pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 2 6 2016

Ms. Karen Trapp, Administrator
The Arbors at St. Barnabas, Inc.
85 Charity Way
Valencia, Pennsylvania 16059

RE: The Arbors at St. Barnabas – Gibsonia
5827 Meridian Road
Gibsonia, Pennsylvania 15044
License #: 441590

Dear Ms. Trapp:

As a result of the Department of Human Services' annual licensing inspections on May 27, 2016 and June 8, 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,

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PCH Name: THE ARBORS AT ST BARNABAS GIBSONIA	License Number: 44159
Address: 5827 MERIDIAN ROAD, GIBSONIA, PA 15044	County: Allegheny
Administrator: Karen Trapp	Region: WEST
Legal Entity Name: THE ARBORS AT ST BARNABAS INC	
Legal Entity Address: 85 CHARITY WAY, VALENCIA, PA 16059	

Certificate(s) of Occupancy
I-2
05/19/2010
Richland Township

Staffing Hours
Resident Support: 0 | Total Daily Staff: 43 | Waking Staff: 32

Type of Inspection: Full | BHA Docket Number: | Notice: Unannounced

Reason(s) for Inspection(s)
Renewal

On-Site Inspections Dates and Department Representatives On-Site
05/27/2016: McConnell, Deb; Sutherland, Brent
06/08/2016: McConnell, Deb; Sutherland, Brent

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: 56	Number of Residents who:
Number of Residents Served: 31	Receive Supplemental Security Income: 0
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 31
Area:	Have Mental Illness: 4
Secured Dementia Unit Capacity, If Applicable:	Have an Intellectual Disability: 0
Number of Residents Served in Secured Dementia Care Unit, If applicable:	Have a Mobility Need: 12
Number of Current Hospice Residents: 0	Have a Physical Disability: 0
Number of Hospice Residents in past year: 0	

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WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44159 - 05/27/2016 - McConnell, Deb
PCH Name: THE ARBORS AT ST BARNABAS GIBSONIA

1. REGULATION 55 Pa.Code §2600.
2600.57(c) - Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.

2a. DESCRIPTION OF VIOLATION
On 5/15/16, there were 30 residents in the home 12 of which have mobility needs, requiring a minimum of 1 hour of personal care services for each mobile resident and 2 hours of personal care services for each resident with mobility needs. This requires the home to provide a minimum of 42 hours of personal care services. On this day only 39 hours of personal care services were provided.

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.

REGULATION 55 Pa. Code 2600.57(c) The description of the violation indicated that on 5/15/16, there were 30 residents in the home 12 of which have mobility needs, requiring a minimum of 1 hour of personal care services for each mobile resident and 2 hours of personal care services for each resident with mobility needs. This requires the home to provide a minimum of 42 hours of personal care services. On this day only 39 hours of personal care services were provided. On June 8, 2016 when it was brought to our attention by BNL those residents with security bracelets who could follow direction without repeated cues should also be considered as immobile, immediately after conversation these residents with security bracelet that were able to follow cues were added to the immobile count. With this recalculation the then current working schedule and next schedule was checked by Administrator to verify that hours were being met including residents with security bracelet that did follow cues. Each additional schedule was also reviewed by Administrator or designee to assure minimum hours were met. All Staff assisting with the completion of employee schedule has been educated on PA. Code 2600.57(c). In house census and immobile residents along with security guard residents who can be direct with cue are added to the schedule in order to audit staffing hours. A quarterly audit will be completed by the Arbor's administrator or designee. Additional education will be provided as needed. Audits will be reviewed quarterly by the Quality Assurance Committee. Additional actions will be mandated as indicated.

