



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: March 25, 2016

Terry Lee King, Administrator
Barnes Aid OPCO LLC
2021 James Street
Latrobe, Pennsylvania 15650

RE: Barnes Place
#444880

Dear Ms. King

As a result of the Department of Human Services' licensing inspection on August 13, 2015; September 9, 2015 and September 11, 2015, 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 "Jason Williams".

Jason Williams
Human Services Licensing Supervisor

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: Terry Lee King		Region: WEST
Legal Entity Name: BARNES AID OPCO LLC		RECEIVED FEB 11 2016 WEST REGION FIELD OFFICE Human Services Licensing
Legal Entity Address: 2021 JAMES STREET, LATROBE, PA 15650		
Certificate(s) of Occupancy C-2 LP 09/26/1997 Labor and Industry		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 63	Waking Staff: 47
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint, Incident		
On-Site Inspections Dates and Department Representatives On-Site 08/13/2015: Garrigan, Laurie; Miller-Linhart, Alden 09/09/2015: Garrigan, Laurie; Barry, Courtney 09/11/2015: Garrigan, Laurie; Barry, Courtney		
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: 46 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: 4 Number of Hospice Residents in past year: 16		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 46 Have Mental illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 17 Have a Physical Disability: 0

FEB 11 2016

Violation Report: 44488 - 08/13/2015 - Garrigan, Laurie
PCH Name: BARNES PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 2/12/15 at approximately 9:00 AM, resident #1 fell in the right hall way of the home. Resident #1 sustained a head injury with swelling and bruising to the right orbital area, a 0.5 cm laceration to the right eyebrow, and was unresponsive for approximately 5 minutes. Resident #1 was admitted to the hospital on [redacted] 15 and ceased to breathe on [redacted] 15. This incident was not reported to the Department until 2/15/15.

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 (1)

See page 2^a of All

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

Signature of Legal Entity Representative (Required on EVERY Page) *Terry King*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Terry King, Executive Director* Date *2-9-16*

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

The above plan of correction is approved as of <u>3/23/16</u> (Date)	Plan of correction implementation status as of <u>3/23/16</u> (Date)
The above plan of correction was approved by <u>JW.</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JW.</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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FEB 11 2016

WEST REGION FIELD OFFICE
Human Services Licensing

Page 2^a of 11

February 9, 2016

Barnes Place
2021 James Street
Latrobe, PA 15650

Violation: 2600.16(c)

Plan of Correction (POC)

- On 10/22/15, Executive Director and Care Service Manager conducted training with staff, regarding 2600.16. Specifically reviewing incidents to be reported to ^{DHS 2/23/16} ~~DOS~~ and the timeliness of that reporting (See attached sign in sheet, attachment 1A, training material 1B)
- New hires are trained at time of hire on DHS required incident reporting. (See attached Staff Training for Personal Care Homes attachment 1C)
- Incident reporting requirements will be frequently reinforced informally throughout the year at times including but not limited to, other staff training, daily stand up meetings, and informal discussions with staff.

JW: 3/23/16

Attachment 1

Violation Report: 44488 - 08/13/2015 - Garrigan, Laurie
PCH Name: BARNES PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

Resident #2 is a resident with a diagnosis of dementia and has a history of sexually inappropriate behaviors with other residents. On 3/9/15, the home increased resident #2's supervision needs to 15-minute checks. On 4/2/15, the 15-minute checks were discontinued with the indication of "further incidents may warrant increased supervision" on resident #2's support plan, dated 12/17/14. However, several additional incidents involving resident #2 were documented in the home's service notes including:

- * 7/31/15 at 6:00 p.m. resident #2 was in resident #3's room (Resident #3 is a resident with a diagnosis of dementia) with (his/her) pants down and (his/her) hand down resident #3's pants.
- * 8/1/15 resident #2 was caught trying to get to resident #3's room. Resident #2 had (his/her) hands on resident #3's waist.
- * 8/2/15 11:02 a.m. resident #2 found "groping" [redacted] resident
- * 8/3/15 10:17 a.m. resident #2 was found standing with a [redacted] resident trying to go back to [redacted] room with [redacted]. Also resident #2 tried to set up a date with [redacted] so they could spend the night in [redacted] room.
- * 8/3/15 resident #2 was caught trying to get in [redacted] resident #3's room - redirected but still lingers in the hall
- * 8/4/15 at 2:30 p.m. resident #2 was caught trying to encourage (resident #3) to go back to (his/her) room with (him/her). Was saying inappropriate things to (him/her) and also grabbing (his/her) behind.

