

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to BALL PAVILION INC

LEGAL ENTITY

To operate BARNABAS COURT AT BREVILLIER VILLAGE

NAME OF FACILITY OR AGENCY

Located at 5416 EAST LAKE ROAD, ERIE, PA 16511

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 140

(MAXIMUM CAPACITY)

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

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 60

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 August 12, 2014 until December 8, 2014,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 453060

Robert E. Robinson

ISSUING OFFICER

Matthew J. [Signature]

ACTING DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

PW 628 - 10/13



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

AUG 13 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 March 26, 2014 and July 9, 2014, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Licensing Inspection Summary were found.

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

As a result of your facilities recent adjustment of the use of physical space, we are issuing a revised license under the authority of 55 Pa.Code Ch. 2600. The revised license indicates a secured dementia care unit licensed capacity of 60 for your facility. The expiration date of the license remains unchanged. Your revised license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Matthew Jones" followed by a stylized flourish or initials.

Matthew J. Jones
Director

Enclosures
License
Licensing 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: 87	Waking Staff: 65
Type of Inspection: Interim - POC	BHA Docket Number: N/A	Notice: Unannounced
Reason(s) for Inspection(s) Interim		
On-Site Inspections Dates and Department Representatives On-Site 03/26/2014: Mazza, Larry; Mandock, Nancy		
Off-Site Inspection Dates and Inspectors, if Applicable		
<p align="right">WEST VIRGINIA OFFICE Human Services Licensing</p> <p align="center">JUN 18 2014</p>		
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 who:	
Number of Residents Served: 73	Receive Supplemental Security Income: 5	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 73	
Area:	Have Mental Illness: 2	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 1	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 14	
Number of Current Hospice Residents: 1	Have a Physical Disability: 6	
Number of Hospice Residents in past year: 3		

Violation Report: 45306 - 03/26/2014 - Mazza, Larry
PCH 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 North building of the home had 0 1st floor exit doors that were unlocked. Residents of the home do not have immediate egress from the home.

Egress accessibility from the home is as follows:

On 3/26/14, 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
- *the dining room exit door

On 3/26/14, 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 3/26/14, 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 3/26/14, 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 3/26/14, resident #7, who resides in the North building, demonstrated to an agent of the Department that he/she was able to unlock the main door of the building; however, the resident had to check the code twice and use the keypad 3 times before it successfully unlocked.

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 attached Page 2^A

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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, V.P. Residential Services* Date *6/12/14*

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

The above plan of correction is approved as of <u>7-30-14</u> (Date)	Plan of correction implementation status as of <u>7-30-14</u> (Date)
	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SMP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
The above plan of correction was approved by <u>SMP</u> (Initials)	

page 2 of 7

Janice Furr
Vice President of
Residential Services
6-12-14

Personal Care Regulations 2600.121a
Plan of Corrections

1. Request is being made for reconsideration for licensing of Barnabas Court as a Secure Dementia Care unit. CURRENTLY ONGOING
2. All exit doors are equipped with a door locking system whereby doors are unlocked by entering a code into the code box near the door. This releases the door for opening. The key pad code number is posted at every door in a picture posted near the door. Residents without dementia diagnosis and all family members are instructed on the use of these code boxes. The door locking system automatically unlocks when the emergency alarm sounds and/or is being tested.
3. Any resident who does not have a dementia diagnosis and does not require a secure dementia care unit will have access to and be able to follow directions for the operation of the key pads to exit the Secure Dementia Care unit. ONGOING
4. Any resident not needing to reside in a Secure Dementia Care unit but choosing to do so will be educated on the purpose of the unit. This resident will then have to review and sign the "Voluntary Residency in a Secure Dementia Unit" form. The responsible party/POA will also be asked to sign this form and it will be kept in the resident's social services file. To be completed for current residents by July 1, 2014 then will be ongoing with new admissions.
5. Any resident who chooses to reside in the Secure Dementia Care unit but does not need the dementia care services will be trained on the use of the key pads for door release and will not be admitted if they cannot operate the door releases.
6. All residents without a dementia diagnosis will be receive frequent retraining on the use of the key pads so that they continue to be able to exit the home as they desire. To be done starting June 16 on a weekly basis as needed for each resident
7. Any resident who does not have a dementia diagnosis but begins to show memory deficits or cognitive decline will be reassessed by BC assessment team, physician, and, as needed, by psychologist to determine need for Secure Dementia Care unit and services. If found to be in need then the process outlined for Secure Dementia Care unit residency will be followed. ONGOING
8. The home's policies will be updated to reflect this plan of correction. To be completed by July 10, 2014
9. The Administrator, Assistant Administrator and Social Workers will review charts throughout the year to insure that forms are completed and on file; will also be responsible for the training and re-training of all non-dementia care residents on exiting the building and the use of the locking devices ONGOING

Susie Pallock (SNP) 7/30/14
Regional Licensing Approval of Plan of Correction
Susie Pallock

JUN 12 2014
WEST...
Human Services...