Immediately - The administrator or designated staff person will develop and implement a schedule that includes the availability of providing at least one hour per day of personal care services for each mobile resident and two hours per day of personal care services for each resident who has mobility needs. At least 75% of the required personal care service hours will be available during waking hours and additional personal care service staffing hours will be scheduled to meet the needs of the residents as specified in the resident's assessments, support plans and as needed to safely evacuate the residents in the event of an emergency. 8-16-16

Repeat Violation: Yes	Date(s) of Previous Violation(s):			

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, Administrator

Date 08/12/2016

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

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

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

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

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

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Human Services Licensing

Violation Report: 44159 - 05/27/2016 - McConnell, Deb
PCH Name: THE ARBORS AT ST BARNABAS GIBSONIA

1. REGULATION 55 Pa.Code §2600
2600.57(d) - At least 75% of the personal care service hours specified in § 2600.57(b) and § 2600.57(c) shall be available during waking hours.

2a. DESCRIPTION OF VIOLATION
On 5/15/16, there were 30 residents in the home 12 of which have mobility needs, requiring a minimum of 1 hour of personal care services for each mobile resident and 2 hours of personal care services for each resident with mobility needs. This requires the home to provide a minimum total of 31.5 hours of direct care required during waking hours; however, on this day only 30 hours of direct care were provided during waking hours.

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.

REGULATION 55 Pa. Code 2600.57(d) The description of the violation indicated that on 5/15/16, there were 30 residents in the home, 12 of which have mobility needs, requiring a minimum of 1 hour of personal care services for each mobile resident and 2 hours of personal care services for each resident with mobility needs. This requires the home to provide a minimum of 31.5 hours of direct care required during waking hours, however it is stated that on this day only 30 hours of direct care were provided during waking hours. On June 8, 2016 when it was brought to our attention by RHC, that resident with security bracelets who could follow direction without repeated cues should also be considered as immobile staffing hours were recalculated on the then current working schedule and next schedule were checked by Administrator to verify that hours were being met. Each additional schedule was also reviewed by Administrator or designee to assure minimum hours were met during waking hours. All Staff assisting with the completion of employee schedule has been educated on PA. Code 2600.57(d). This was completed in June. A quarterly audit will be completed by the Arbor's administrator or designee. Additional education will be provided as needed. Audits will be reviewed quarterly by the Quality Assurance Committee. Additional actions will be mandated as indicated.

Immediately - The administrator or designated staff person will develop and implement a schedule that includes the availability of providing at least one hour per day of personal care services for each mobile resident and two hours per day of personal care services for each resident who has mobility needs. At least 75% of the required personal care service hours will be available during waking hours and additional personal care service staffing hours will be scheduled to meet the needs of the residents as specified in the resident's assessments, support plans and as needed to safely evacuate the residents in the event of an emergency. 8-16-16

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

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, Administrator — Date 08/12/2016

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Violation Report: 44159 - 05/27/2016 - McConnell, Deb
PCH Name: THE ARBORS AT ST BARNABAS GIBSONIA

1. REGULATION 55 Pa.Code §2600
2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION
On 5/7/16, from 8:00 p.m. through 11:00 p.m. 30 residents were present in the home. During this time staff persons A and B were the only staff present in the home. Neither staff person was certified in first aid, obstructed airway techniques and CPR.

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.

REGULATION 55 Pa. Code 2600.63(a) The description of the violation indicated that on 5/7/16 from 8:00 pm through 11:00 pm 30 residents were present in the home. During this time staff persons A and B were the only staff present in the home. Neither staff person was certified in first aid, obstructed airway technique and CPR. This oversight was brought to our attention by [redacted] on June 8, 2016. Even though this was an oversight no residents were in immediate danger since The Arbor's at St. Barnabas and St. Barnabas Nursing Home share the same building and all direct care staff for the Arbors carry a walkie talkie that communicates to front desk and would send a Registered Nurse trained in CPR to assist our residents immediately. We do understand that we should maintain a separate entity and rarely require such assistance. Classes for first aid, obstructed airway technique and CPR were already schedule and staff have completed. In order to prevent future oversight a heart is added to the schedule to indicate all staff who have certification. Once being told of the oversight the then current working schedule and next schedule were checked by Administrator to verify compliance with regulation 260 (a). Each subsequent schedule was has been reviewed by Administrator or designee prior to being posted. Staff completing schedule has been educated on PA. Code 2600.63(a). Employees are being given opportunities to attend certification classes on a regular basis. A quarterly audit will be completed by the Arbor s administrator or designee. Additional education will be provided as needed. Audits will be reviewed quarterly by the Quality Assurance Committee. Additional actions will be mandated as indicated.

