



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAR 24 2017

Mr. Jeffrey F. Wieser,
President/CEO
Ball Pavilion, Inc.
5416 East Lake Road
Erie, Pennsylvania 16511

RE: Barnabas Court at Brevillier Village
License #: 453060

Dear Mr. Wieser:

As a result of the Department of Human Services' annual licensing inspections on September 14, 2016, September 15, 2016 and September 16, 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: BARNABAS COURT AT BREVILLIER VILLAGE		License Number: 45306
Address: 5416 EAST LAKE ROAD, ERIE, PA 16511		County: Erie
Administrator: Jean LaFuria		Region: WEST
Legal Entity Name: BALL PAVILION INC		
Legal Entity Address: 5416 EAST LAKE ROAD, ERIE, PA 16511		
Certificate(s) of Occupancy		
Other 11/16/1989 PA L&I	C-1 08/10/1988 PA DOH	1-2 02/22/2016 Harborcreek Township
Staffing Hours		
Resident Support: 0	Total Daily Staff: 118	Working Staff: 89
Type of inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for inspection(s) Renewal, Settlement		
On-Site Inspections Dates and Department Representatives On-Site 09/14/2016: Knee, Donald; Barry, Courtney; Quinn, Suzanne 09/15/2016: Knee, Donald; Barry, Courtney; Quinn, Suzanne 09/16/2016: Knee, Donald; Barry, Courtney; Quinn, Suzanne		RECEIVED DEC 12 2016 WEST REGION FIELD OFFICE Human Services Licensing
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: 120 Number of Residents Served: 67 Secured Dementia Care Unit In Home: Yes Area: Barnabas Court North (BCN) Secured Dementia Unit Capacity, if Applicable: 60 Number of Residents Served In Secured Dementia Care Unit, if applicable: 47 Number of Current Hospice Residents: 0 Number of Hospice Residents In past year: 12	Number of Residents who: Receive Supplemental Security Income: 3 Are 60 Years of Age or Older: 67 Have Mental Illness: 8 Have an Intellectual Disability: 0 Have a Mobility Need: 51 Have a Physical Disability: 0	

RECEIVED

DEC 12 2016

Page 2 of 9

Violation Report: 45308 - 09/14/2016 - Knae, Donald
PCH Name: BARNABAS COURT AT BREVILLIER VILLAGE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

On 9/14/16 at 10:11 AM, the resident privacy coding document was attached to the Licensing Inspection Summary, dated 3/24/16, and posted in a conspicuous place. Residents listed on the privacy coding document included resident #1, resident #2, and resident #3.

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.

Staff posted the "Residency Privacy Coding Document" in error with the Inspection Survey Results. This was pointed out by surveyor and document was immediately removed from the bulletin boards in the North and South buildings. Administrator or Assistant Administrator post all violation reports when approved and returned by BHSL. The Administrator and/or Assistant Administrator will insure that the Resident Privacy Coding Document is NOT POSTED with any violation reports received.

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) JEAN LAURIA, Admin/VICE President of Residential Services Date 12/9/16

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

The above plan of correction is approved as of 12/28/16
(Date)

Plan of correction implementation status as of 12/28/16
(Date)

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

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

RECEIVED

DEC 7 2016

Violation Report: 45308 - 09/14/2016 - Knes, Donald
PCH Name: BARNABAS COURT AT BREVILLIER VILLAGE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.85(d) - Direct care staff persons hired after April 24, 2008 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Staff person B, hired [redacted] 16, provides unsupervised ADL services in the home; however, he/she has not completed the Department-approved direct care training course and passed the competency test.

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.