Violation Report: 45306 - 03/26/2014 - Mazza, Larry
PCH Name: BARNABAS COURT AT BREVILLIER VILLAGE

John J. Suran
VICE PRESIDENT
OF RESIDENTIAL SUC.

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 12/10/13, the home submitted an application to the Department to license the North building as a Secured Dementia Care Unit (SDCU). On 3/26/14, the Department conducted an on-site inspection of the SDCU. On 3/26/14, 33 of the 53 residents residing in the North building have a diagnosis of dementia, Alzheimer’s Disease or memory loss. Staff member A, the home’s administrator, indicated residents who wander or have high care needs, such as assistance with showering and toileting, also reside in the North building.

On 3/26/14, 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
- *the dining room exit door

On 3/26/14, 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.

On 3/26/14, 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 3/26/14, 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.

See attached sheet 3A

PAID BY

JUN 12 2014

WESLEY
Chairman

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.

page 3 of 7
Janice Juice
Vice President of Residential Services

Personal Care regulations 2600.231a, 232-239

6-12-14

Plan of corrections:

1. Barnabas Court Assessment team reviewed all resident medical records, medical evaluation forms, and RASP's for dementia diagnoses (Dementia, Alzheimer's disease, memory loss, organic brain syndrome, etc.). Physicians for residents with dementia diagnosis will be contacted for determination of need for Secure dementia Care unit. All medical evaluations for residents with dementia diagnosis will be updated to reflect need for secure dementia care unit as per physician's documentation. To be completed by July 10, 2014
2. A new preadmission screening, including the Part IV Cognitive Screening, have been completed for those current residents with dementia diagnosis who have been determined to need secure dementia care unit. Completed June 11, 2014
3. All RASP's will be reviewed and updated or new ones completed to address the need for secure care unit. To be completed by July 10, 2014
4. All Residents with dementia diagnosis and their responsible parties (POA's) will review and sign the "Acknowledgement of Admission to Secure Dementia Care Unit" form for documentation of their understanding of the purpose of the unit and the special locking doors. Social workers will assist with this, to be completed by July 1, 2014.
5. The current door locking system with coded doors will remain. This door system is set to release all doors whenever the emergency alarm system is activated or tested. Maintenance staff checks the function of these doors daily to insure correct operation. ONGOING
6. The staff of the nursing and recreation departments will continue to offer various on-on-one and group programs for residents who have a dementia diagnosis. These activities will provide stimulation for cognition, reorientation for residents when possible, and validation to those with moderate cognitive impairments. ONGOING
7. Residents who have dementia or are beginning to display memory issues may be referred to our consulting psychologist who does memory testing and offers recommendations for interventions and/or counseling support for those residents as well as staff and family education. BC Assessment team will assist in making recommendations along with physicians. ONGOING
8. The direct care nursing staff, the recreation leaders and aides, the social workers and any other interested staff will receive an addition six hours of training related to dementia care and services. This education will be provided through out the year by the psychologist and our own certified Dementia Capable Care Instructor. This year's dementia classes are scheduled for the month of July at various times so that all shifts of direct care workers can attend. Annual education plan
9. The Vice President of Resident Services (Barnabas Court Administrator) and the Assistant Administrator will review all current resident records to insure that the above corrections and additions are made and will continue to review medical records and RASP's to ensure documentation is complete for residents in need of a secure dementia care unit and its services. ONGOING
10. The home's policies will be updated to reflect this plan of correction to be completed by July 10, 2014 by administrator
11. The home's Administrator and Assistant Administrator will review charts throughout the year in order to insure compliance with this regulation. ONGOING

7/30/14

Janice Pollock (Snr)
Regional Licensing
Approval of Plan of Correction
Janice Pollock

Violation Report: 45306 - 08/21/2013 - Mazza, Larry
PCI 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.

