



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: August 19, 2016

Ms. Jean LaFuria, Administrator
Ball Pavilion, Inc.
Barnabas Court at Brevillier Village
5416 East Lake Road
Erie, Pennsylvania 16511

RE: Barnabas Court at Brevillier Village
License # 453060

Dear Ms. LaFuria:

As a result of the Department of Human Services' licensing inspection on March 24, 2016 and March 25, 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.

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 "Janine Wenzig".

Janine Wenzig
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

JUN 16 2016

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 45306 - 03/24/2016 - Barry, Courtney
PCH Name: BARNABAS COURT AT BREVILLIER VILLAGE

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

2a. DESCRIPTION OF VIOLATION
The medical evaluation for resident #1, dated 11/19/15, indicates "see med list" for the medication addendum; however, nothing is attached.

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

2600.141(a)(2)

Resident #1's signed original medication list attached to DME on March 30, 2016.

All charts will be reviewed by July 1, 2016 to insure that all medication lists are attached to DME and in compliance with regulation.

Third shift nurse will review medical chart after each new admission to insure continued compliance, will fax medication lists/DME's to PCP if any information or signatures are missing, and will follow up to make sure updated forms are returned.

Social workers will complete regular biannual reviews of all medical charts to make sure all information and signatures are in place.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Jean S. LaFuria

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

JEAN LAFURIA V.P. Residential Services

Date 6/16/16

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

The above plan of correction is approved as of 8/8/16
(Date)

Plan of correction implementation status as of 8/8/16
(Date)

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

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

Violation Report: 45306 - 03/24/2016 - Barry, Courtney
PCH Name: BARNABAS COURT AT BREVILLIER VILLAGE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

The preadmission screening for Resident #2, admitted [redacted] 16, is undated; therefore, it could not be determined if it was completed within 30 days prior to admission.

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.

2600.224(a)

Resident #2 – Director of Admissions, [redacted], did confirm date the Prescreen and Cognitive Prescreen were completed. Resident's Prescreen did indicate need for Secure Dementia Care Unit.

Director of Admissions completes Prescreens for all new admissions to Barnabas Court. She was re-educated on 3/30/16 on the importance of entering all dates on forms. She will continue to complete and date these forms which she will review before giving to Social Worker.

Barnabas Court Social Worker/Assistant Administrator will review each Prescreen for RASP development upon admission. Any missing dates or information would then immediately returned to Director of Admissions for completion.

A double check of all Prescreens will be done by Social Workers at Biannual Chart Review.

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) *JEAN LAFURIA V.P. Residential Services* Date *6/16/16*

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

The above plan of correction is approved as of 8/8/16
(Date)

Plan of correction implementation status as of 8/8/16
(Date)

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

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

Violation Report: 45306 - 03/24/2016 - Barry, Courtney
PCH Name: BARNABAS COURT AT BREVILLIER VILLAGE

JUN 16 2016

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.231(b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION
Resident #2 was admitted to the secured dementia care unit(SDCU) on [redacted] 16. The resident's medical evaluation, dated 1/15/16, does not indicate the need for the resident to be served in a SDCU.
Resident #5 was admitted to the SDCU on [redacted] 13. The most recent medical evaluation, dated 5/21/15, indicates the need for the resident to be served in a SDCU; however, does not indicate a diagnosis of Alzheimer's disease or other dementia.

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 page

See Page 4A of 7

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Jean S. Lafuria*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) JEAN LAFURIA V.P. Residential Services Date 6/16/16

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

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

2600.231(b)

Resident #2 (Discharged to SNF on [REDACTED] 16 due to CHF exacerbation and was unable to return to Barnabas Court due to increased care needs.) At the time of admission of Resident #2, physician did not check the SDCU box, but he had indicated an Alzheimer's Dementia diagnosis and completed Physician's Acknowledgement Form. Family admitted resident to Barnabas Court due to increased confusion and inability to care for self. Need for SDCU was confirmed by Speech pathologist who found "Severe deficits of executive cognitive dysfunction", and was documented on Cognitive Screening.

In order to prevent misinformation on DME and Prescreen, Director of Admissions will do review of all forms to ensure that all sections of form are complete and correspond to the rest of information. If any information is incomplete, she will call physician to review and correct form.