Immediately: The administrator or designee who schedules staff will ensure at least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and cardiopulmonary resuscitation will be present in the home at all times. 8-16-16

See Staffing Schedule Attachment, Educate on PA Code and Staff Roster for Certification.

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Violation Report: 44159 - 05/27/2016 - McConnell, Deb
PCH Name: THE ARBORS AT ST BARNABAS GIBSONIA

AUG 15 2016

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION
On 5/27/16, at 12:05 p.m. there was no lid on the garbage can in the common women's bathroom located on the first floor across from the elevator and spa room. Residents of the personal care facility have direct access to the bathroom.

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.

REGULATION 55 Pa. Code 2600.85(d)

The description of the violation indicated that on 5/27/16 there was no lid on the garbage can in the common women's bathroom located on the first floor across from the elevator and spa room. Residents of the personal care facility have direct access to the bathroom. Immediately a receptacle with a lid was placed in the restroom. All bathrooms that are accessible to personal care home residents were checked by administrator and housekeeping supervisor and no other areas were noted to have a garbage can without a lid. A review of bathrooms that allow access to person care home residents will be completed by Administrator or designee during weekly safety rounds of the building. Staff has been educated on PA. Code 2600.85(d). Additional education will be provided as needed. Audits will be reviewed quarterly by the Quality Assurance Committee. Additional actions will be mandated as indicated.

See education on PA CODE

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

Date 08/12/2016

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Violation Report: 44159 - 05/27/2016 - McConnell, Deb
PCH Name: THE ARBORS AT ST BARNABAS GIBSONIA

1. REGULATION 55 Pa.Code §2600
2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION
On 5/27/16, the emergency exit door on the third floor between the administrative offices and the Penthouse area leading down the center stairwell was locked magnetic locking system. Personal care residents have access to this area.

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.

REGULATION 55 Pa. Code 2600.121(a) The description of the violation indicated that on 5/27/16 the emergency exit door on the third floor between the administrative offices and the Penthouse area leading down the center stairwell was locked using a magnetic locking system. Personal care residents have access to this area. Immediately JV Electronics was contacted to correct locking system. JV Electronic did provide us with information that day stating the door lock was released when the fire alarm system was activated to assure us that no resident would be denied access, this letter was given to survey team on 6/8/19. JV Electronics did eliminate the magnetic locking system on this door on 6/16/16. All other stairways, hallways, doorways, passageways and egress routes that personal care residents have access to were check for similar situations by Maintenance Supervisor. Staff has been educated on PA. Code 2600.121(a). A random audit of stairways, hallways, doorways, passageways and egress routes that personal care residents have access will be completed by maintenance supervisor Additional education will be provided as needed. Audits will be reviewed quarterly by the Quality Assurance Committee. Additional actions will be mandated as indicated.

See education on PA CODE and audit

Within 30 days of receipt of the plan of correction: A designated staff person will check the home daily to ensure all stairways, hallways, doorways, passageways and egress routes from rooms and from the building are unlocked and unobstructed. 8-16-16 V

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

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

Date 08/12/2016

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Violation Report: 44159 - 05/27/2016 - McConnell, Deb
PCH Name: THE ARBORS AT ST BARNABAS GIBSONIA

1. REGULATION 55 Pa.Code §2600
2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION
The home has a designated fire safe evacuation time of 9 minutes and 27 seconds established by a fire safety expert on 9/22/15. The home conducted a fire drill on 3/10/16, at 6:00 a.m., the evacuation time was 9 minutes and 45 seconds.

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.

REGULATION 55 Pa. Code 2600.132(d)

The description of the violation indicated that the home has a designated fire safe evacuation time of 9 minutes and 27 seconds established by a fire safety expert on 9/22/15. The home conducted a fire drill on 3/10/16, at 6:00 am, the evacuation time was 9 minutes and 45 seconds. The 18 second overture was noted by staff member assigned to hold the fire drill, who did state he provided verbal instruction to staff on procedure to help quicken time, however did not notify administrator or maintenance supervisor. Employee was educated on regulation. No other fire drills have gone over time designated by fire safety expert. Staff has been educated on PA. Code 2600.132(d). All fire drill times will be audited by administrator or designee monthly. Additional education will be provided as needed. Audits will be reviewed quarterly by the Quality Assurance Committee. Additional actions will be mandated as indicated.