See attached sheet^{3A}

JUN 12 2014
WIPAC
EIGHTH DISTRICT JUDICIAL CENTER

Repeat Violation: NO

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Sean LaFuria

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

SEAN LAFURIA Vice President of Residential Services

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

The above plan of correction is approved as of 7-30-14
(Date)

Verification of Legal Entity Representative Signature 7/30/14
(Date)

- Fully Implemented
- Partially Implemented -- Adequate Process *SW*
- Partially Implemented -- Inadequate Process
- Not Implemented

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

JUN 12 2014

WEST VIRGINIA STATE BOARD OF LICENSING
HEALTH SERVICES LICENSING

Violation Report: 45306 - 03/26/2014 - Mazza, Larry
PCH Name: BARNABAS COURT AT BREVILLIER VILLAGE

1. REGULATION 55 Pa. Code §2600

2600.231(b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

On 12/10/13, the home submitted an application to the Department to license the North building as a SDCU. On 3/26/14, the Department conducted an on-site inspection of the SDCU.

On 3/26/14, 20 residents residing in the North building, to include residents #8, #9 and #10, did not have a diagnosis of dementia, Alzheimer's Disease or memory loss.

The medical evaluation, dated 2/7/14, for resident #1, indicates a diagnosis of dementia; however, it does not indicate the need for the resident to reside on a SDCU.

The medical evaluation, dated 1/16/14, for resident #2, indicates a diagnosis of organic brain syndrome; however, it does not indicate the need for the resident to reside on a SDCU.

The medical evaluation, dated 1/2/14, for resident #3, indicates a diagnosis of Alzheimer's/dementia; however, it does not indicate the need for the resident to reside on a SDCU.

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. The physician for each current Barnabas Court North resident with a dementia diagnosis will be contacted concerning the resident's need for secure dementia care unit and will be asked to document whether or not the resident has the need for a Secure Dementia Care unit and its services. This information will be provided on each resident's new medical evaluation or attached as an addendum to the current evaluation. This will be done by the social workers by July 1, 2014.

2. The home's social worker and the medical assistant will make sure that the physician is documenting the need for the secure dementia unit correctly. The Administrator and the Assistant Administrator will review charts throughout the year to insure that documentation is complete and that there is compliance with this regulation.

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 Vice President Resident Services Date 6/12/14

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

The above plan of correction is approved as of <u>7-30-14</u> (Date)	Plan of correction implementation status as of <u>7-30-14</u> (Date)
	<input type="checkbox"/> Fully Implemented
	<input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SMP</i>
	<input type="checkbox"/> Partially Implemented - Inadequate Progress
	<input type="checkbox"/> Not Implemented
The above plan of correction was approved by <u>SMP</u> (Initials)	

JUN 12 2014

WARRING SERVICES OFFICE

Page 6 of 7

Violation Report: 45306 - 03/26/2014 - Mazza, Larry
PCH Name: BARNABAS COURT AT BREVILLIER VILLAGE

1. REGULATION 55 Pa. Code §2600

2600.231(c) - A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

On 12/10/13, the home submitted an application to the Department to license the North building as a SDCU. On 3/26/14, the Department conducted an on-site inspection of the SDCU.

Staff person A, the home's administrator, indicated the only residents who had cognitive screenings completed were the 6 residents in the North building who use a wanderguard, to include residents #2 and #3.

Resident #1 was admitted to the North building on 10/24/12. No cognitive screening was completed for this resident.

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. The Barnabas Court Assessment team reviewed the list of residents with dementia for appropriateness in a Secure Dementia Care Unit on May 28, 2014. On June 11, 2014 the Barnabas Court social workers completed new prescreen forms including the Part IV Cognitive Screening for all residents with dementia diagnosis. Completed 06/11/2014
2. The Director of Admission will complete a Prescreen form on each resident admitted to the home. If the resident has a cognitive deficit or dementia diagnosis, the prospective resident's admission information will be reviewed by the BC Assessment team and the Part IV Cognitive Screening section will be completed, indicating the need for secure dementia care unit.
3. If any resident is given a dementia diagnosis during the course of their residency at Barnabas Court North, the BC Assessment team will review the resident's needs and a new prescreen with the Part IV Cognitive screening will be completed indicating need for a secure dementia unit. ONGOING
4. The Administrator and Assistant Administrator will review charts throughout the year to insure compliance with this regulation. ONGOING

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 Vice Pres. Residential Services Date 6/12/14

