked daily by the transportation aide to ensure that goggles and a fully stocked First Aid Kit are present in the van prior to using the vehicle. The Executive Administrative Assistant will check these reports at the end of each week and will send requests for replacement items as needed. **WEEKLY**

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 VP Resident Services

Date 12-13-13

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Violation Report: 45306 - 08/21/2013 - Mazza, Larry
PCH Name: BARNABAS COURT AT BREVILLIER VILLAGE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION
Resident #3 was admitted to the home on 4/13/13; however, the preadmission screening was completed on 2/5/13.

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 had been evaluated as appropriate for personal care and that his needs could be met at Barnabas Court. Resident and family chose to delay admission date so that resident could resolve some family issues. Although there were no changes in information on prescreen, it should have been updated closer to date of actual move in.
- Director of Admissions was given new copy of Pre-Admission Screening Regulation and RCG Discussion page. Also given copy of RCG - "The Pre-Admission Screening, Medical Evaluation and Assessment Support Plan: Best Practices which outlines admission documentation requirements.
- Formal Assessment Team has been developed to include Director of Admission, Assistant Administrator / Social Worker, VP of Residential Services / Administrator, Social Workers, Medical Assistant, LPN, Director of food Service and Director of Recreation. This team will meet weekly to review admissions, changes in condition and any other updates to insure that all resident needs are being addressed and paper work updated as required by 2600 regulations. **WEEKLY/ONGOING**
- Assistant administrator / Social Worker will be Team Leader and will monitor North and South resident files to insure compliance with update requirements. Medical Assistant will help with chart reviews. **ONGOING**

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **JEAN LAFURA Adm. VP Residential Services** Date **12-12-13**

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Violation Report: 45306 - 08/21/2013 - Mazza, Larry
 PCH Name: BARNABAS COURT AT BRÉVILLIER VILLAGE

DEC 13 2013

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.

WEST REGION FIELD OFFICE
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

A significant change medical evaluation was completed for resident #4 on 6/24/13, due to a new diagnosis of a vertebrae fracture. However, no significant change assessment was completed.

The assessment, dated 9/14/12, for resident #5 indicates the resident cannot self-administer medications. However, the resident has a physician's order, dated 10/3/11, indicating he/shet may self-administer Calmoseptine ointment and Risamine ointment and keep at bedside. Resident #5 is currently applying these ointments independently.

The current assessment for resident #21 is dated 6/12/12.

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.

- 12/6/13 - Resident Assessment Team formed this date: Director of Admissions, Medical Assistant, Vice President of Residential Services / BC Administrator, Barnabas Court Social Worker, Assistant Administrator / Social Worker at Barnabas Court, Director of Food Services, and Director of Recreation are all on the team.
- Staff educated on 12/6/13 to clarify the above regulation and the importance of compliance with this regulation. Assessment Team will meet weekly to discuss any changes / updated to RASP. If a new assessment needs completed, the Team will initiate the change at the weekly meeting.
- The Social Worker will initiate the process via e-mail to "Barnabas Court Support Plan Group". Social Worker will be responsible for finalizing the RASP.
- On 9/24/13 a significant change RASP was completed for Resident #4 due to a new medical evaluation and a need for SNF long term. Resident was transferred to Ball Pavilion on 10/26/13.
- On 9/13/13 Resident #5's annual assessment was updated and both the medical evaluation and annual RASP reflect that Resident #5 self administers both ointments ordered at bedside.
- On 8/28/13 Resident #21's annual RASP was updated. The Barnabas Court Screening RASP schedule was updated at this time as well.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
JEAN LAFORIA, Adm. VP Residential Services			12/12/13

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(Initials) <u>MS</u>			

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Violation Report: 45306 - 08/21/2013 - Mazza, Larry
PCH Name: BARNABAS COURT AT BREVILLIER VILLAGE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.226(a) - The resident shall be assessed for mobility needs as part of the resident's assessment.

2a. DESCRIPTION OF VIOLATION

The assessment, dated 4/19/13, for resident #4 indicates the resident is mobile; however, staff member A indicated the resident requires verbal assistance to evacuate in an emergency. Also, the resident's assessment indicates the resident requires extensive supervision due to possible elopement and the resident is currently wearing a wander guard bracelet.

