



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 13 2017

Ms. Terry Lee King,
Administrator
Barnes Aid OPCO LLC
2021 James Street
Latrobe, Pennsylvania 15650

RE: Barnes Place
License #: 444880

Dear Ms. King:

As a result of the Department of Human Services' annual licensing inspection on January 4, 2017 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,

A handwritten signature in black ink, appearing to read 'J. Rowe'.

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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FEB 09 2017

Page 2 of 14

Violation Report: 44488 - 01/04/2017 - Summers, Vicky PCH Name: BARNES PLACE		WEST REGION FIELD OFFICE Human Services Licensing	
1. REGULATION 55 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 At 10:10 a.m., the license inspection summaries, dated 8/1/16 and 9/30/16, displayed on the wall next to the administrative offices contained the resident privacy coding documents that included the names of resident #1, #2, #3 and #4.			
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>See page 2A</p>			
Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/01/2016	
Signature of Legal Entity Representative (Required on EVERY Page) <i>[Signature]</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Terry King Executive Director</i>			Date <i>2-4-17</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>2/15/17</u> (Date)		Plan of correction implementation status as of <u>2/15/17</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 <i>BB</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

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WEST REGION FIELD OFFICE
Human Services Licensing

Violation: 2600.17

Plan of Correction (POC)

- 1/4/17 Executive Director immediately removed resident privacy coding documents.
- Upon receiving Violation Report It will be posted.
- When Violation Report is received ED or designee will remove the resident privacy coding document.
- The Executive Director will increase added awareness at the monthly Quality Management meetings.

Immediately - The administrator or a designated staff person will check the home at least twice per week to ensure resident records are kept confidential in accordance with Chapter 2600.17.

BB 2/15/17

Terry King
Executive Director
Terry King ED
2-13-17

BB 2/15/17

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Page 3 of 14

Violation Report: 44488 - 01/04/2017 - Summers, Vicky
PCH Name: BARNES PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2600

2600.05(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

The home's staff training year is 1/1-12/31. Direct care staff person A did not receive annual training in training year 2016 on the following required topics:

- Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert
- Emergency preparedness procedure and recognition and response to crises and emergency situations

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 page 3A

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Perry King Executive Director</i>	Date <i>2/4/17</i>
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The above plan of correction is approved as of 2/15/17
(Date)

Plan of correction implementation status as of 2/15/17
(Date)

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

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

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WEST REGION FIELD OFFICE
Human Services Licensing

Violation: 2600.65 (g)

Plan of Correction (POC)

- 1/4/17 Executive Director reviewed Fire Safety and Emergency Preparedness records to verify Employee A participated in a fire drill. (see attachment A)
- 1/18/16 Fire drill was implemented by [REDACTED] [REDACTED] has received fire safety training by [REDACTED] on 9/15/15. (see attachment)
- Employee A did participate in a fire drill dated 1/8/16. Fire Drill was implemented by [REDACTED] [REDACTED] who has received Fire Safety training by [REDACTED]. [REDACTED] received training on 9/15/15.
- Employee A did also receive Emergency Preparedness training on 1/8/2016
- Following fire drill, Emergency preparedness procedure, response to an emergency situation, and the Crisis Management Binder was reviewed.
- 1/7/17 Current employee files reviewed to assure for compliance for fire safety training and emergency preparedness.
- Monthly fire drills are conducted. Executive Director and Fire Safety trainer will monitor in-service training summary to assure that trainer's source is documented, length of training is documented, and attendance of training is completed with signatures.

Immediately - The administrator will implement procedures to ensure that all training records include the staff person trained, date, source, content, length of each course and copies of any certificates. BB 2/15/17

Immediately - The administrator will review the home's 2017 annual training plan to ensure it includes scheduled dates, times and locations for each staff person to receive all of the required training in accordance with Chapter 2600.65(g)(1) - (6).

BB 2/15/17

BB 2/15/17

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Page 4 of 14

Violation Report: 44488 - 01/04/2017 - Summers, Vicky PCH Name: BARNES PLACE		WEST REGION FIELD OFFICE Human Services Licensing	
1. REGULATION 65 Pa.Code §2600 2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.			
2a. DESCRIPTION OF VIOLATION Not all residents of the home, including resident #6 and #7, have been assessed capable of recognizing and using poisons safely. At 8:50 a.m., the following poisons with labels indicating to call poison control or doctor immediately if swallowed, located under the kitchenette sink in bedroom #139, were unlocked and accessible: <ul style="list-style-type: none"> • Clorox wipes • Lysol disinfectant spray bottle 			
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>			
See page 4A			
Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>[Signature]</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Terry King Executive Director</i>			Date <i>2-4-17</i>
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Violation: 2600.82 (c)

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WEST REGION FIELD OFFICE
Human Services Licensing

Plan of Corrections (POC)

- 1/5/17 Executive Director and Care Services Manager reviewed resident #B, residing in apartment #139 DME. Per DME documentation resident can safely use and avoid poisonous materials. (see attachment B)
- 1/5/17 Executive Director removed Clorox wipes and Lysol disinfectant spray from apt. 139
- 1/5/17 Executive Director educated family regarding OTC medications and chemicals that are kept in resident's apartment.(see attachment D)
- Executive Director and or designee will monitor resident's apartments weekly to assure that OTC medications and chemicals are securely locked. (see attachment E)
- Residents and families of residents that can safely use and avoid poisonous materials have been educated that when bringing in household chemicals they inform the staff. Families are informed that we will get confirmation from the physician that resident is approved to use these items without supervision. (see attachment D)
- If poisonous materials are approved to be kept in apartment, shall be kept locked and inaccessible to other residents.