15-minute checks for resident #2 were not reinstated until 8/31/15. The home failed to properly supervise resident #2 in response to increased behaviors. On 9/8/15, the home issued a 30-day notice to resident #2 for being "a danger to yourself or others" citing "repeated behavioral issues".

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 (2)

See pages 3^a + 3^b of 11

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

Signature of Legal Entity Representative (Required on EVERY Page) *Felix King*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Felix King Executive Director* Date *2-9-16*

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

The above plan of correction is approved as of <u>3/23/16</u> (Date)	Plan of correction implementation status as of <u>3/23/16</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 <i>M.</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44488 - 08/13/2015 - Garrigan, Laurie
 PCH Name: BARNES PLACE

1. REGULATION 55 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

Resident #2 is a resident with a diagnosis of dementia and has a history of sexually inappropriate behaviors with other residents. On 3/9/15, the home increased resident #2's supervision needs to 15-minute checks. On 4/2/15, the 15-minute checks were discontinued with the indication of "further incidents may warrant increased supervision" on resident #2's support plan, dated 12/17/14. However, several additional incidents involving resident #2 were documented in the home's service notes including:

- * 7/31/15 at 6:00 p.m. resident #2 was in resident #3's room (Resident #3 is a resident with a diagnosis of dementia) with (his/her) pants down and (his/her) hand down resident #3's pants.
- * 8/1/15 resident #2 was caught trying to get to resident #3's room. Resident #2 had (his/her) hands on resident #3's waist.
- * 8/2/15 11:02 a.m. resident #2 found "groping" resident
- * 8/3/15 10:17 a.m. resident #2 was found standing with a resident trying to go back to room with . Also resident #2 tried to set up a date with so they could spend the night in room.
- * 8/3/15 resident #2 was caught trying to get in resident #3's room - redirected but still lingers in the hall
- * 8/4/15 at 2:30 p.m. resident #2 was caught trying to encourage (resident #3) to go back to (his/her) room with (him/her). Was saying inappropriate things to (him/her) and also grabbing (his/her) behind.

15-minute checks for resident #2 were not reinstated until 8/31/15. The home failed to properly supervise resident #2 in response to increased behaviors. On 9/8/15, the home issued a 30-day notice to resident #2 for being "a danger to yourself or others" citing "repeated behavioral issues".

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.

Within 30 days of receipt of the plan of correction - all staff will receive education on abuse prevention and reporting from a Department approved outside source. Documentation of education will be kept. *g.v. 3/23/16*

Within 30 days of receipt of the plan of correction - the administrator or designated staff person will re-assess all residents for level of supervision needs and problematic behaviors and will ensure that appropriate supervision is being provided to residents with problematic behaviors. The resident's assessment and support plan will be immediately updated to identify the supervision needs and include how the home will meet those needs. *g.v. 3/23/16*

Within 45 days of receipt of the plan of correction - if a resident has been assessed as needing excessive supervision which the home cannot provide, the administrator or designated staff person will notify the physician who will then assess the level of care needed. If a higher level of care is needed, the administrator or designated staff person will assist the resident in finding a placement that will meet their needs in accordance with regulation 2600.228h. *g.v. 3/23/16*

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

[Handwritten Signature]

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

Hillary King Executive Director Date *3-23-16*

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

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

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FEB 11 2016

WEST REGION FIELD OFFICE
Human Services Licensing

page 3^b of 11

February 9, 2016

Barnes Place
2021 James Street
Latrobe, PA 15650

Violation: 2600.42(b)

Plan of Correction (POC)

- Executive Director held a staff training on October 22, 2015 regarding regulation 2600.42 (b) Resident Rights, specifically addressing resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way. (See attached sign in sheet, attachment 1A)
- New hires are trained at time of hire on resident rights (See attached Staff Training for Personal Care Homes attachment 1C)
- Training on resident rights for staff will be biannually through 2016. (See attached training calendar, attachment 2A)
- Resident rights will be frequently reinforced informally throughout the year at times including but not limited to, other staff training, daily stand up meetings, and informal discussions with staff.