The assessment, dated 5/22/13, for resident #15 indicates the resident is mobile; however, the resident's support plan, dated 6/7/13, indicates he/she requires directional and physical assistance in a wheelchair to evacuate in an emergency.

The assessment, dated 9/18/13, for resident #19 indicates the resident is mobile; however, the resident's support plan, dated 9/18/13, indicates he/she requires assistance while evacuating the building during an emergency. Also, resident #19 requires cueing and directional assistance, along with staff assistance to push resident to destination in a wheelchair.

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 Assessment dated 4/19/13 for Resident #4 did indicate that the Resident was immobile. The RASP indicated the Resident needed extensive supervision and staff was monitoring her for possible elopement. Resident was currently wearing a security bracelet and staff were monitoring daily. The significant change RASP dated 9/24/13 reflects this as well. Resident #4 was discharged to Ball Pavilion SNF on 10/26/13.
- On 12/11/13 Barnabas Court Social Worker updated the Mobility Needs of Resident #15 on the RASP dated 5/22/13. Resident was changed to moderate due to transfer assistance needed with use of Sabina lift. Resident #15 was added to the Mobility Needs List as well.
- On 12/11/13 Barnabas Court social worker updated the Mobility Needs of Resident #19. Resident was changed to moderate due to requiring physical assistance in an emergency. Resident was added to the Mobility Needs List on 12/11/13.
- Barnabas Court North Social Worker will review all resident supervision, mobility, and transfer statuses and confirm that RASP's reflect correctly. Update all as needed - To be completed by 1/2/14.

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)

JEAN LAFURIA Adm VP Residential Services

Date

12-12-13

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2/20/14
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Plan of correction implementation status as of

(Date)

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Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

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DEC 18 2013

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Violation Report: 45306 - 08/21/2013 - Mazza, Larry
PCH Name: BARNABAS COURT AT BREVILLIER VILLAGE
WEST REGION FIELD OFFICE
Human Services Licensing

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.

2a. DESCRIPTION OF VIOLATION
A significant change medical evaluation was completed for resident #4 on 6/24/13, due to a new diagnosis of a vertebrae fracture. However, no significant change support plan was 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 #4 fell on 6/19/13 and was sent to the ER. Physician in the ER recommended a skilled nursing stay for rehabilitation.
- 6/19/13 resident #4 was transferred to Ball Pavilion, SNF, for short term rehab stay due to vertebrae fracture. Resident #4 stayed at Ball Pavilion thru 6/21/13. The therapy department at that time recommended she return to Barnabas Court North as she was back to baseline.
- 6/22/13 resident #4 readmitted to Barnabas Court North with orders for OT evaluation only. New medical evaluation was completed at Ball Pavilion and an update was attached to the support plan but a new RASP was not completed. Resident #4 was back to baseline and there were no significant changes in care needs.
- A new OT evaluation was not completed at time of readmission since SNF stay OT evaluation was done under Part B Medicare and another could not be done. OT did do a home evaluation screening in Barnabas Court apartment and did not request any further treatments or equipment modification as resident was back to baseline.
- New RASP was completed on 9/24/13 when significant change for Resident #4 took place. Resident was discharged to Ball Pavilion, SNF, for a higher level of care on 10/26/13.
- 12/6/13 -- Formal Assessment Team has been developed to include Director of Admission, Assistant Administrator / Social Worker, VP of Residential Services / Administrator, Social Workers, Medical Assistant, LPN, Director of food Service and Director of Recreation. This team will meet weekly to review admissions, changes in condition and any other updates to insure that all resident needs are being addressed and paper work updated as required by 2600 regulations.
- VP of Residential Services / Administrator and Assistant Administrator / Social Worker will randomly review paperwork throughout the year to confirm compliance. - ON GOING

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 12-12-13

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Violation Report: 45306 - 08/21/2013 - Mazza, Larry
PCH Name: BARNABAS COURT AT BREVILLIER VILLAGE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, 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

The assessment, dated 5/22/13, for resident #15 indicates the resident requires moderate supervision; however, the support plan, dated 5/7/13, does not specifically address what the supervision needs are.

