



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: August 23, 2016

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

RE: The Arbors at St. Barnabas
423090

Dear Ms. Waugh:

As a result of the Department of Human Services' licensing inspection on December 29, 2015, 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Jon Kimberland".

Jon Kimberland
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

AUG 09 2016

Violation Report: 42309 - 12/29/2015 - McConnell, Deb
PCH Name: THE ARBORS AT ST BARNABAS

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 12/23/15, at approximately 11:15 a.m. a representative of the Older Adult Protective Services came into the home and informed staff person B, the home's administrator of an allegation of abuse against resident #1 by an unknown staff person. The home did not report the allegation to the Department until 12/29/15.

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.

All confirmed allegations of abuse as brought to the home's attention by Older Adult Protective Services will be submitted to the Department of Human Services upon notification by the Administrator or designee. All ~~staff~~ ^{staff} will be educated that allegations as reported by the Older Adult Protective Services are required to be submitted to the Department of Human Services. A QA will be initiated to ensure all abuse allegations are submitted as appropriate to Department of Human Services. All results will be reviewed by the Quality Assurance team. This Quality Assurance will begin in August 2016 upon notification of this violation.

Immediately: Any allegation of abuse shall be reported to the Department in accordance with regulation 2600.16(c). *8-16-16g*

Immediately: The administrator or designee will review all reportable incidents and conditions at least weekly to ensure all reportable incidents and conditions, including allegations of abuse, are reported to the Department in accordance with regulation 2600.16c. *8-16-16g*

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

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

Date 08/09/2016

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

The above plan of correction is approved as of <u><i>8-16-16</i></u> (Date)	Plan of correction implementation status as of <u><i>8-16-16</i></u> (Date)
The above plan of correction was approved by <u><i>KT</i></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