



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 18 2015

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

RE: Barnes Place
License #: 444880

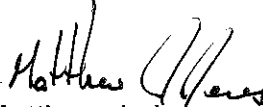
Dear Mr. Waugaman:

As a result of the Department of Human Services' licensing inspection on December 16, 2014 and December 17, 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 January 11, 2015 to January 11, 2016 was issued on October 1, 2014. Your regular license remains in good standing.

Sincerely,


Matthew J. Jones
Director ^{MS}

Enclosure
License 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		RECEIVED
Certificate(s) of Occupancy C-2 LP 09/26/1997 L & I		APR 25 2015 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 57	Waking Staff: 43
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 12/16/2014: McConnell, Deb; Breuer, Patricia 12/17/2014: McConnell, Deb		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 68 Number of Residents Served: 40 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: 8		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 40 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 17 Have a Physical Disability: 2

Violation Report: 44488 - 12/16/2014 - McConnell, Deb
PCH Name: Barnes Place

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A was hired on 9/25/14 and began providing unsupervised ADL services on 10/4/14, during the 10:00 p.m. to 6:00 a.m. shift. Direct care staff person A did not successfully complete and pass the Department-approved direct care training course and pass the competency test until 12/10/14.

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.

SEE ATTACHMENT A, PAGE 2A OF 13

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) MARK W. HUGANAN, FD Date 4-24-15

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

The above plan of correction is approved as of <u>5-7-15</u> (Date)	Plan of correction implementation status as of <u>5-7-15</u> (Date)
The above plan of correction was approved by <u>S</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Page 2 A of 13

Attachment A

Date of Licensing Inspection – December 16 and 17, 2014

PA Code 2600.65(d)

PLAN OF CORRECTION:

1. Staff Person A no longer works at the community.
2. Executive Director completed an audit of current Resident Care Partner (RCP) and Medication Assistant (MA) files on 12/18/14. No other RCP's or MA's were found to be missing a Competency Test.
3. Another audit of current RCP and MA employee files completed on 4/21/15 showed no missing or late Competency Tests. Executive Director shall complete an audit quarterly, beginning on 5/1/2015 to determine the status of current RCP's and MA's Competency Tests, until review findings show that the issue has been resolved. Results of the first audit will be provided to the Department at its conclusion.
4. Executive Director shall be responsible to review the mandatory training documentation of all new Resident Care Partners and Medication Assistants before the RCP/MA provides unsupervised care with any residents.

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WEST REGION FIELD OFFICE
Human Services Licensing

[Handwritten signature]

[Handwritten signature] Executive Director 5-1-15

5-7-15

Violation Report: 44488 - 12/16/2014 - McConnell, Deb
PCH Name: Barnes Place

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Ancillary staff person B did not receive training in fire safety by a fire safety expert during the 2013 training year.

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 ATTACHMENT B PAGE 3A OF 13

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 1-21-15

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

The above plan of correction is approved as of 5-7-15 (Date)

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

Plan of correction implementation status as of 5-7-15 (Date)

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

Page 30013
Attachment B

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APR 25 2015

WEST REGION FIELD OFFICE
Human Services Licensing

Date of Licensing Inspection: December 16 and 17, 2014

PA Code 2600.65(g)

PLAN OF CORRECTION:

1. Ancillary Staff Person B received training in fire safety by a fire safety expert in 2014. Please see the attached documentation.
2. Every December, the training calendar is left open to retrain any and all current staff that may have missed a required training. Please see the attached training plan...December is intentionally left blank for this purpose. Executive Director shall audit current staff training in November and schedule the required training per employee per topic. Documentation of the audit shall be kept.

By 5-30-15. The Administrator or designee will review ALL STAFF training records for the 2014 training year to ensure all STAFF persons completed the required training in accordance with regulation 2600.65(g) during the 2014 training year.

5-7-15

[Signature] *Exec. Director*

4-21-15

5-7-15

APR 24 2015

Violation Report: 44488 - 12/16/2014 - McConnell, Deb
PCH Name: Barnes Place

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 12/16/14, a can of wasp and hornet spray, with a manufacturer's label indicating "if swallowed, call poison control or doctor," was unlocked and accessible to residents in the cupboard under the sink in the staff break room. Residents of the home, including resident #1, have not 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.