D.W. 3/23/16

Attachment 2

Violation Report: 44488 - 08/13/2015 - Garrigan, Laurie
PCH Name: BARNES PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.81(a) - The home shall provide or arrange for physical site accommodations and equipment necessary to meet the health and safety needs of a resident with a disability and to allow safe movement within the home and exiting from the home.

2a. DESCRIPTION OF VIOLATION

On 9/11/15, the door knob on the bedroom door of Resident #4 is not within reach of resident #4 who uses a motorized wheelchair and is only able to lift his/her hands as high as his/her waist. Resident #4 is not able to safely exit his/her bedroom due to the design and placement of the bedroom door knob.

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 (3)

*Resident #4 has been provided an assistive device to allow the resident to independently open the door. Resident + staff received training on the use of this device on 2/24/16. *nw*, 3/23/16*

See page 4⁹ of 11

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

Signature of Legal Entity Representative
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Libby King Executive Director* Date *2-9-16*

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

The above plan of correction is approved as of 3/23/16
(Date)

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

Plan of correction implementation status as of 3/23/16
(Date)

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

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FEB 11 2016

WEST REGION FIELD OFFICE
Human Services Licensing

Page 4⁹ of 11

February 9, 2016

Barnes Place
2021 James Street
Latrobe, PA 15650

Violation: 2600.81 (a)

Plan of Correction (POC)

- PT/OT was consulted on 2/7/16 regarding evaluation of resident to safely exit the apartment and to provide the appropriate intervention and to include staff training on these interventions. Staff training is scheduled for February 24, 2016 at 1 PM.
- Executive Director will walk the community weekly to assure health and safety needs of residents are being met.

Att: [Signature] (3/

Violation Report: 44488 - 08/13/2015 - Garrigan, Laurie
PCH Name: BARNES PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(a) - An unannounced fire drill shall be held at least once a month.

2a. DESCRIPTION OF VIOLATION

The home's fire drill record indicates fire drills were conducted on the following dates and times including the documentation that the fire alarm was activated for each fire drill. However, the record from the fire alarm monitoring company indicates no fire alarms were activated during these dates and times:

Date	Time
01/22/15	3:30 p.m.
04/21/15	7:15 p.m.
05/12/15	4:10 a.m.
06/11/15	1:40 p.m.
07/15/15	4:20 p.m.
08/31/15	10:20 p.m.

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 4

Immediately - The home will not make, present, or use any document knowing it to be false and with the intent to mislead the Department.

*D.V.
3/23/16*

See page 5^a of 11

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Signature]

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

Tanya King E.Director

Date *2-9-16*

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

The above plan of correction is approved as of

3/26/16
(Date)

Plan of correction implementation status as of

3/23/16
(Date)

The above plan of correction was approved by

D.V.
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *D.V.*
- Partially Implemented - Inadequate Progress
- Not Implemented

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FEB 11 2016

WEST REGION FIELD OFFICE
Human Services Licensing

Page 5 of 11

February 9, 2016

Barnes Place
2021 James Street
Latrobe, PA 15650

Violation: 2600.132 (a)

Plan of Correction (POC)

- On September 15, 2015 at 11:41AM, maintenance tech conducted a fire drill. See attached fire drill log and system event reports. (attachments 3A ,B,C,D,E,F and G)
- Executive Director and Maintenance Technician conducted monthly fire drills on :
 - 10/12/15 at 1:53pm 35 Residents in home 35 Evacuated
 - 11/10/15 at 3:10pm 50 Residents in home 50 Evacuated
 - 12/10/15 at 12:40am 48 Residents in home 48 Evacuated
 - 1/8/16 at 1:18 pm 49 residents in home 49 Evacuated(See attached fire drill log and system event reports (attachments 3A and 3B)
- Executive Director and/Maintenance Tech will conduct monthly fire drills and will rotate shifts between day shift, afternoon shift and sleep hours. Executive Director and/or the Maintenance tech will notify the fire monitoring company that the home will be conducting a fire drill and that the alarm will be activated.
- Executive Director will monitor fire drill logs monthly to ensure that fire drills are conducted and fire alarms are activated. Executive Director and Maintenance Tech will record and document staff participation in the monthly drill, will also notify local fire department of residents with mobility need, to assure compliance with regulation.