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

The above plan of correction is approved as of <u>7-30-14</u> (Date)	Plan of correction implementation status as of <u>7-30-14</u> (Date)
	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <u>SWP</u> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
The above plan of correction was approved by <u>SWP</u> (Initials)	

Violation Report: 45306 - 03/26/2014 - Mazza, Larry
 PCH Name: BARNABAS COURT AT BREVILLIER VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.231(e) - Each resident record shall have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

2a. DESCRIPTION OF VIOLATION
 On 12/10/13, the home submitted an application to the Department to license the North building as a SDCU. On 3/26/14, the Department conducted an on-site inspection of the SDCU.
 The home has no documentation that the following residents and the resident's designated persons have not objected to the admission to the SDCU:
 *resident #1, admitted 10/24/12
 *resident #2, admitted 1/24/14
 *resident #3, admitted 1/21/14
 *resident #4, admitted 2/20/14
 *resident #5, admitted 3/18/13

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.

- Forms have been re-designed for all residents to sign as documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secure dementia care unit. Completed May 1, 2014.
- The "acknowledgement of Admission to a Secure Dementia Care Unit" form will be signed by all current residents with a dementia diagnosis and their POA/Responsible Parties. The signed document will indicate their understanding that the Barnabas Court North building has been designated a secure dementia unit and they are not objecting to continued residency in this unit. The "Voluntary Residency into a Secure Dementia Care Unit" form will be signed by all current resident who DO NOT have a dementia diagnosis. It will also be signed by their POA/Responsible Parties. This signed document will indicate that this resident has chosen voluntarily to live in a secure dementia care unit with locking devices on the door, and that they understand that they may exit the building using the code boxes on the doors. This will be completed by the social workers by July 1, 2014.
- Any new admission with a dementia or other related diagnosis, who has had the "Part IV Cognitive Screening" completed on the prescreen, will be required to sign the "Acknowledgement of Admission to a Secure Dementia Care Unit" documenting that they have no objections to be admitted to this unit. The POA/Responsible Party will also be required to sign. ONGOING
- Any new admission without a dementia diagnosis will be required to sign the "Voluntary Residency into a Secure Dementia Care Unit" form documenting that he or she has voluntarily chosen to reside in this building. The POA/Responsible Party will also be required to sign this form. These residents will receive training regularly on the door locking system and how to exit the building independently. Supervised by social workers and Assistant Administrator. ONGOING

Repeat Violation: No	Date(s) of Previous Violation(s):		
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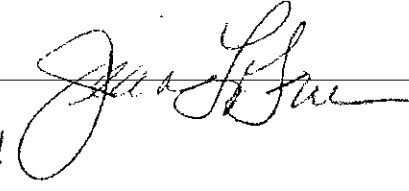
Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *JEAN LAFORIA Vice President of Residential Services* Date *6/12/14*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>7-30-14</u> (Date)	Plan of correction implementation status as of <u>7-30-14</u> (Date)
	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SMP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
The above plan of correction was approved by <u>SMP</u> (Initials)	

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

PCH Name: BARNABAS COURT AT BREVILLIER VILLAGE		License Number: 45366
Address: 5416 EAST LAKE ROAD, ERIE, PA 16511		County: Erie
Administrator: MS. 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 Comm. of PA Dept. L&I	C-2 11/16/1989 Comm. of PA Dept. L&I	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 89	Working Staff: 67
Type of Inspection: Partial	BHA Docket Number: N/A	Notice: Unannounced
Reason(s) for Inspection(s) Interim		
On-Site Inspections Dates and Department Representatives On-Site 07/09/2014: Pollock, Susan; Mazza, Larry; Mandock, Nancy		
Off-Site Inspection Dates and Inspectors, if Applicable		
<p>JUL 29 2014</p> <p>WEST VIRGINIA INSTITUTE OF TECHNOLOGY</p> <p>Charleston, West Virginia</p>		
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 who:	
Number of Residents Served: 75	Receive Supplemental Security Income: 5	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 75	
Area:	Have Mental Illness: 2	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 1	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 14	
Number of Current Hospice Residents: 2	Have a Physical Disability: 3	
Number of Hospice Residents in past year: 2		

Plan of Corrections forwarded 7/29/14 

Violation Report: 45306 - 07/09/2014 - Pollock, Susan
 PCH Name: BARNABAS COURT AT BREVILLIER VILLAGE

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

2a. DESCRIPTION OF VIOLATION
 The medical evaluation for resident #11, dated 1/21/13, does not include the second page.