PLEASE SEE ATTACHMENT C PAGE 4A-113

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 4-24-15

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

The above plan of correction is approved as of 5-7-15
(Date)

Plan of correction implementation status as of 5-7-15
(Date)

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

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

Page 4A of 13
Attachment C

Date of Licensing Inspection: December 16 and 17, 2014

PA Code 2600.82(c)

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APR 24 2015

WEST REGION FIELD OFFICE
Human Services Licensing

PLAN OF CORRECTION:

1. The Wasp and Hornet Spray was immediately stored in a locked location.
2. A new self-locking doorknob was placed on the door to the staff lounge. Residents no longer have access to it, should an employee bring in their own medications or poisonous substances.
3. Staff shall be educated on the definition of poisonous substances, according to Chapter 2600, and the importance of safeguarding our residents from them. This education shall occur on or before Tuesday, May 5, 2015. Documentation shall be provided to the Department at the conclusion of the training.
4. Maintenance Technician shall perform a ^{daily}~~weekly~~ search for poisonous materials within reach of residents who are not able to safely use or avoid them. Please see the attached Daily Rounds Checklist. The first audit will be on or before April 27, 2015. Documentation of these searches will be kept. If a poisonous material is found, it will be immediately stored in a locked area, where residents do not have access to it, and the Executive Director will be notified.

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4-24-15

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Violation Report: 44488 - 12/16/2014 - McConnell, Deb
PCH Name: Barnes Place

1. REGULATION 55 Pa.Code §2600

2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

On 12/16/14, at 3:30 p.m., there was partially filled and unattended white trash receptacle in the main kitchen which was uncovered.

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.

PLEASE SEE ATTACHMENT D page 5A of 17

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 1-21-15

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

The above plan of correction is approved as of <u>5-7-15</u> (Date)	Plan of correction implementation status as of <u>5-7-15</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

[Signature]

Page SA0F13
Attachment D

Date of Licensing Inspection: December 16 and 17, 2014

PA Code 2600.85(d)

PLAN OF CORRECTION:

1. The white trash receptacle without a lid was replaced by a trash can with a lid during the Licensing Visit.
2. We have had a covered trash can in place in the kitchen ever since it was discovered. Please see the attached photo.
3. Staff will be educated on or before May 5, 2015 regarding 2600.85(d) and the importance of keeping a lid on all trash cans in kitchens and bathrooms.
4. Maintenance Technician will inspect the kitchen and bathrooms daily for compliance with this regulation. It has been placed on the Daily Rounds Checklist, attached. The first check on this will be on or before April 27, 2015. If the trash can does not have a lid, it will be immediately corrected and the Executive Director will be informed.

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WEST REGION FIELD OFFICE
Human Services Licensing

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APR 24 2015

Violation Report: 44488 - 12/16/2014 - McConnell, Deb
PCH Name: Barnes Place

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 12/16/14, there was an opened and unsealed 10 pound box of sausage patties in freezer #3 in the freezer room.
On 12/16/14, there was an uncovered pot containing pudding in freezer #7 in the freezer room.

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 ATTACHMENT E PAGE 6A of 13

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 1-24-15

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

The above plan of correction is approved as of <u>5-7-15</u> (Date)	Plan of correction implementation status as of <u>5-7-15</u> (Date)
The above plan of correction was approved by <u>f</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress ✓ <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

PA# 6A of 13
Attachment E

Date of Licensing Inspection: December 16 and 17, 2014

PA Code 2600.103(g)

PLAN OF CORRECTION:

1. The open containers in question were discarded during the Licensing Visit.
2. Additional sealable containers were purchased in February, 2015, to ensure that the team has enough sealable containers to do the job appropriately and keep the food safe. Please see the attached invoice from Boelter.
3. On or before May 5, 2015, all employees will be educated on 2600.13(g), and the importance of keeping food in sealed containers. Documentation of the education will be kept and will be submitted to the Department at its conclusion.
4. Chef or Assistant Chef will, at the beginning of each shift, inspect all coolers and freezers for open, unlabeled, and undated food. Any open, unlabeled, and undated food will be discarded and reported to the Executive Director. The first inspection will be on or before April 27, 2015. The Executive Director will inspect the coolers and freezers for open, unlabeled, and undated food weekly, until the issue is resolved. If uncovered, unlabeled, or undated food is found, the food will be discarded and the Chef or Assistant Chef will be notified.