See fire drill logs and education on PA code.

Immediately: The administrator or designee shall review all resident assessments and support plans to determine the appropriate level of staffing needed to provide the proper care and services to each resident, including the appropriate level of staffing to evacuate all residents in the event of an emergency within the safe evacuation specified in writing by the home's fire safety expert within the past year. This person shall monitor the staffing schedule weekly to ensure the staffing levels are met to meet the resident's needs. Any changes to resident care or services shall immediately be updated on the resident's assessment and staffing needs shall be adjusted accordingly.

8-16-16 g

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

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, Administrator — Date 08/12/2016

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Violation Report: 44159 - 05/27/2016 - McConnell, Deb
PCH Name: THE ARBORS AT ST BARNABAS GIBSONIA

1. REGULATION 55 Pa.Code §2600

2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION

On 5/27/17, the home did not have a 1 week in advance menu posted. The menus posted in the Courtyard Hallway and Penthouse Hallway were dated 5/16/16 through 5/22/16 and 5/23/16 through 5/29/16.

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.

REGULATION 55 Pa. Code 2600.162(c) The description of the violation indicated that on 5/27/16, the home did not have a 1 week advance menu posted. The menus posted in the Courtyard and Penthouse Hallway was dated 5/16/16 through 5/22/16 and 5/23/16 through 5/29/16. On May 28, 2016 when it was brought to our attention by [redacted] RHC, the menu that was in the case under the outdated menu was moved forward. Staff has been educated on PA. Code 2600.162(c). This was completed in June. The menu has been checked weekly by administrator or designee. A monthly audit will be completed by the Arbor's administrator or designee. Additional education will be provided as needed. Audits will be reviewed quarterly by the Quality Assurance Committee. Additional actions will be mandated as indicated.

See education on PA CODE and audit

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

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, Administrator** Date **08/12/2016**

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

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

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

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- ☐ Not Implemented

Violation Report: 44159 - 05/27/2016 - McConnell, Deb
PCH Name: THE ARBORS AT ST BARNABAS GIBSONIA

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

(1) Resident's name.
(2) Drug allergies.
(3) Name of medication.
(4) Strength.
(5) Dosage form.
(6) Dose.
(7) Route of administration.
(8) Frequency of administration.
(9) Administration times.
(10) Duration of therapy, if applicable.
(11) Special precautions, if applicable.
(12) Diagnosis or purpose for the medication, including pro re nata (PRN).
(13) Date and time of medication administration.
(14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident #5 is prescribed Novolog INJ Flexpen, inject units subcutaneously before meals and at bedtime if blood sugar:
70-140=0 141-180=2 181-220=4 221-260=6
261-300=8 301-340=10 341-400=12 Greater than 400=14 and call MD

The blood glucose readings indicated on resident #5's June 2016 medication administration record (MAR) does not correlate with resident #5's blood glucose meter readings as follows:

Date:	Time:	MAR Documentation:	Meter Readings:
6/2/16:	6:30 a.m.	140	138
	11:00 a.m.	144	136
	5:00 p.m.	138	131
	9:00 p.m.	136	142
6/3/16:	6:30 a.m.	131 and 112	204
	11:00 a.m.	158 and 102	144
6/4/16:	6:30 a.m.	103	143
	11:00a.m.	143	114

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.