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 12/11/13 Barnabas Court Social Worker was educated on the importance of above regulation and how to more clearly indicate actual services required by each resident. Barnabas Court Social Worker updated the supervision needs of Resident #15 on the RASP dated 5/22/13.
- On 12/11/13 Barnabas Court Social Worker updated the supervision needs on RASP for all residents at BC North who are currently using the Sabina lift for transfers. All residents using a Sabina lift were added to the Mobility Needs list as well.
- Changes in mobility and transfer needs as well as need for supervision will be addressed at the weekly BC Assessment Team meetings, updates to DME's, RASP's, and to Mobility List will be done as indicated. Brevillier Village Safety Risk Assessment / Dementia Behavior Scale will also be used to determine need for level of supervision.

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
JEAN LAURIA, Adm/VP Residential Services			12-12-13

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Violation Report: 45306 - 08/21/2013 - Mazza, Larry
PCH Name: BARNABAS COURT AT BREVILLIER VILLAGE

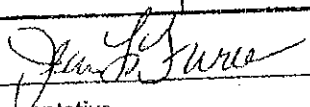
WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.227(e) - The resident's support plan must document the ability of the resident to self-administer medications or the need for medication reminders or medication administration.

2a. DESCRIPTION OF VIOLATION
The support plan, dated 9/18/12, for resident #5 does not address the resident's ability to self-administer Calmoseptine ointment and Risamine ointment as identified in a physician's order, dated 10/3/11. Resident #5 is currently storing these ointments at bedside and applying them independently.

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 9/6/13 Resident #5 was re-evaluated by her PCP because her annual physical was due. The form was completed on 9/13/13. The "Ability to Self-Administer" section of the Medical Evaluation "Reflects that Resident #5 cannot self-administer medication except for ointments that are ordered by her PCP at bedside."
- On 9/13/13 Annual Assessment was updated and reflects that "Resident cannot self-administer medications except for ointments ordered at bedside."
- On 9/17/13 Resident #5 Annual Support Plan description of supervision needs states "Resident #5 requires assistance with medications. She can self administer medications ordered at bedside only." The plan to meet supervision needs stated "Resident #5 is on medication monitoring program. Nursing orders, administers and stores her medications. Resident #5 self administers Calmoseptine and Risamine ointment per PCP orders."
- On 12/6/13 Formal Assessment Team has been developed to include Director of Admission, Assistant Administrator / Social Worker, VP of Residential Services / Administrator, Social Workers, Medical Assistant, LPN, Director of food Service and Director of Recreation. This team will meet weekly to review admissions, changes in condition and any other updates to insure that all resident needs are being addressed and paper work updated as required by 2600 regulations.
- VP of Residential Services / Administrator and Assistant Administrator / Social Worker will randomly review paperwork throughout the year to confirm compliance. - ON GOING

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

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WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 45306 - 08/21/2013 - Mazza, Larry
PCH Name: BARNABAS COURT AT BREVILLIER VILLAGE

1. REGULATION 55 Pa. Code §2600

2600.231(a) -- This section and § 2600.232-2600.239 apply to secured dementia care units. These provisions are in addition to the other provisions of this chapter. A secured dementia care unit is a home or portion of a home that provides specialized care and services for residents with Alzheimer's disease or other dementia.

2a. DESCRIPTION OF VIOLATION

On 10/8/13, 31 of the 56 residents residing in the North building have a diagnosis of dementia, Alzheimer's disease or memory loss and have specialized care needs. Staff member A, the home's administrator, indicated residents who wander reside in the North building. The home is not licensed as a secured dementia care unit.

On 8/21/13, 8/22/13 and 10/8/13, the following exit doors in the North building were locked with a keypad and did not have a delayed locking device:

- *inside the main entrance
- *in the Sunset Lounge
- *near bedroom #511
- *the chapel area, across from bedroom #416

On 8/21/13, 8/22/13 and 10/8/13, the exit door in the North building's Lakeview Lounge was locked with a keypad. There was a panic bar on this door; however, the door did not open when an agent of the Department pushed for 30 seconds. Staff member B, the home's Maintenance Director, indicated the door is not programmed to unlock after any time-delay.

On 8/21/13, 8/22/13 and 10/8/13, the courtyard in the North building had a gate locked with a keypad and the code was posted. The gate was not labeled, "not an exit."