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WEST REGION FIELD OFFICE
Human Services Licensing

[Handwritten Signature] Exec. Director ED 1-24-15

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APR 25 2015

Violation Report: 44488 - 12/16/2014 - McConnell, Deb
PCH Name: Barnes Place

WEST REGION FIELD OFFICE
Human Services Licensing

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

Both the home's and the municipality's emergency procedures were not posted in a conspicuous and public place in the home. Both plans were kept in a file on the wall behind the reception desk at the front entrance.

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.

PLEASE SEE ATTACHMENT F page 7A of 13

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 4-24-15

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

The above plan of correction is approved as of 5-7-15
(Date)

Plan of correction implementation status as of 5-7-15
(Date)

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

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

Page 7A of 13
Attachment F

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APR 21 2015
WEST REGION FIELD OFFICE
Human Services Licensing

Date of Licensing Inspection: December 16 and 17, 2014

PA Code 2600.123(b)

PLAN OF CORRECTION:

1. During the licensing visit, the Emergency Procedures book was relocated to the lobby, a conspicuous and public place. Please see the attached photo.
2. Staff will be educated on or before May 5, 2015, regarding 2600.123(b) and the importance of keeping this book in a conspicuous and public location. Documentation will be kept and will be provided to the Department at the conclusion of the training.
3. Maintenance Technician will ensure that the Emergency Book is in its proper location during the Daily Rounds, until it is apparent that the issue has been resolved. Please refer to the attached Daily Rounds Checklist. First rounds will be on or before April 27, 2015. If the Emergency Book is not in a conspicuous and public place, it is to be moved to one immediately and the Executive Director is to be notified.

W. Anthony [unclear] 4-24-15

5-7-15

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APR 25 2015

Violation Report: 44488 - 12/16/2014 - McConnell, Deb
PCH Name: Barnes Place

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.131(c) - A fire extinguisher with a minimum 2A-10BC rating shall be located in each kitchen. The kitchen extinguisher meets the requirements for one floor as required in § 2600.131(a).

2a. DESCRIPTION OF VIOLATION

On 12/16/14, there was no fire extinguisher in Grandma's kitchen.

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 ATTACHMENT G page 8A of 13

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 4-24-15

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

The above plan of correction is approved as of 5-7-15
(Date)

Plan of correction implementation status as of 5-7-15
(Date)

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

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

Page 8A of 17
Attachment G

Dates of Licensing Inspection: December 16 and 17, 2014

PA Code 2600.131(c)

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APR 22 2015
WEST REGION FIELD OFFICE
Human Services Licensing

PLAN OF CORRECTION:

1. A fire extinguisher was installed in Grandma's Kitchen on 12/17/2014.
2. A fire extinguisher in Grandma's Kitchen is now a part of the life safety program at Barnes Place. The extinguisher is tagged and inspected monthly as part of our life safety program and yearly by Fire Fighter, our fire monitoring company. Please see the attached photos.
3. Staff will be educated in 2600.131(c), and the importance of having a working fire extinguisher in all kitchens. Documentation of this education will be kept and will be provided to the Department at its conclusion.
4. Fire extinguisher is monitored by Fire Fighter, and will remain in Grandma's Kitchen. Also, it is included on the Daily Rounds Checklist. If the extinguisher is missing from Grandma's Kitchen, it will either be replaced immediately or the room will be secured from use. The Executive Director will be notified. The first check on this will be on or before April 27, 2015.

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4-24-15

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APR 23 2015

Violation Report: 44488 - 12/16/2014 - McConnell, Deb
PCH Name: Barnes Place

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

The maximum safe evacuation time determined by a fire safety expert on 9/25/13 is 7 minutes and 0 seconds. However, the evacuation time, for the fire drill on 5/21/14, at 2:50 p.m., was 8 minutes and 5 seconds.