Social Worker and/or Medical Assistant will also review forms before initiating RASP and putting forms into medical record. Any update to DME will then result in update to RASP.

Resident #5 -- A diagnosis of moderate cognitive impairment was given to resident on 6/10/14. After assessment by Doctor [REDACTED] / consulting Psychologist, Brevillier Village Risk Assessment / Dementia Behavior Scale indicated that even with this diagnosis, resident is highly functional on this unit and does not need to be in a Secure Dementia Care Unit. Barnabas Court staff has reviewed all paperwork with PCP and he is in agreement. He has adjusted the DME accordingly. A new cognitive prescreen and new "Voluntary Admission to SDCU" have been signed by resident. Social Worker will instruct Resident #5 in use of Door Code Box and Iris Scanner and successful use documented to be done by 6/20/16.

From this date forward if there is a conflict or confusion over Secured Dementia Care Unit information on DME, Barnabas Court Social Worker or LPN will call PCP for clarification. If there is ever a question of level of dementia care needs, the Brevillier Village Safety Risk Assessment / Dementia Behavioral Scale will be completed and a referral to Speech Pathologist for testing and dementia staging or to neuropsychologist for memory support service maybe made to determine need for SDCU. The results will be shared with PCP and all forms will be adjusted according to PCP's decision.

Barnabas Court Social Workers will review all paperwork biannually and when updating RASP's to assess for continued need for SDCU.

[Signature]
8/8/16

[Signature]
JEAN LAFURIA, Vice President of
Residential Services

JUN 16 2016

Violation Report: 45306 - 03/24/2016 - Barry, Courtney
PCH Name: BARNABAS COURT AT BREVILLIER VILLAGE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.231(c) - A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident #2 was admitted to the SDCU on [redacted] 16; however, a written cognitive preadmission screening was not completed.

The medical evaluation, dated 3/9/16, for resident #4 indicates the resident has a need to be served in a SDCU; however, a written cognitive preadmission screening was not completed.

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.

2600.231(c)

Resident #2's Prescreen was completed (dates entered) by Director of Admissions on 3/30/16 after error found during survey process.

As previously stated, the Director of Admissions and Social Workers will be responsible for checks of all forms for accuracy and completeness.

Resident # 4 was given a dementia diagnosis in error due to medication review by pharmacist. Resident takes anti-psychotic for generalized anxiety disorder, but review of all records found diagnosis was changed due to pharmacist recommendation. Records were reviewed with neuropsychologist and PCP and dementia diagnosis was removed.

In the future, if there is a questionable diagnosis or absence of diagnosis, steps as outlined for 2600.231b on previous page will be followed to clarify diagnosis medications and need for Secure Dementia Care Unit.

Immediately - All records reviewed for residents requiring SDCU care will have a cognitive preadmission screening completed in its entirety.

Patricia

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Jean Lafuria

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

JEAN LAFURIA, VP Residential Services

Date *6-16-16*

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

The above plan of correction is approved as of

8/8/16
(Date)

Plan of correction implementation status as of

8/8/16
(Date)

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

The above plan of correction was approved by

JL
(Initials)

Violation Report: 45306 - 03/24/2016 - Barry, Courtney
PCH Name: BARNABAS COURT AT BREVILLIER VILLAGE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.231(f) - In addition to the requirements in § 2600.225 (relating to initial and annual assessment), the resident shall also be assessed annually for the continuing need for the secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident #4 resides in the home's SDCU. Resident #4's assessment, dated 3/12/16, indicates no problem with orientation to time, place and person and no problem with judgement, short-term memory or long-term memory. The resident's assessment also indicates minimal supervision needs and states the resident, "does not wander therefore does not need a security bracelet." Also, a "Brevillier Village Safety Risk Assessment/Dementia Behavioral Scale" was completed on 3/12/16 for resident #4, which the resident scored a total of 5. However, according to the scale, "Any resident with a 3 or higher in any category or a total score of 8 or more will be considered at risk and in need of secure dementia care unit." Resident #4 did not score a 3 or higher in any of the categories.

