



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [REDACTED]

Mailing Date: March 2, 2016

Mr. Daniel Guill, Authorized Representative
Barnes AID OPCO, LLC
2021 James Street
Latrobe, Pennsylvania 15650

RE: Barnes Place
Certificate #:444880

Dear Mr. Guill:

As a result of the Department of Human Services' licensing inspection on February 2, 2016 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.

The 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 "Brett Swanger".

Brett Swanger
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 44488 - 02/02/2016 - Bomberger, Cybil
 PCH Name: BARNES PLACE

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
 The last medical evaluation for resident # 2 was completed on 1/7/15.

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 2-A of 3

Repeat Violation: No.	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Terry King Executive Director*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Terry King Executive Director</i>	Date <i>2/24/16</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>3/2/16</u> (Date)	Plan of correction implementation status as of <u>3/2/16</u> (Date)
The above plan of correction was approved by <u>BKS</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

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February 24, 2016

Barnes Place
2021 James Street
Latrobe, PA 15650

Violation: 2600.141(b)(1)

Plan of Correction (POC)

- Resident # 2's updated annual medical evaluation was received on February 2, 2016. (Attachment 1)
- The Executive Director and/ or Care Service Manager will audit Medical Evaluations quarterly to assure medical evaluations are completed timely. (Attachment 2)

Attachment 2-A

Violation Report: 44488 - 02/02/2016 - Bomberger, Cybil
 PCH Name: BARNES PLACE

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

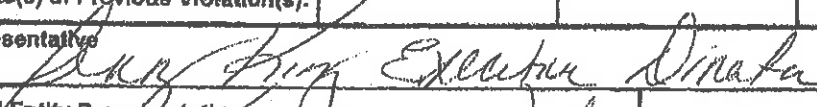

The initial assessment for resident #1 was completed on [redacted] 14. Resident #1 experienced significant changes in condition which resulted in this resident receiving physical therapy effective 7/18/15, occupational therapy beginning 7/22/15 and hospice care referral being made on 8/13/15. The RASP for this resident was not revised to reflect these changes in condition until the annual RASP was prepared on 10/8/15.

The RASP for resident #3 dated 10/19/15 was not updated to reflect the significant change of hospice services being provided for this resident beginning 1/22/16.

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. 3A of 3

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) Terry King Executive Director			Date 2/24/16
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of		3/2/16 (Date)	Plan of correction implementation status as of
The above plan of correction was approved by		 (Initials)	3/2/16 (Date)
		<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	

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February 24, 2016

Barnes Place
2021 James Street
Latrobe, PA 15650

Violation: 2600.225 (c)

Plan of Correction (POC)

- Resident # 1 RASP was updated to include the significant changes in condition which resulted in the resident receiving physical therapy effective 7/18/15, occupational therapy beginning 7/22/15 and a hospice care referral being made on 8/13/15. (Attachment 3)
- Resident #3 RASP was updated to reflect the significant change of hospice services being provided beginning 1/22/16. (Attachment 4)
- For three months, the Executive Director and/ or Designee will review 10 RASP's per week to ensure accuracy and completeness. (Attachment 5)

Attachment 3A