This staff member came to work at Brevillier from another Personal Care Home in this area. She had completed her "Direct Caregiving Competency Test" while at her previous employment. The employee and Barnabas Court Administrator have exhausted all efforts in trying to retrieve this Certificate. Attempts were made to have employee re-take the test and she was unable to access test as retaking of test once it has been passed is not allowed. This information was passed on to surveyors during inspection, and to BHSL Western Region office. In consultation with BHSL Acting Licensing Supervisor, it was recommended that employee attempt to test again. On last attempt on 12/08/2016, Server Error in PCH_Comptest application message received. Employee will attempt again when employee is next scheduled. On 12/23/16, the home submitted a direct care competency test certificate for staff person B dated 12/22/16. BB 12/29/16

Reading the Department approved direct care training course and passing the competency test is a documented part of the PCA Orientation. The Nurse Aide trainer and the Administrator/Assistant Administrator work with each new hire to complete all required elements of the training regulations. The Director of Human Resources inspects all documentation for each direct caregiver to insure that all orientation is complete.

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, Administrator Service

Date 12-9-16

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

The above plan of correction is approved as of 12/28/16
(Date)

Plan of correction implementation status as of 12/28/16
(Date)

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

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

RECEIVED

DEC 12 2016

Page 5 of 9

Violation Report: 46308 - 09/14/2016 - Knes, Donald PCH Name: BARNABAS COURT AT BREVILLIER VILLAGE		WEST REGION FIELD OFFICE Human Services Licensing	
1. REGULATION 55 Pa.Code §2600 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.			
2a. DESCRIPTION OF VIOLATION On 9/14/16 at 9:35 AM, the water temperature in the activities area of Barnabas Court North measured 127.4 degrees Fahrenheit.			
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>			
<p>The water mixing valve for the hot water tank at Barnabas Court was adjusted on the day of the inspection survey after too high temperatures were found. Water temperatures checks at Barnabas Court North and South are done weekly a a PM (preventative maintenance) measure, and all temperatures are being recorded in a log. Testing is done at different times of the day and in different rooms in each hallway each week. If any temperature would be found to be above 120 degrees, the water mixing valve would be readjusted.</p> <p>On 12/07/2016, the mixing valve for the Barnabas Court hot water system was checked and adjusted by the installing company. The adjustments made should insure a more consistent hot water temperature. Maintenance staff was reeducated on how to monitor the mixing valve. The Maintenance Department will continue to test the hot water on a weekly basis and will log temperatures. The bathing rooms will be tested as well and added to this log as per the Administrator's request. Director of Maintenance will review logs each week after testing and Administrator will do periodic checks to insure compliance with this regulation.</p>			
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 LAFORIA		Adm / Vice President of Residential Services	Date 12/9/16
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>12/28/16</u> (Date)		Plan of correction implementation status as of <u>12/28/16</u> (Date)	
The above plan of correction was approved by <u>BB</u> (Initials)		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <u>BB</u> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

RECEIVED

DEC 12 2016

Page 7 of 9

Violation Report: 45306 - 09/14/2016 - Knee, Donald		WEST REGION FIELD OFFICE	
PCH Name: BARNABAS COURT AT BREVILLIER VILLAGE		Human Services Licensing	
1. REGULATION 55 Pa.Code §2600 2600.187(d) - The home shall follow the directions of the prescriber.			
2a. DESCRIPTION OF VIOLATION Resident #4 is prescribed Capsaicin cream 0.025% with directions to apply to bilateral feet every evening; however, the medication was not administered on 9/13/16 or 9/7/16.			
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>			
<p>Upon investigation of this citation, a transcription error was noted, for cream to be applied PRN instead of daily at bedtime as the written order was written by the podiatrist. The podiatrist was consulted on 12/07/2016 to clarify the order. Orders were corrected in the electronic medical record including the task list for the PCA's who assist with treatments. The nursing staff on both shifts were re-educate on correctly transcribing orders and checking consult sheets and labels for discrepancies. The Barnabas Court LPN who completes monthly medication reviews for all personal care residents will include monitoring of treatment orders for accuracy. Any discrepancies found will be immediately clarified with the prescribing doctor. Administrators and Social Workers will complete periodic checks of medication and treatment orders as part of their RASP development and updating.</p>			
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)		Date	
JEAN LAFURIA Residential Services		12/9/16	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>12/28/16</u> (Date)		Plan of correction implementation status as of <u>12/28/16</u> (Date)	
The above plan of correction was approved by <u>BB</u> (Initials)		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <u>BB</u> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