AD 3/23/16

Authentic
4

Violation Report: 44488 - 08/13/2015 - Garrigan, Laurie
PCH Name: BARNES PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The home's fire drill record indicates fire drills were conducted on the following dates and times and that the fire alarm was activated for each fire drill. However, the record from the fire alarm monitoring company indicates no fire alarms were activated during these dates and times:

Date	Time
01/22/15	3:30 p.m.
04/21/15	7:15 p.m.
05/12/15	4:10 a.m.
06/11/15	1:40 p.m.
07/15/15	4:20 p.m.
08/31/15	10:20 p.m.

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.

Immediately - The home will not make, present, or use any document knowing it to be false and with the intent to mislead the Department.
g.w.
3/23/16

See Attachment 5

See page 6 of 11

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Handwritten Signature]

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

Terry King EID

Date *2/9/16*

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

The above plan of correction is approved as of 3/23/16
(Date)

Plan of correction implementation status as of 3/23/16
(Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress *[Initials]*
- Partially Implemented - Inadequate Progress
- Not Implemented

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FEB 11 2016

WEST REGION FIELD OFFICE
Human Services Licensing

February 9, 2016

Barnes Place
2021 James Street
Latrobe, PA 15650

Violation: 2600.132 (c)

Plan of Correction (POC)

- On September 15, 2015 at 11:41AM, maintenance tech conducted a fire drill. See attached fire drill log and system event reports. (attachments 3A,B,C,D,E ,F and G)
- Executive Director and Maintenance Technician conducted monthly fire drills on :
 - 10/12/15 at 1:53pm 35 Residents in home 35 Evacuated
 - 11/10/15 at 3:10pm 50 Residents in home 50 Evacuated
 - 12/10/15 at 12:40am 48 Residents in home 48 Evacuated
 - 1/8/16 at 1:18 pm 49 residents in home 49 Evacuated
- Executive Director and/Maintenance Tech will conduct monthly fire drills and will rotate shifts between day shift, afternoon shift and sleep hours. Executive Director and/or the Maintenance tech will notify the fire monitoring company that the home will be conducting a fire drill and that the alarm will be activated.
- Executive Director will monitor fire drill logs and system event reports monthly to ensure that accurate documentation is maintained.

Att. 5

DD. 3/23/16

Violation Report: 44488 - 08/13/2015 - Garrigan, Laurie
PCH Name: BARNES PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION

The fire drill record indicates that sleeping hour fire drills were conducted on 8/31/15 at 10:20 p.m. and 5/12/15 at 4:10 a.m.; however, the record from the fire alarm monitoring company indicates no fire alarms were activated during these dates and times.

The last fire drill conducted during sleeping hours was on 2/12/15 at 2:15 AM.

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

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

Immediately - The home will not make, present, or use any document knowing it to be fake and with the intent to mislead the Department.

*11.
3/23/16*

*see attachment
6*

See page 7 of 11

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Handwritten Signature]

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

Terry King, Executive Director

Date

2-9-16

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

The above plan of correction is approved as of

3/23/16
(Date)

Plan of correction implementation status as of

3/23/16
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *0.12*

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

[Handwritten Initials]
(Initials)

Page 7^a of 11

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FEB 11 2016

WEST REGION FIELD OFFICE
Human Services Licensing

February 9, 2016

Barnes Place
2021 James Street
Latrobe, PA 15650

Violation: 2600.132 (e)

Plan of Correction (POC)

- Regional Director of Facilities Management reviewed the fire safety policy with both maintenance techs on 9-14-15. This review included fire drill requirements pursuant to 2600.132 (e). The maintenance tech conducted a fire drill during sleep hours on December 10, 2015 at 12:40AM.
(Please see attachments (4A) also see system event reports 3A,B,C,D,E,F,and G)
- Executive Director and/Maintenance Tech will conduct monthly fire drills and will rotate shifts between day shift, afternoon shift and sleep hours. Executive Director and/or the Maintenance tech will notify the fire monitoring company that the home will be conducting a fire drill and that the alarm will be activated.
- Executive Director and/ or Maintenance Tech will monitor fire drill logs monthly to ensure that fire drills are conducted and fire alarms are activated. Executive Director and Maintenance Tech will strictly adhere to the Enlivant Fire Drill schedule that schedules sleep hour fire drills four times a year.

