



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 1 2 2016

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

RE: The Arbors at St. Barnabas
License #: 423090

Dear Ms. Gerst:

As a result of the Department of Human Services' annual licensing inspections on June 27, 2016 and June 28, 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 "J. Rowe".

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		License Number: 42309
Address: 85 CHARITY PLACE, VALENCIA, PA 16059		County: Butler
Administrator: Karen Trapp		Region: WEST
Legal Entity Name: THE ARBORS AT ST BARNABAS INC		
Legal Entity Address: 85 CHARITY PLACE, VALENCIA, PA 16059		RECEIVED
Certificate(s) of Occupancy I-1 06/04/2010 Adams Township		OCT 17 2016 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 99	Waking Staff: 74
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site 06/27/2016: Georgoulis, Karen; Knee, Donald; Barlett, Patricia; Daerr, Alicia 06/28/2016: Georgoulis, Karen; Knee, Donald		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers: N/A		Random Indicators: N/A
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 182	Number of Residents who:	
Number of Residents Served: 85	Receive Supplemental Security Income: 1	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 86	
Area:	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 3	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 14	
Number of Current Hospice Residents: 4	Have a Physical Disability: 4	
Number of Hospice Residents in past year: 5		

OCT 17 2016

Violation Report: 42309 - 06/27/2016 - Georgoulis, Karen
PCH Name: THE ARBORS AT ST BARNABAS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION
On 6/27/16, there was no lock on the garden Floor common men's bathroom to ensure privacy.

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.

A door lock was placed in the Garden floor men's bathroom on June 30, 2016, by our maintenance department. All staff and residents will be educated on the responsibility of ensuring resident privacy. All residents have the right to privacy of self and possessions. All education will be completed by Staff Development or designee by October 28, 2016.
31

A quality assurance check as part of safety rounds, will be conducted at least on a monthly basis by the Administrator or designee. Results will be reviewed by the Quality Assurance Team.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Shannon Gerst*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Shannon Gerst, PCHA* Date *10-14-17*

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

The above plan of correction is approved as of 10-24-16
(Date)

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

Plan of correction implementation status as of 10-24-16
(Date)

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

OCT 17 2016

Violation Report: 42309 - 06/27/2016 - Georgoulis, Karen
PCH Name: THE ARBORS AT ST BARNABAS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.93(a) - Each ramp, interior stairway and outside steps must have a well-secured handrail.

2a. DESCRIPTION OF VIOLATION

On 6/27/16, there was a ramp at the front of the home leading from the driveway to the sidewalk. There is no railing for the ramp.

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.

Each ramp, interior stairway and outside steps must have a well secured handrail. All staff and residents will be educated that each ramp, interior stairway and outside steps must have a well secured handrail by Staff Development or designee by October 28th 2016. Contractors have been contacted and quotes are being obtained. A railing will be installed as soon as contractor is available, with a goal of December 2016.

All areas of the home will be monitored during safety rounds at least monthly by the Administrator or designee. All results will be reviewed by the Quality Assurance team.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Shannon Gerst*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Shannon Gerst, PCHA* Date *10-14-16*

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

The above plan of correction is approved as of <u>10-24-16</u> (Date)	Plan of correction implementation status as of <u>10-24-16</u> (Date)
The above plan of correction was approved by <u>g</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

OCT 17 2016

WEST REGION FIELD OFFICE
Human Services

Violation Report: 42309 - 06/27/2016 - Georgoulis, Karen
PCH Name: THE ARBORS AT ST BARNABAS

1. REGULATION 55 Pa.Code §2600
2600.123(c) - For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

2a. DESCRIPTION OF VIOLATION
On 6/27/16, there were 65 residents present in the home. The emergency evacuation diagram on the third floor did not indicate the correct orientation of emergency exits.

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.

The blueprint diagram for evacuation was approved by Life Safety in 2005. The diagram was hanging on the wall in a verticle position (see Attachment #1) during our annual review. The diagram has now been re-positioned to hang in a horizontal position so that the correct orientation is displayed (see Attachment #2).

The staff and residents will be educated on the emergency evacuation diagrams of each floor showing corridors, line of travel to exit doors, and location of the fire extinguishes and pull signals, as well as, where they are posted. All education will be completed by Staff Development or designee by October 28, 2016.

Quality assurance checks will be completed monthly on safety rounds by the Administrator or designee. Results will be reviewed by the Quality Assurance Team.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Shannon Gerst*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Shannon Gerst, PCHA	Date 10-14-16
---	---------------

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

The above plan of correction is approved as of 10-24-16
(Date)

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

Plan of correction implementation status as of 10-24-16
(Date)

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

Violation Report: 42309 - 06/27/2016 - Georgoulis, Karen

PCH Name: THE ARBORS AT ST BARNABAS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Cyclobenzaprine 10mg tab, take 1 tab every 8 hours as needed and Ondansetron HCL 4mg tab, take one tab every 8 hours as needed. On 6/27/16, neither of these medications were available in the home for administration.

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.

Upon review of the preliminary DHS survey results on 06/27/2016, it was noted that family provides medications for this particular resident (Resident #1). Several attempts were made by nursing to notify the family of the needed medications. All med trained PCA staff will be educated to ensure that all residents have access to all medications, as well as, we will provide for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons. All education will be completed by Staff Development or designee by October 28, 2016.

A PCA communication has been implemented that the nurses will review daily that includes any medications that will be soon needed. See attached. Staff will be educated on using this PCA communication by October 28, 2016, by Staff Development or designee. A monthly quality assurance check of at least 10% of the resident's medications will be conducted by the Administrator or designee. Results will be reviewed by the Quality Assurance Team.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Shannon Gerst*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Shannon Gerst, PCA* Date *10-14-16*

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

The above plan of correction is approved as of <u>10-24-16</u> (Date)	Plan of correction implementation status as of <u>10-24-16</u> (Date)
The above plan of correction was approved by <u>SG</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