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.

- Physician was contacted to send updated medical evaluation. This was added to the medical record of resident on July 28, 2014.
- All medical evaluations forms are tracked by Medical Assistant. She will continue to prepare and send medical evaluations to physicians and, upon their return, shall review all forms. She will check to insure that all boxes are checked and complete and all dates/signatures are on forms. If there is any missing data, Nurse will contact Doctor for clarification and will add to medical form with his/her initials and date - July 25, 2014 ongoing.
- Social Workers will continue to use medical evaluation as basis for RASP development. They will review medical evaluation form to insure that it is complete and signed as required - July 25, 2014 ongoing
- Administrator and Assistant Administrator will do chart reviews throughout the year to insure that all prescreens, medical evaluations and RASPs are completed as required - ongoing.

JUL - 29 2014

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 President of Residential Services	Date 7/29/14
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>7-30-14</u> (Date)	Plan of correction implementation status as of <u>7-30-14</u> (Date)
The above plan of correction was approved by <u>Smp</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>Smp</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 45306 - 07/09/2014 - Pollock, Susan
 PCH Name: BARNABAS COURT AT BREVILLIER VILLAGE

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.

2a. DESCRIPTION OF VIOLATION
 The most recent assessment for resident #10 was completed on 4/19/13.

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.

Due to change in schedule of medical evaluation and RASP completion this RASP was not updated as required. It has been completed by Social Worker and Barnabas Court Assessment Team - July 26, 2014 ongoing.

- RASP (update) schedule was revised to insure that all assessment dates are coordinated with medical evaluation dates - July 10, 2014.
- Barnabas Court Assessment Team continues to meet at least weekly to exchange information and update RASPs as necessary. Social Workers send out emails to the rest of the assessment team when annual RASPs are to be completed - July 16, 2014 ongoing.
- Administrator and Assistant Administrator will complete chart reviews throughout the year to insure regulatory compliance with due dates of medical evaluations and RASPs - ongoing.

WISCONSIN DEPARTMENT OF
 HEALTH SERVICES
 JUL 29 2014
 WISCONSIN DEPARTMENT OF HEALTH SERVICES

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

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The above plan of correction is approved as of 7-30-14
 (Date)

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

Plan of correction implementation status as of 7-30-14
 (Date)

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

Violation Report: 45306 - 07/09/2014 - Pollock, Susan PCH Name: BARNABAS COURT AT BREVILLIER VILLAGE	
<p>1. REGULATION 55 Pa.Code §2600 2600.231(b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.</p>	
<p>2a. DESCRIPTION OF VIOLATION On 12/10/13, the home submitted an application to the Department to license the North building as a Secured Dementia Care Unit (SDCU). On 7/9/14, the Department conducted an on-site inspection of the SDCU.</p> <p>The medical evaluation, dated 7/2/14, for resident #2, indicates a diagnosis of dementia; however, it does not indicate the need for the resident to reside on a SDCU.</p> <p>The medical evaluation, dated 5/20/14, for resident #4, indicates a diagnosis of dementia; however, it does not indicate the need for the resident to reside on a SDCU.</p> <p>The medical evaluation, dated 4/3/14, for resident #6, indicates a diagnosis of dementia; however, it does not indicate the need for the resident to reside on a SDCU.</p>	
<p>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.</p> <ul style="list-style-type: none"> - All medical charts were reviewed. Corrections made to the above 3 medical evaluations after receipt and review of physicians SDCU Acknowledgement form - July 26, 2014. - Each medical evaluation form will be reviewed by Medical Assistant and Social Worker. If resident has dementia diagnosis and SDCU need is not indicated, Nurse will contact physician for clarification and the acknowledgement form will be sent to physician for confirmation of resident need - July 26, 2014 ongoing. - Administrator and Assistant Administrator will do periodic chart reviews to insure compliance with regulation. 	
JUL 29 2014 [Signature]	
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)	
NEAN LAFURIA, Adm. of Residential Services Vice President Date: 7/29/14	
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The above plan of correction was approved by <u>Smp</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <u>Smp</u> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 45306 - 07/09/2014 - Pollock, Susan
 PCH Name: BARNABAS COURT AT BREVILLIER VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.231(c) - A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION
 On 12/10/13, the home submitted an application to the Department to license the North building as a Secured Dementia Care Unit (SDCU). On 7/9/14, the Department conducted an on-site inspection of the SDCU.
 The cognitive screening for resident #2 was undated, so it is unable to be determined when it was completed. Resident #2 was admitted to the home on 7/8/14.
 The cognitive screening for resident #7 was undated, so it is unable to be determined when it was completed. Resident #7 was admitted to the home on 5/3/14.