Resident #8 resides in the home's SDCU. Resident #8's assessment, dated 5/21/15, indicates no problem with orientation to time, place and person and no problem with judgement, short-term memory or long-term memory. The resident's assessment also indicates minimal supervision needs and states the resident, "does not wander therefore does not need a security bracelet." Also, a "Brevillier Village Safety Risk Assessment/Dementia Behavioral Scale" was completed on 7/11/15 for resident #8, which the resident scored a total of 2. However, according to the scale, "Any resident with a 3 or higher in any category or a total score of 8 or more will be considered at risk and in need of secure dementia care unit."

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 page

See Pages 6A and 6B of 7

* Resident #8 To be sent upon her return to facility
Updated DME, Prescreen + Voluntary Residency

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

Signature of Legal Entity Representative (Required on EVERY Page) *Jean Lafuria*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) JEAN LAFURIA, VP of Residential Services Date 6-16-16

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

The above plan of correction is approved as of 8/8/16 (Date)

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

Plan of correction implementation status as of 8/8/16 (Date)

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

2600.231f

Part 1

Resident #4 was given a dementia diagnosis in error due to a medication review by pharmacist. Neuropsychologist ordered anti psychotic after some anxiety related behavioral issues. Pharmacist had made recommendation for change of diagnosis to dementia but neuropsychologist and PCP reviewed records upon Barnabas Court staff request. On 4/1/16 dementia diagnosis was removed as generalized anxiety disorder is the correct diagnosis for this resident.

After error was found, Nursing staff was re-educated on need to attach appropriate diagnosis to medications as directed by neuropsychologist and PCP. Barnabas Court Assessment Team now reviews all medication changes to ensure that appropriate changes are made to RASP by Team members and changes to DME are made by PCP or a nurse consulting with PCP.

Once each month, a LPN reviews every medical chart to make sure all written and phone orders are signed and entered correctly into electronic record. This nurse will be another person checking the medication orders for appropriate, corresponding diagnosis.

Resident #4 will have eyes scanned into the Iris Scanner system and will be trained on both the door code pad and scanner system routinely. This will be completed by 7/1/16. Training on door systems will be on going.

2600.231f

Part 2

Resident #8 has been out of building since 5/20/16 for a short term rehabilitation stay at Ball Pavilion SNF. It has been confirmed by PCP that [redacted] does not need SDCU. A new Med. Evaluation, Prescreen, Safety Risk Assessment, and Voluntary Residency in a Secure Dementia Care Unit form will be completed upon re-admission to Barnabas Court North. All forms to reflect that the resident does not require a SDCU.

Neuropsychologist has been consulted and is in agreement that resident is alert and oriented and capable of leaving the building unattended. Resident will have eyes scanned into the Iris Scanner System and will be trained on both the Door Code Pad and the scanner system routinely. This will be completed by 7/1/16. Training on door systems will be on going.

From this date forward if there is a conflict or confusion over SDCU information on a DME, Barnabas Court Social Worker or LPN will call PCP for clarification. If there is ever a question of level of dementia/care needs, the Brevillier Village Safety Risk Assessment / Dementia Behavioral Scale will be completed and a referral to Speech Pathologist for testing and dementia staging or to neuropsychologist for memory support services maybe made to determine need for SDCU. The results will be shared with PCP and all forms will be adjusted according to PCP's decision.

Barnabas Court Social Workers will review all paperwork biannually and when up dating RASP's to assess for continued need for SDCU.

See Page 6B of 7

Jess S. LeSueur
Vice President of Residents

JL 8/18/16

Violation Report: 45306 - 03/24/2016 - Barry, Courtney
PCH Name: BARNABAS COURT AT BREVILLIER VILLAGE

1. REGULATION 55 Pa.Code §2800
2600.231(f) - In addition to the requirements in § 2600.225 (relating to initial and annual assessment), the resident shall also be assessed annually for the continuing need for the secured dementia care unit.