See POC 9 of 11

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

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, Administrator

Date 08/12/2016

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- ☐ Not Implemented

Attachment for page 9

REGULATION 55 Pa. Code 2600.187(a) The description of the violation the blood glucose readings indicated on resident #5's June 2016 medication administration record does not correlate with resident #5's blood glucose meter (see Description of Violation for more detail . When the situation was brought to our attention on 6/8/16 two other residents receiving glucometer readings at the same times and by the same staff person did not have discrepancies. A new glucometer was obtained for resident #5 on 6/9/16. [redacted] MD was mad aware of the situation on 6/9/16. An audit was completed for his review using the new glucometer from 6/16/16 to 6/13/16 with no errors noted. Staff will be educated on PA. Code 2600.187(a) along with DHS Tips for Safer Use of Blood Glucose Testing and Insulin Administration Equipment and Supplies and DHS Letter dated March 17, 2015. The education will be completed by August 31, 2016. A random audit of residents' glucometer matching MARS will be completed by administrator or designee. Additional education will be provided as needed. Audits will be reviewed quarterly by the Quality Assurance Committee. Additional actions will be mandated as indicated.

Immediately random audits by the Administrator or designee shall be completed weekly. 8-16-16g

Signature of Legal Entity Representative

Karen Trapp

Printed Name and Title of Legal Entity Representative

Karen Trapp, Administrator

Date 08/12/2016

8-16-16g

Violation Report: 44159 - 05/27/2016 - McConnell, Deb
PCH Name: THE ARBORS AT ST BARNABAS GIBSONIA

1. REGULATION 55 Pa.Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
Resident #5 is prescribed Novolog INJ Flexpen, inject units subcutaneously before meals and at bedtime if blood sugar:
70-140=0 141-180=2, 181-220=4 221-260=6
261-300=8 301-340=10 341-400=12 Greater than 400=14 and call MD

The resident was administered the prescribed Novolog as follows:

Date:	Time:	MAR Readings:	Meter Readings:	Units Recorded as Administered
6/2/16:	11:00 a.m.	144	136	2 Units
	9:00 p.m.	136	142	0 units
6/3/16:	6:30 a.m.	131 and 112	204	0 units
	11:00 a.m.	158 and 102	144	0 units and 2 units
6/4/16:	6:30 a.m.	103	143	0 units
	11:00a.m.	143	114	0 units

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.

REGULATION 55 Pa. Code 2600.187(d) The description of the violation may not have been administered the prescribed insulin ordered (see Description of Violation for more details). Due to transcription on June 2016 MAR for resident #5[redacted] may have been give the wrong dose of medication. Administrator or designee will review all residents with sliding scale insulin coverage to assure corresponding coverage does match documented glucometer reading. Staff will be educated on PA. Code 2600.187(d) along with DHS Tips for Safer Use of Blood Glucose Testing and Insulin Administration Equipment and Supplies and DHS Letter dated March 17, 2015. The education will be completed by August 31, 2016. A random audit of resident's receiving sliding scale insulin coverage will be completed by administrator or designee. Additional education will be provided as needed. Audits will be reviewed quarterly by the Quality Assurance Committee. Additional actions will be mandated as indicated.
Immediately! Audits by the Administrator or designee shall be completed weekly - 8-16-16

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

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, Administrator — Date 08/12/2016

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Violation Report: 44159 - 05/27/2016 - McConnell, Deb
PCH Name: THE ARBORS AT ST BARNABAS GIBSONIA

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 initial support plan, dated [redacted]16, does not address the resident's use of the wander guard for safety.

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.

REGULATION 55 Pa. Codes 2600.227(d)

The description of the violation indicated that resident #2's initial support plan, dated [redacted]16, did not address the resident's use of the wander guard for safety. Correction to the RASP was completed immediately and presented to survey team at exit conference. Both of the other residents who require a security bracelet to maintain safety had support plan that included the security bracelet. All resident will have their support plan reviewed by August 31, 2016 to assure compliance. Staff has been educated on PA. Code 2600.227(d). A quarterly audit will be completed by the Arbor's administrator or designee. Additional education will be provided as needed. Audits will be reviewed quarterly by the Quality Assurance Committee. Additional actions will be mandated as indicated.

See education on PA CODE

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

Signature of Legal Entity Representative (Required on EVERY Page) Karen Trapp

Printed Name and Title of Legal Entity Representati Karen Trapp, Administrator (Required on EVERY Page) — Date 08/12/2016

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

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

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

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

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