922-3/22/16

[Handwritten signature]

Violation Report: 44488 - 08/13/2015 - Garrigan, Laurie
PCH Name: BARNES PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION

During the fire drill conducted on 9/2/15, resident #4, a resident with mobility needs, admitted on [redacted] 15, was assisted to bed when the fire alarm sounded and was not evacuated. Resident #4 indicated he/she has never evacuated for a fire drill.

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.

Within 30 days of receipt of the plan of correction - all staff persons will be trained in the requirement for all residents to be evacuated to a designated meeting place away from the building or within the fire-safe area during each fire drill. Documentation of education will be kept.

9/21
3/23/16

see attachment

See page 8⁹ of 11

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Handwritten Signature]

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

Tara King Executive Director

Date *2-9-16*

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

The above plan of correction is approved as of 3/23/16
(Date)

Plan of correction implementation status as of 3/23/16
(Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress *[Handwritten Mark]*
- Partially Implemented - Inadequate Progress
- Not Implemented

Page 8^a of 11

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FEB 11 2016

WEST REGION FIELD OFFICE
Human Services Licensing

February 9, 2016

Barnes Place
2021 James Street
Latrobe, PA 15650

Violation: 2600.132 (h)

Plan of Correction (POC)

- Regional Director of Facilities Management reviewed the fire safety policy with both maintenance techs on September 15, 2015. This review included fire drill requirements pursuant to 2600.132 (h) evacuation of residents with mobility needs. The Executive Director and [REDACTED] fire safety instructor/inspector trained the staff on the same day. The maintenance tech conducted a fire drill September 15, 2015, where there were 45 residents in the home and 45 were evacuated. (Please see attachment 4A)
- Executive Director will randomly interview one immobile resident regarding fire drill participation after each fire drill and document in the fire drill log book.
- Executive Director will reference page 4 of the Resident Handbook on Move In that the community will conduct monthly fire drills and that residents with mobility needs will be evacuated.
- Fire Drill logs will be reviewed monthly to assure that all the residents in the community were evacuated including those with mobility needs.

Attachment 7

DW
3/23/16

Violation Report: 44488 - 08/13/2015 - Garrigan, Laurie
PCH Name: BARNES PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION

Resident #4's medical evaluation, dated 4/23/15, does not include temperature and immunization history. The medical evaluation is blank in these areas.

Resident #5's medical evaluation, dated 1/7/15, does not include height, weight, pulse rate, blood pressure, and temperature. The medical evaluation is blank in these areas.

Resident #6's medical evaluation, dated 4/23/15, does not include temperature and immunization history. The medical evaluation is blank in these areas.

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.

Within 30 days of receipt of the plan of correction - the administrator or designated staff person will review all current medical evaluations to ensure completion, including all items required by regulation 2600.141a. Incomplete medical evaluations will be returned to the physician for completion or corrected by an RN or LPN by contacting the person who completed it to receive permission to correct it and documenting the date, time, and person spoken to on the medical evaluation next to the correction. *DN. 3/23/16*

See page 9^o of 11

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 *2-9-16*

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

The above plan of correction is approved as of 3/27/16 (Date)

Plan of correction implementation status as of 3/23/16 (Date)

The above plan of correction was approved by J.W. (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *DN.*
- Partially Implemented - Inadequate Progress
- Not Implemented

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FEB 11 2016

WEST REGION FIELD OFFICE
Human Services Licensing

February 9, 2016

Barnes Place
2021 James Street
Latrobe, PA 15650

Violation: 2600.141 (a)(2)

Plan of Correction (POC)

- Resident # 4 Medical Evaluation was completed by the Care Service Manager to include temperature and immunization history on February 8, 2016. Resident # 5 was discharged from the home on October 18, 2015 to Greensburg Care. Resident # 6 Medical Evaluation was completed by the Community Service Manager to include temperature and immunization history on February 8, 2016. (Please see attachments 5A and 5B)
- Executive Director and/or Care Service Manager will monitor all DME's on move in to ensure that they are completed accurately.
- Executive Director and/or Care Service Manager will audit annual DME's to assure that the Medical Evaluations are completed timely and with accuracy.