2a. DESCRIPTION OF VIOLATION
Resident #4 resides in the home's SDCU. Resident #4's assessment, dated 3/12/16, indicates no problem with orientation to time, place and person and no problem with judgement, short-term memory or long-term memory. The resident's assessment also indicates minimal supervision needs and states the resident "does not wander therefore does not need a security bracelet." Also a "Brevillier Village Safety Risk Assessment/Dementia Behavioral Scale" was completed on 3/12/16 for resident #4, which the resident scored a total of 5. However, according to the scale, "Any resident with a 3 or higher in any category or a total score of 8 or more will be considered a risk and in need of secured dementia care unit." Resident #4 did not score a 3 or higher in any of the categories.

Resident #8 resides in the home's SDCU. Resident #8's assessment, dated 5/21/15, indicates no problem with orientation to time, place and person, and no problem with judgement, short-term memory or long-term memory. The resident's assessment also indicates minimal supervision needs and states the resident "does not wander therefore does not need a security bracelet." Also a "Brevillier Village Safety Risk Assessment/Dementia Behavioral Scale" was completed on 7/11/15 for resident #8, which the resident scored a total of 2. However, according to the scale, "Any resident with a 3 or higher in any category or a total score of 8 or more will be considered a risk and in need of secured dementia care unit."

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 - All residents' assessments shall be reviewed by an interdisciplinary team to ensure accuracy, including appropriate supervision needs. Any resident found to not have the need for secure dementia care shall immediately be added to the homes Iris scanner unlocking device, and educated on the procedure to independently evacuate the home. Documentation shall be kept.


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) JEAN LAFURIA VICEPRE, Residential Services Date 8/8/16

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

The above plan of correction is approved as of 8/8/16 (Date)

The above plan of correction was approved by  (Initials)

Plan of correction implementation status as of _____ (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 45306 - 03/24/2016 - Barry, Courtney
PCH Name: BARNABAS COURT AT BREVILLIER VILLAGE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.231(g) - An individual who does not have a primary diagnosis of Alzheimer's disease or other dementia may reside in the secured dementia care unit if desired by the resident.

- (1) The individual shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to residence or 30 days after residence.
- (2) If the medical evaluation shows that personal care services are needed, the requirements of this chapter apply.
- (3) The individual shall have access to and be able to follow directions for the operation of the key pads or other lock-releasing devices to exit the secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident #6 and #7 voluntarily reside in the home's SDCU and do not require secured care; however, on 3/25/16, neither resident could independently operate the home's biometric system, nor could not follow directions for the operation of the key pads to independently exit the home.

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.

2600.231(g)

Changes have been made to both signage and the way residents are being educated to use both coded door pads and iris scanner.

- 1. The picture displaying the code has been replaced with much larger, brighter, and easy to identify light house picture. This makes much easier for residents to read the numbers of the code. This has been posted at every coded door box.
- 2. Student Intern gave training on a weekly basis for six weeks beginning on 3/28/16 to all non-dementia residents on use of both eye scanner and coded door box. She also developed handouts for each non-dementia resident to keep which explains how each part of the system is used to exit the building.
- 3. New forms were designed to verify each non-dementia resident's successful use of Coded Door Box and/or Iris Scanner.
- 4. All direct care giving staff were re-educated on the waiver and the door systems on 4/26/16. It was explained that only non-dementia residents can exit freely using the Iris Scanner or door codes. If any non-dementia resident has difficulty, a staff member should assist them in using the device and exiting the doors.
- 5. A list of non-dementia residents is posted with RASP's, at the front desk, and is available through Social Workers so staff can easily identify non-dementia residents.
- 6. Each new non-dementia resident admitted to SDCU will be scanned into the Iris Scanner system and will be trained in both the Door Code Pad and the Scanner weekly for one month. Social Worker or Social Worker Intern will be responsible for training new residents and will document the training on a log. Door Code Pad and Iris Scanner form will be signed by each new resident once training initially and then once yearly after that.
- 7. As of 6/16/16 both residents #6 and #7 have been successfully trained on the systems. They will continue to be trained on the systems once a month.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Jean S. Lafuria

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

JEAN LAFURIA, VP Residential Services

Date 6/16/16

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

The above plan of correction is approved as of

8/8/16
(Date)

Plan of correction implementation status as of 8/8/16
(Date);

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

The above plan of correction was approved by

[Signature]
(Initials)