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 ATTACHMENT H PAGE 9A OF 13

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 4-21-15

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

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

9A-013
Attachment H

Dates of Licensing Inspection: December 16 and 17, 2014

PA Code 2600.132(d)

PLAN OF CORRECTION:

1. The fire drill in question went over the safe evacuation time because some residents refused to evacuate. The fire drill was repeated two days later, at approximately the same time, and was successful.
2. The residents who did not evacuate in time were educated by the Executive Director about the importance of fire drills and were advised that it is in the Resident Handbook that participation in fire drills is mandatory for all residents. We have not had a fire drill go over our safe evacuation time since. Please see the attached Fire Drill Log.
3. If a fire drill goes over our designated safe evacuation time for the same reason as before, the residents who refuse to evacuate will be educated, with documentation to support the education. Another unannounced fire drill will be held again to determine if the education was effective. If it was not, further documentation of the resident education will be kept and unannounced drills will be planned until the problem is corrected.

Immediately - The Administrator will schedule the proper number of staff persons to evacuate all residents within the time specified by the home's fire safety expert within the past year. 5-7-15,

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APR 24 2015
WEST REGION FIELD OFFICE
Human Services Licensing

[Signature] *[Signature]* 4-24-15
5-7-15

**FIRE DRILL RECORDS
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600**

PCH Name: Barnes Place	Number:
------------------------	---------

Date	Time	Evac Time	Supervised by Fire Safety Expert
01/14/2014	11:00 AM	6 min. 30 sec.	
02/11/2014	02:35 PM	5 min. 30 sec.	
03/13/2014	12:30 AM	6 min. 53 sec.	
04/11/2014	11:00 AM	5 min. 0 sec.	
05/21/2014	02:50 PM	8 min. 5 sec.	
05/23/2014	02:30 PM	6 min. 18 sec.	
06/14/2014	02:05 AM	5 min. 30 sec.	
07/17/2014	09:00 AM	4 min. 25 sec.	
08/20/2014	04:45 PM	5 min. 10 sec.	
09/09/2014	11:25 AM	5 min. 30 sec.	
10/26/2014	07:10 PM	4 min. 30 sec.	
11/16/2014	10:15 AM	4 min. 17 sec.	

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APR 23 2015
WEST REGION FIELD OFFICE
Human Services Licensing

[Handwritten Signature] *[Handwritten Signature]* ED 1-21-15

Inspection Date: 12/16/2014

Violation Report: 44488 - 12/16/2014 - McConnell, Deb
PCH Name: Barnes Place

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.144(c) - A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include 2600.144(c)1-3.

2a. DESCRIPTION OF VIOLATION

The home's designated smoking area is located directly outside of emergency exit door #101.

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 ATTACHMENT J PAGE 11A OF 13

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 1-24-15

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

The above plan of correction is approved as of 5-7-15
(Date)

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

Plan of correction implementation status as of 5-7-15
(Date)

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

Page 11 of 15
Attachment J

Dates of Licensing Inspection: December 16 and 17, 2014

PA Code 2600.144(c) 1-3

PLAN OF CORRECTION:

1. The designated resident smoking area has been moved from directly outside of the door at #101 to in the grassy area 25 feet from the door.
2. Current staff will be educated in the change to the location through daily staff meetings. Please see the attached "Daily Stand Up Notes" to be implemented 4/21/2015. Also, on or before May 5, 2015, staff will be formally educated on 2600.144(c) and the importance of maintaining the resident smoking area away from commonly used walkways. Documentation shall be kept and will be provided to the Department at its conclusion.
3. The new location of the resident smoking area will be monitored by the Maintenance Technician during the Daily Rounds. It has been added to the checklist (see attached). If the location of the resident smoking area is moved from its new location, the chairs and ashtray will be moved back to their proper location immediately and the Executive Director will be notified.
4. Residents who smoke shall be educated about the only location that smoking is permitted on the property. Documentation of the education shall be kept.