Handwritten signature

*10
3/23/16*

Violation Report: 44488 - 08/13/2015 - Garrigan, Laurie
PCH Name: BARNES PLACE

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 #2's support plan, dated 12/7/14, was not updated to address an increase in supervision needs relating to his/her sexually inappropriate behaviors or his/her mental health services which were started on 8/5/15. On 4/2/15, the support plan was updated to indicate "staff can stop watching (resident #2) every 15 minutes - further incidents may warrant increased supervision". The home did not indicate the need for increased supervision despite resident #2's service notes include the following:

- * 7/31/15 at 1:50 p.m. resident #2 called (resident #3, a resident with a diagnosis of dementia) over and said "come here and give me a kiss"
- * 7/31/15 at 6:00 p.m. resident #2 was in resident #3's room with his/her pants down and his/her hand down (resident #3)'s pants.
- * 8/1/15 resident #2 was caught trying to get to resident #3's room. Resident #2 had his/her hands on resident #3's waist.
- * 8/2/15 11:02 a.m. resident #2 found "groping" [redacted] resident
- * 8/3/15 10:17 a.m. resident #2 was found standing with [redacted] resident trying to go back to [redacted] room with [redacted]. Also resident #2 tried to set up a date with [redacted] so they could spend the night in [redacted] room.
- * 8/3/15 resident #2 was caught trying to get in resident #3's room - redirected but still lingers in the hall
- * 8/4/15 at 2:30 p.m. resident #2 was caught trying to encourage (resident #3) to go back to (his/her) room with (him/her). Was saying inappropriate things to (him/her) and also grabbing (his/her) behind.

Resident 3's support plan, dated 4/24/15, was not updated to include home health services certified for treatment for dementia with sexually inappropriate behavior from 8/5/15 to 10/3/15.

Resident #4's support plan, dated 5/7/15, does not include physical and occupational therapy which were ordered on 7/14/15.

Resident #6's support plan, dated 5/7/15, does not address physical and occupational therapy which was ordered on 7/14/15. Also, there is no plan to meet medical need, frequency or responsible party indicated for any of resident #6's diagnoses to include: anemia, hypertension, arthritis, chronic obstructive pulmonary disorder, coronary artery disease, difficulty walking, edema and hyperlipemia. The support plan is blank in these areas.

Resident #7's support plan, dated 8/15/14, was not updated to address aggressive behaviors. Resident #7's services notes include the following:

- * 1/7/15 Resident #7 smacked a staff person in the face while being redirected from another resident's room
- * 1/12/15 Resident #7 punched a staff person in the face while being assisted with incontinence care
- * 1/29/15 after dinner resident #7 slapped a staff person on the arm while being changed for bed
- * 3/22/15 while showering, resident #7 bit a staff person's upper right arm then dug his/her nails into the staff person's upper left and right arms, tearing skin.

See pages 11 and 11^a of 11

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.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Handwritten Signature]

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

Fred King Executive Director

Date *2-9-16*

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

The above plan of correction is approved as of 3/23/16
(Date)

Plan of correction implementation status as of 3/23/16
(Date)

The above plan of correction was approved by *[Signature]*

- Fully Implemented
- Partially Implemented - Adequate Progress

Violation Report: 44488 - 08/13/2015 - Garrigan, Laurie
PCH Name: BARNES PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

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

- Partially Implemented - Inadequate Progress
- Not Implemented

Within 30 days of receipt of the plan of correction - all staff persons responsible for resident support plan completion & updating will be educated regarding the completion & accuracy of the support plan including the documentation of supervisory needs, services provided by outside agencies and dangerous behaviors. Documentation of training will be kept. *see attached*

3/23/16

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WEST REGION FIELD OFFICE
Human Services Licensing

Page 11^g of 11

February 9, 2016

Barnes Place
2021 James Street
Latrobe, PA 15650

Violation: 2600.227 (d)

Plan of Correction (POC)

- Resident # 2 was discharged from the community on October 18, 2015. Resident # 3 support plan was updated on 8-3-15 to include Home Health treatment of dementia and inappropriate sexual behaviors. (See attachment 6A)
- Resident # 4 support plan was updated 2-9-16 to include PT and OT. (See attachment 6B)
- Resident # 6 support plan was updated 2-9-16 to include PT and OT, medical needs, frequency of responsible party indicated on all diagnosis. (See attachment 6C and D)
- Resident # 7 has moved out of Barnes Place [REDACTED] 5.
- The Executive Director and Care Service Manager will review state directions for completion of resident support plans.
- For three months, the Executive Director and/ or Designee will review 10 support plans per week to ensure accuracy and completeness.

RS. 3/27/16

Attachment
9