



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 September 30, 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" followed by a checkmark.

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 King | | Region: WEST |
| Legal Entity Name: BARNES AID OPCO LLC | | |
| Legal Entity Address: 2021 JAMES STREET, LATROBE, PA 15650 | | |
| Certificate(s) of Occupancy C-2 LP 09/28/1997 Labor & Industry | | RECEIVED MAR 21 2016 WEST REGION FIELD OFFICE Human Services Licensing |
| Staffing Hours Resident Support: N/A Total Daily Staff: 65 Waking Staff: 49 | | |
| Type of Inspection: Partial BHA Docket Number: N/A Notice: Unannounced | | |
| Reason(s) for Inspection(s) Incident | | |
| On-Site Inspections Dates and Department Representatives On-Site 09/30/2015: Park, Beth | | |
| 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: 49 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: 5 | Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 50 Have Mental Illness: 2 Have an Intellectual Disability: 0 Have a Mobility Need: 16 Have a Physical Disability: 0 | |

Violation Report: 44488 - 09/30/2015 - Park, Beth
PCH Name: BARNES PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION
Direct care staff person A only received 10.33 hours training during the 2014 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.

Staff person A completed 27 hrs of training during the 2015 training year. *nw.*

see attachment 1-A

See page 2^o of 5

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 *3-14-16*

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
- Partially Implemented - Adequate Progress *nw.*
- Partially implemented - Inadequate Progress
- Not Implemented

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MAR 21 2016

WEST REGION FIELD OFFICE
Human Services Licensing

March 14, 2016

Barnes Place

2021 James Street

Latrobe PA, 15650

Violation: 2600.65(e)

Plan of Correction (POC)

- Executive Director and Care Service Manager audited Direct Care Staff person A file for 2015, to ensure that Direct Care person A has at least 12 hours of Annual training relating to her job duties.
- Executive Director and or Care Service Manager will audit Direct Care Staff training binders quarterly to ensure that Direct Care Staff persons have at least 12 hours of annual training.

Attached
1-A

MAR 21 2016

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44488 - 09/30/2015 - Park, Beth
PCH Name: BARNES PLACE

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A did not have annual training in safe management techniques during the 2014 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
2-A &
2-B*

See page 3^a of 5

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

| | |
|--|-------------------|
| Signature of Legal Entity Representative (Required on EVERY Page) | <i>Terry King</i> |
|--|-------------------|

| | |
|---|----------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) | Date |
| <i>Terry King Executive Director</i> | <i>3-14-16</i> |

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

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

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March 14, 2016

Barnes Place
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MAR 21 2016

WEST REGION FIELD OFFICE
Human Services Licensing

Violation: 2600.65(f)

Plan of Correction (POC)

- On 10/5/15 Executive Director provided safe management techniques training for Direct Care Staff person A.
- Executive Director and or Care Services Manager will audit staff training binders quarterly to assure compliance with regulation 2600.65 (f).
- Annual training will include those listed in regulation 2600.65(f)

attach 2-A

MAR 21 2016

Violation Report: 44488 - 09/30/2015 - Park, Beth
PCH Name: BARNES PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted on [redacted] 2015. However, resident #1's assessment was not completed until 9/30/2015.

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 who complete resident assessments will receive education on the requirement that initial resident assessments are to be completed within 15 days of admission.

See attachment
3-A

See page 4th of 5

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 3/14/16

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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March 14, 2016

Barnes Place

2021 James Street

Latrobe PA, 15650

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MAR 21 2016

WEST REGION FIELD OFFICE
Human Services Licensing

Violation: 2600.225(A)

Plan of Correction (POC)

- Executive Director, Care Service Manager and/or designee will audit resident's files to ensure resident written initial assessment is completed within 15 days of admission. The file audit for written initial assessments will be completed by April 1, 2016
- Executive Director, Care Service Manager and/or designee will audit resident files quarterly for completion and accuracy. File audits will be ongoing.

Attachment
3-A ↓
3-B

Violation Report: 44488 - 09/30/2015 - Park, Beth
PCH Name: BARNES PLACE

MAR 21 2016

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE
Human Services Licensing

2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted on [redacted] 2015. However, resident #1's support plan was not completed until 9/30/2015.

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 who complete resident support plans will receive education on the requirement that initial support plans are to be completed within 30 days of admission.

See attached
4-A and
4-B

See page 5^a of 5

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

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>PN</u> (Initials) | <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <u>PN</u> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented |

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March 14, 2016

Barnes Place

2021 James Street

Latrobe PA, 15650

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MAR 21 2016
WEST REGION FIELD OFFICE
Human Services Licensing

Violation: 2600.227(A)

Plan of Correction (POC)

- Executive Director, Care Service Manager and/or designee will audit resident's files to ensure resident written support plans is completed within 30 days of admission, audit will be completed by April 1, 2016
- Executive Director, Care Service Manager and/or designee will audit resident files quarterly for completion and accuracy. File audits will be ongoing.

Attachment
4-A