



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: January 12, 2015**

Mark Waugaman, Administrator  
Barnes Aid OPCO LLC  
2021 James Street  
Latrobe, Pennsylvania 15650

RE: Barnes Place  
#444880

Dear Mr. Waugaman:

As a result of the Department of Human Services' licensing inspection on September 9, 2014 and September 10, 2014, 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.

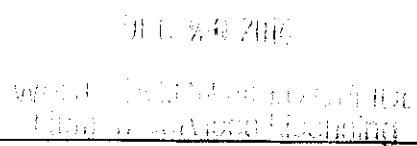
Sincerely,

A handwritten signature in black ink that reads "Jon Kimberland" with a stylized flourish at the end.

Jon Kimberland  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary

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

PCH Name: BARNES PLACE		License Number: 44488
Address: 2021 JAMES STREET, LATROBE, PA 15650		County: Westmoreland
Administrator: Mark Waugaman		Region: WEST
Legal Entity Name: BARNES AID OPCO LLC		
Legal Entity Address: 2021 JAMES STREET, LATROBE, PA 15650		
Certificate(s) of Occupancy C-2 LP 09/26/1997 L & I		
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 45	Waking Staff: 34
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Complaint		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 09/09/2014: McConnell, Deb 09/10/2014: McConnell, Deb		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 67 Number of Residents Served: 37 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: 2 Number of Hospice Residents in past year: 4		<b>Number of Residents who:</b> Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 37 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 8 Have a Physical Disability: 1

DEC 23 2014

Violation Report: 44488 - 09/09/2014 - McConnell, Deb  
 PCH Name: BARNES PLACE

WEST PENNSYLVANIA FEDERATION  
 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

Resident #1 is prescribed oxygen, 2 - 4 liters as needed for shortness of breath. However, the resident's support plan, dated 5/6/14, does not address how the home will meet the resident's need.

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 2A of 2*

*PLEASE SEE ATTACHMENT "A"*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Laura W. Wuganow, PCHA, E.D.</i>	Date <i>12-17-14</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 1-9-15  
 (Date)

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

Plan of correction implementation status as of 1-9-15  
 (Date)

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

Page 2A of 2

DEC 21 11:44 AM

DEC 22 2014

WEST VIRGINIA COMMUNITY COLLEGE  
FAMILY COMMUNITY CENTER

Attachment "A"

Resident #1 no longer resides at the community.

The Care Services Manager will review all support plans to confirm that PRN oxygen prescription orders are present on the support plans and will correct any. Please find the attached documentation of this audit.

Staff will be educated that if a resident has a prescription for any medication or treatment, it must be reflected on the resident's support plan. If an omission is found by anyone, it is to be reported to the Care Services Manager or designee at once, to be corrected immediately.

Executive Director shall review support plans when they are created or modified to ensure that all of the current prescriptions are on the support plan.

*[Handwritten Signature]* PCNA, ED 12-17-14  
1-9-15 *[Signature]*