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MAY 01 2015

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Human Services Licensing

[Handwritten signatures]

5-1-15

5-7-15

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APR 26 2015

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Human Services Licensing

Violation Report: 44488 - 12/16/2014 - McConnell, Deb
PCH Name: Barnes Place

1. REGULATION 55 Pa.Code §2600

2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

Staff person C, successfully completed the Department-approved medications administration course on 5/31/12. However, this staff person did not complete the annual practicum for 2013. On 12/16/14, at 6:00 a.m., staff person C, administered Levothyroxine Sodium to resident #2.

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 ATTACHMENT K pg 12A of 13

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 1-24-15

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

The above plan of correction is approved as of 5-7-15
(Date)

Plan of correction implementation status as of 5-7-15
(Date)

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

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

Page 12 A of 18
Attachment K

Dates of Licensing Inspection: December 16 and 17, 2014

PA Code 2600.190(a)

PLAN OF CORRECTION:

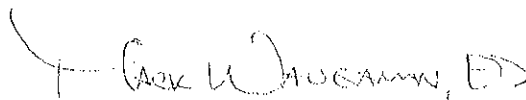
1. Staff Person C was removed from the Medication Administration Program at Barnes Place effective December 18, 2014. This employee has not administered medications here since then.
2. The missed segments of Staff Person C's annual practicum occurred in 2013. This was prior to this administration's tenure. On January 6, 2015, the Executive Director and Care Services Manager audited all Medication Aide records. No other omissions in their annual practicums were found. Please see the attached audit documentation.
3. Care Services Manager was certified as a Practicum Observer on 10/1/2014. Please see the attached training document. All required practicum observations have been completed since then.
4. The Executive Director will conduct quarterly audits of the current MA's annual practicum observations, beginning on or before April 27, 2015. Documentation of the audits will be kept and documentation of the first audit will be provided to the department at its conclusion. If any observations are found to be missing, that MA will be removed from administering medications until they successfully complete the Department-approved course.

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APR 23 2015

WEST REGION FIELD OFFICE
Human Services License



 Alex W. Johnson, ES

4-24-15

5-7-16

Violation Report: 44488 - 12/16/2014 - McConnell, Deb
 PCH Name: Barnes Place

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APR 22 2015

WEST REGION FIELD OFFICE
 Human Services Licensing

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 assessment, dated 8/15/14, for resident #3, does not address the resident's need for two person assistance for emergency evacuation due to mobility needs.

The assessment, dated 11/3/14, for resident #4, does not address the resident's need for two person assistance for emergency evacuation due to the resident's refusal to move on his/her own and the prescribed mechanical soft diet, indicated on the medical evaluation, dated 10/9/14.

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.

SEE ATTACHMENT L page 17A of 13

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)	Date
---	------

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

The above plan of correction is approved as of 5-7-15
 (Date)

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

Plan of correction implementation status as of 5-7-15
 (Date)

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

Page 19 A of 13
Attachment L

Dates of Licensing Inspection: December 16 and 17, 2014

PA Code 2600.225(c)

PLAN OF CORRECTION:

1. Residents #3 and #4 no longer reside in the home.
2. Barnes Place currently has 14 residents who require either cognitive or physical assistance in evacuation. 3 of these residents require two staff persons to evacuate in an emergency. All three have in their support plans that 2 staff persons are required to evacuate them in an emergency.
3. The residents who require two staff persons to evacuate them in an emergency will be communicated to the team via the weekly updated task sheets. Please see the attached example.
4. Barnes Place currently has no residents with a mechanical soft diet and one resident with a pureed diet. This information is communicated to the team through the back of the task sheet.
5. Executive Director is the person to update and provide task sheets for the team. He will audit assessments and support plans quarterly for accurate descriptions of required evacuation assistance and dietary needs and supports, until reviews show that the issue has been resolved. If an exception is found, it will be corrected in the assessment and/or support plan immediately and on the task sheet and the omission will be communicated to the Care Services Manager. Documentation of these audits will be kept and the first audit will be provided to the Department on or before April 27, 2015.

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Human Services Licensing

[Handwritten signatures]

5-1-15

5-7-15