On 8/21/13, 8/22/13 and 10/8/13, the dining room exit door in the North building was locked. The door had no delayed locking device or keypad.

On 8/21/13, 8/22/13 and 10/8/13, the left door in the dining room of the North building, which was labeled as an exit, was locked with a keypad and did not have a delayed locking device.

On 8/21/13, 8/22/13 and 10/8/13, the double doors next to the Purchasing Department of the North building, which were labeled as exits, were locked with a keypad and did not have a delayed locking device.

Not all residents are able to operate the keypad locks and exit the doors independently. On 8/22/13, residents #6, #7, #8, #9 (North building) and resident #5 (South building), were unable to operate the keypad and exit the doors independently.

On 10/8/13, staff member A, the home's administrator, indicated residents in the home who have a wander/elopement risk reside in the North building.

On 10/8/13, residents #7, #9, #10, #11, #12, #13, #14, #15, #16, #17 and #18, who reside in the North building, were unable to operate the keypads and exit the doors independently.

Residents #6, #7, #8, #10, #11, #13, #14, and #16 have a diagnosis of Alzheimer's Disease, dementia or memory loss.

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.

See page 21 of 21

[Signature]
12/12/13

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DEC 13 2013

Page 21 of 21

Violation Report: 45306 - 08/21/2013 - Mazza, Larry
PCH Name: BARNABAS COURT AT BREVILLIER VILLAGE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600
2600.231(a) – This section and § § 2600.232-2600.239 apply to secured dementia care units. These provisions are in addition to the other provisions of this chapter. A secured dementia care unit is a home or portion of a home that provides specialized care and services for residents with Alzheimer’s disease or other dementia.

2600.231 Secure Dementia Unit

On December 10, 2013, a letter of request was sent to Christopher Vogel, Regulatory Implementation Manager of the Bureau of Human Services Licensing, requesting approval for the North Unit of Barnabas Court to become a secure Dementia Unit. We are currently gathering the documentation needed for licensing for this unit, will have it forwarded to Mr. Vogel by December 20, 2013. While our request for approval for a dementia unit is being processed, we will continue to work to keep our residents safe as we also protect their rights to leave and return to the home at times consistent with the home rules and the resident’s support plans.

CONTINUED ON NEXT PAGES

see page 21 A of 21

Repeat Violation:	Date(s) of Previous Violation(s):			
Signature of Legal Entity Representative (Required on EVERY Page) <i>Jean LaFuria</i>				
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>JEAN LAFURIA, Vice President, Protected Services</i> 12-12-13				

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

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

The above plan of correction is approved as of 2/20/14
(Date)

Plan of correction implementation status as of _____
(Date)

The above plan of correction was approved by MS
(Initials)

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

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WEST REGION FIELD OFFICE
Human Services Licensing

2600.231 Secured Dementia Unit Continued:

- The BC social workers will re-educate residents on the use of the coded doors at the Resident Advisory Council and Resident Association meetings on December 23, 2013. They will have residents use the Key Pad Education sheet to document resident ability to use the pad. This will be posted in the meeting minutes so that residents without memory issues will have this information available to them.
- The Social workers will continue to assess each resident for their ability to use the keypads to come and go from the building as they would wish. They will continue to use the Key Pad Education sheet to train new residents on the use of the key pads. ON GOING
- The social workers will also continue to assess every personal care resident through the BV Safety Risk Assessment/Dementia Behavior Scale. This form was developed by the BV Speech Pathologist as a good tool for determining the residents' safety awareness and need for a secure unit. ON GOING
- Those residents with a dementia diagnosis who score poorly on the Risk Assessment/Dementia Behavior Scale and who are not be able to use the key pad to come and go safely without supervision will be required to be cared for in the North unit.
- The nursing staff and Social Workers will continue to monitor residents for changes in memory and cognition, and to update RASP's to indicate any changes of conditions and care needs. The new Assessment Team will meet weekly and address any noted changes **WEEKLY ONGOING**
- Mobility needs list will be updated along with changes noted in RASP's **ONGOING**

Janet [unclear]
12/12/13

MARIA STEPANOVICH (ms) 2/20/14
Regional Licensing Approval of Plan of Correction
maria stepanovich