



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 24 2014

Ms. Danielle Waugh, Administrator
The Arbors at St. Barnabas, Inc.
85 Charity Place
Valencia, Pennsylvania 16059

RE: The Arbors at St. Barnabas
License #: 423090

Dear Ms. Waugh:

As a result of the Department of Human Services' licensing inspection on September 29, 2014 and October 1, 2014, 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 November 10, 2014 to November 10, 2015 was issued on July 30, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones".

Matthew J. Jones
Director

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Enclosure
License Inspection Summary

Violation Report: 42309 - 09/29/2014 - Finner-Alman, Lisa
PCH Name: THE ARBORS AT ST BARNABAS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- (1) Resident rights.
- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
- (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION

Staff person A, hired 7/15/14, did not receive orientation in the following:

- Emergency medical plan
- Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act
- Reporting of reportable incidents and conditions

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Assuming for the sake of this discussion, the validity of the deficiencies noted in the Department of Public Welfare's Violation Report to The Arbors at St. Barnabas, Inc. for the Survey ending October 1, 2014, which The Arbors does not admit, we offer the following Plan of Correction. Nothing contained in the Plan of Correction shall/should be deemed an admission, either expressed or implied, on the part of The Arbors at St. Barnabas, Inc. as to the validity of the violations noted in the report.

As seen on our general orientation Staff person A signed for reviewing the mandatory reporting of abuse and neglect under the older adult protective services act. The emergency medical plan and reportable incidents and conditions were reviewed, however not listed on our orientation page. As of October 2014 our general orientation was revised to include the emergency medical plan and reportable incidents and conditions so that all staff receive this training and sign for receiving this training. All education was completed on November 5, 2014. All department heads have been re-educated on the requirements for new employees. The staff development coordinator or designee will complete a quality assurance check to review that this is completed with all employees and will report to the quality assurance team.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Danielle R. Wagh*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Danielle R. Wagh, LPN; PCH-A</i>	Date <i>November 26, 2014</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 12/3/14
(Date)

The above plan of correction was approved by *DW*
(Initials)

Plan of correction implementation status as of 12/3/14
(Date)

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

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NOV 26 2014

Violation Report: 42309 - 09/29/2014 - Finner-Alman, Lisa
PCH Name: THE ARBORS AT ST BARNABAS

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 9/29/14, a bottle of Tide laundry detergent, with a manufacturer's label indicating "Warning: If swallowed, give glassful of water. Call physician.", was unlocked and accessible to residents in the laundry room by the 1st floor main dining room. Not all residents of the home, including resident #1, 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

All poisonous materials will be kept locked and inaccessible to residents unable to safely use or avoid them. Patients and families are being reminded not to leave laundry detergent in unsecured areas and educated on all poisons. All staff have been educated on what is considered a poison and the need for poisons to be locked. PCA's will check all laundry rooms at the close of each shift as part of their rounds. This new process began in November of 2014. All education will be completed by December 12, 2014. A Quality Assurance check of all laundry rooms, as part of the weekly safety rounds will be completed by the administrator or designee. Results will be reviewed by the Quality Assurance Team.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Danielle R Waugh

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

Danielle R Waugh, LPN; PCH-A

Date

NOVEMBER 26, 2014

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PCH Name: THE ARBORS AT ST BARNABAS

NOV 26 2014

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

On 9/29/14, there was a strong odor of urine in the hall between room #204 and #206.

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 urine odor that may have been present in this area was due to a resident who has a catheter and frequently empties own catheter leg bag and occasionally spills it on clothes. PCA's now check with this patient every two hours to assist with emptying bag when wants instead of checking at the end of their shift. All staff is being educated on this procedure. All education will be completed by December 12, 2014. A Quality Assurance check, as part of safety rounds, will be conducted at least on a weekly basis by the administrator or designee. Results will be reviewed by the Quality Assurance Team. This change was completed on October 1, 2014.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Dell R. Waugh*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Danielle R. Waugh, LPN, PCH-A* Date *NOVEMBER 26, 2014*

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(Initials)

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(Date)

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Violation Report: 42309 - 09/29/2014 - Finner-Alman, Lisa
 PCH Name: THE ARBORS AT ST BARNABAS

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600
 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
 The carpeting at the fire doors by room #121, is buckled and poses a potential tripping hazard.

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.

Remodeling and updating of furnishings began in September 2014. Part of the carpeting has already been removed. The carpeting outside of room 121 should be removed in December. The director of maintenance has secured the roll in the carpet temporarily. This carpet will be checked daily by the maintenance director or designee daily until the carpet is fully removed.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/27/2013
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Danielle R. Waugh*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Danielle R. Waugh, LPN; PCH-A</i>	Date <i>NOVEMBER 26, 2014</i>
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Plan of correction implementation status as of 12/3/14
 (Date)

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Violation Report: 42309 - 09/29/2014 - Flinner-Alman, Lisa
PCH Name: THE ARBORS AT ST BARNABAS

1. REGULATION 55 Pa.Code §2600
2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION
On 9/29/14, the home's emergency procedures were on a shelf behind the front reception desk which is not a conspicuous and public place in the home.

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

As stated in 2600.88, remodeling started in September 2014. The area being completed during the inspection was our front lobby entrance, where the manual is kept for all to view. All furniture had been removed for installation of the new flooring. The emergency manual which previously sat on a sofa table in this area was moved to the receptionist area so that it remained at the front entrance where everyone enters and could have easy access to the manual during the remodeling since this entrance has an employee presence 24 hours per day. Now that remodeling is complete in this area, the manual is once again located outside of the receptionist area. All personnel that work this area were re-educated on keeping the emergency manual in a conspicuous and public place. The administrator or designee will do a monthly quality assurance check to ensure the manual remains in a conspicuous and public place and the results will be reviewed by the Quality assurance team.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Dell R Waugh*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Danielle R. Waugh, LPA, PCH-A* Date *NOVEMBER 26, 2014*

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(Date)

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(Initials)

Plan of correction implementation status as of 12/31/14
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WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.133(a)(1) - If the home serves nine or more residents, signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

2a. DESCRIPTION OF VIOLATION
The glass doorway leading to a locked courtyard from the Garden Level across from room G-11 does not have a sign indicating that it is not an exit.

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 sign was ordered for the Garden Level access to the courtyard stating, "Not an Exit" to ensure that all residents and families are aware. This sign was ordered on November 20, 2014 and will be placed on at this entrance by December 15, 2014.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Dell R. Waugh*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Danielle R. Waugh, LPN, PCH-A Date: NOVEMBER 26, 2014

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WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2609
 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan

2a. DESCRIPTION OF VIOLATION

Resident #1 participated in the development of their support plan, dated 9/5/14. However, the resident did not sign the support plan.

Resident #2 participated in the development of their support plan, dated 9/25/14. However, the resident did not sign the support plan.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

RASP's that the resident is unable to participate in the assessment and support plan will have their name printed on the last page of the RASP, as well as having the appropriate box marked, i.e. "unable to participate". The POA's name will then be printed in the next line with their "relationship to resident" noted and their signature in the appropriate box in the row containing their printed name. When a resident participates in the RASP, they will sign indicating that they have participated. All staff that complete the RASP have been re-educated on RASP completion and where signatures are required. A quality assurance check will be completed monthly by the administrator or designee to ensure that this section of the RASP is completed appropriately. All results will be reviewed by the Quality Assurance team. These corrections were put in place in October of 2014.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *D. R. Waugh*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Danielle R. Waugh, LPN; PCH-A* Date *November 26, 2014*

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