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.
 - Director of Admissions who completes all prescreens, reviewed the cognitive screens for the above referenced residents. She was able to determine through her notes when she completed the cognitive screen on each. Screens dated and initialed July 28, 2014.
 - Director of Admissions and Social Workers were re-educated on dating of prescreens - within 72 hours prior to admission and Social Workers will check these on date of each admission of a resident with a dementia diagnosis - ongoing.

JUL 29 2014

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

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

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 (Date)

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- Partially Implemented - Adequate Progress *SMP*
- Partially Implemented - Inadequate Progress
- Not Implemented

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

Violation Report: 45306 - 07/09/2014 - Pallock, Susan	
PCH Name: BARNABAS COURT AT BREVILLIER VILLAGE	
<p>1. REGULATION 55 Pa.Code §2600 2600 231(e) - Each resident record shall have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.</p>	
<p>2a. DESCRIPTION OF VIOLATION On 12/10/13, the home submitted an application to the Department to license the North building as a Secured Dementia Care Unit (SDCU). On 7/9/14, the Department conducted an on-site inspection of the SDCU.</p> <p>The home has no documentation that the following residents and the resident's designated persons have not objected to the admission to the SDCU:</p> <ul style="list-style-type: none"> * Resident #1, admitted 5/3/14 * Resident #2, admitted 7/8/14 * Resident #3, admitted 5/15/13 * Resident #6, admitted 11/30/12 	
<p>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.</p> <p>1. All four of these forms have been received and placed on medical chart. Resident #6's form had been on chart and resident #1's form received day of inspection - completed July 12, 2014.</p> <p>2. Admission Paperwork Packet has been updated to include this form so that residents and POA's can complete before or on day of admission - July 25, 2014 ongoing.</p> <p>3. The Social Worker will check each medical chart to make sure this paper has been completed and signed as required - July 25, 2014 ongoing</p> <p>4. Administrator or Assistant Administrator will do periodic checks of all medical charts to confirm compliance with this regulation - ongoing.</p>	
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 Admin. Residential Svcs. Date 7/29/14	
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The above plan of correction was approved by SMP (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress SMP <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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JUL 29 2014

WESTERN PENNSYLVANIA
 Division of Senior & Disability Services

Violation Report: 45306 - 07/09/2014 - Pollock, Susan
PCH Name: BARNABAS COURT AT BREVILLIER VILLAGE

1. REGULATION 55 Pa.Code §2600

2600.231(g) - An individual who does not have a primary diagnosis of Alzheimer's disease or other dementia may reside in the secured dementia care unit if desired by the resident.

- (1) The individual shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to residence or 30 days after residence.
- (2) If the medical evaluation shows that personal care services are needed, the requirements of this chapter apply.
- (3) The individual shall have access to and be able to follow directions for the operation of the key pads or other lock-releasing devices to exit the secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

On 12/10/13, the home submitted an application to the Department to license the North building as a Secured Dementia Care Unit (SDCU). On 7/9/14, the Department conducted an on-site inspection of the SDCU.

On 7/9/14, 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

Residents #5, #8 and #9 reside in the North building and do not have a primary diagnosis of Alzheimer's disease or other dementia.

On 7/9/14, residents #5, #8 and #9 were unable to operate the keypads and exit the doors 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.

- 1. All residents, including the three reference above, will continue to receive training on the use of the key pad system and how to exit the door. They have all documented their understanding that if they cannot use the keypad, they can ask a staff member for assistance in exiting the facility as they desire. Next training is August 1, 2014 then ongoing.
- 2. Written waiver requests for the three individuals referenced above have been submitted to Matthew Jones, Director of Bureau of Human Services licensing asking that these residents be allowed to continue to reside at Barnabas Court North voluntarily even though Barnabas Court North is to be a secure dementia care unit.
- 3. Administrator and Assistant Administrator will review potential admissions to Barnabas Court North to insure that any new residents without a dementia diagnosis are able to use the keypad system to freely exit the building - ongoing.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jean LaForia* Vice President of Residential Services Date *7/29/14*

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