RECEIVED

DEC 1 2016

Page 8 of 9

Violation Report: 45306 - 09/14/2016 - Knae, Donald 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 #6, admitted [redacted] 15 to the Secure Dementia Care Unit, did not have a written cognitive preadmission screening completed until 8/30/16. Resident #3, admitted [redacted] 15 to the Secure Dementia Care Unit, did not have a written cognitive preadmission screening completed until 8/30/16.			
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.			
<p>Per Licensing Inspection summary received 08/19/2016, page 5 of 7 plan of correction for 2600.231 (c) a handwritten notation from surveyor indicated "Immediately-all records reviewed for residents requiring SDCU care will have a cognitive preadmission screening completed in its entirety". Prior to this, Barnabas Court staff had only been completing the cognitive section for residents with dementia diagnosis. All Barnabas Court North (our SDCU) records were reviewed by the BC Geriatric Assessment team on 08/30/2016 and ALL resident prescreens were to meet the regulation.</p> <p>Cognitive preadmission screenings are now being completed on each resident admitted to Barnabas Court North. The Director of Admission will complete these within 72 hours of admission. Social Worker or Administrator who completes the RASP for each resident will confirm that all portions of the prescreen for including the cognitive prescreenings are being complete in full accordance with regulations 2600.231 (c).</p>			
Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/24/2016 et al	
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) JEAN LAFORIA, Adm. Vice President of Residential Services			
Date 12/9/16			
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>12/28/16</u> (Date)		Plan of correction implementation status as of <u>12/28/16</u> (Date)	
The above plan of correction was approved by <u>BS</u> (Initials)		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <u>BS</u> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

RECEIVED

DEC 13 2016

Violation Report: 45306 - 09/14/2016 - Knee, Donald
PCH Name: BARNABAS COURT AT BREVILLIER VILLAGE
WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.234(a) - Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

2a. DESCRIPTION OF VIOLATION

Resident #8 was admitted to the Secure Dementia Care Unit on [redacted] 15; however, a support plan was not completed until 10/10/15.
Resident #7 was admitted to the Secure Dementia Care Unit on [redacted] 16; however, a support plan has not been completed.
Resident #1 was admitted to the Secure Dementia Care Unit on [redacted] 16; however, a support plan was not completed until 12/11/16.
Resident #8 was admitted to the Secure Dementia Care Unit on [redacted] 16; however, the support plan was not dated.
Resident #9 was admitted to the Secure Dementia Care Unit on [redacted] 16; however, a support plan was not completed until 8/15/16.

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.

The Social Services staff at Barnabas Court did mis-interpret the regulations and did not understand that RASP's for residents without a dementia diagnosis must still be completed within 72 hours of admission since Barnabas Court North is a DSCU. Surveyors re-educated staff on the requirements of this regulation. Resident Assessments/Support Plans are now being developed for every resident admitted to Barnabas Court North within 72 hours of admission. The Barnabas Court Assessment team receives and e-mail from Social Services staff as to when each RASP is to be completed. The Social Worker is responsible for gathering data and completing the RASP accordingly. Bi-annual chart reviews will be completed by the Administrator or Assistant Administrator to insure compliance with this regulation.

Resident #7 and resident #8 are no longer served in the home. On 12/27/16, the home submitted documentation indicating a support plan for resident #7 was developed on 9/24/16. BB 12/28/16

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 Adm/Vice President of Residential Services* Date *12/9/16*

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

The above plan of correction is approved as of 12/28/16 (Date)

Plan of correction Implementation status as of 12/28/16 (Date)

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

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