Terry King
Executive Director
Terry King
Executive Director
2-13-17

BB 2/15/17

Violation Report: 44488 - 01/04/2017 - Summers, Vicky
 PCH Name: BARNES PLACE

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
 At 10:19 a.m., there were two full and overflowing, uncovered garbage cans in resident #5's 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.

Withdrawn
BS 2/15/17

Repeat Violation: No	Date(s) of Previous Violation(s):				
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Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
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Page 6 of 14

Violation Report: 44488 - 01/04/2017 - Summers, Vicky PCH Name: BARNES PLACE		WEST REGION FIELD OFFICE Human Services Licensing	
1. REGULATION 56 Pa.Code §2600 2600.101(j)(5) - Each resident shall have the following in the bedroom: A bedside table or a shelf.			
2a. DESCRIPTION OF VIOLATION There was no bedside table or a shelf in resident #0's bedroom #126 and resident #7's bedroom #106.			
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>			
See page 6A			
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Violation: 2600.101(j)(5)

Plan of Correction (POC)

- Immediately on 1/4/17, Maintenance technician placed a bedside table in apartment 125 belonging to resident #6, and he also placed the bed side table in apartment 106, belonging to resident #7. The licensing representative verified that bed side table was indeed put in place.
- 1/6/17 Current residents apartment's checked to assure they are compliant with 2600.101(j)(5)
- Staff has been educated regarding Regulation 2600.101(j)(5)(see attachment F)
- Weekly the Executive Director and or designee will check apartments to assure that residents in the apartments have a bed side table or shelf, and it will be documented.(see attachment E)

TERRY KING
EXECUTIVE DIRECTOR

Larry King
EXECUTIVE DIRECTOR

2-13-17

BB 2/15/17

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Page 7 of 14

Violation Report: 44488 - 01/04/2017 - Summers, Vicky
PCH Name: BARNES PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa.Code §2800

2800.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION

There was no source of lighting that can be turned on at bedside in resident #6's bedroom #125 and there was no bulb in the bedside lamp of resident #7's bedroom #106.

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 page 7A

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 2-4-17

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(Date)

Plan of correction implementation status as of 2/15/17
(Date)

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

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Violation: 2600.101 (j)(7)

WEST REGION FIELD OFFICE
Human Services Licensing

Plan of Corrections (POC)

- Immediately on 1/4/17, Maintenance technician placed a bedside lamp in resident #6's bedroom #125 and placed a bulb in the bedside lamp of resident #7's bedroom 106.
- 1/6/17 Current residents apartment's checked to assure they are compliant with 2600.101(j)(7)(see attachment E)
- Staff will be educated regarding Regulation 2600.101(j)(7)(see attachment F)
- Weekly the Executive Director and or designee will check the bedside lamp in each apartment to ensure that the light source is in working order. (see attachment E)

Fred King
Executive Director
Fred King
Executive Director
2-13-17

BB 2/15/17

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Page 8 of 14

Violation Report: 44488 - 01/04/2017 - Summers, Vicky PCH Name: BARNES PLACE		WEST REGION FIELD OFFICE Human Services Licensing	
1. REGULATION 55 Pa.Code §2600 2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.			
2a. DESCRIPTION OF VIOLATION The initial medical evaluation for resident #9, dated [redacted] 10, does not indicate medical professional information, including the medical professional's name, license #, signature, or date of signature.			
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 page 8A			
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
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
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2/15/17 (Date)		2/15/17 (Date)	
The above plan of correction was approved by		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>BS</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	
BB (Initials)			

Violation: 2600.141(a)(1)

Plan of Correction (POC)

- 1/5/17 Immediately Physician completed information that was missing from resident #9 medical evaluation, to include medical professional information, medical professional's name, license number, signature, or date of signature. (see attachment G)
- 1/7/17 Current resident's files were audited to assure DME's completion and accuracy.
- Executive Director, Care Services Manager and/or designee will audits ten current resident's files weekly. (see attachment H)
- Executive Director, Care Services Manager and/or designee will review and Initial DME's before filing.

Terry King
Executive Director
Terry King
Executive Director
D-B-17

BB 2/15/17

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Page 9 of 14

Violation Report: 44488 - 01/04/2017 - Summers, Vicky
PCH Name: BARNES PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

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 #5, dated 11/7/16, does not include a mobility needs assessment. This section of the evaluation is blank.

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 page 9A

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

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Date 2-4-17

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(Date)

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(Date)

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(Initials)

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

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WEST REGION FIELD OFFICE
Human Services Licensing

Violation 2600.141 (a) (2)

Plan of Corrections (POC)

- 1/5/17 Care Services Manager contacted physician regarding section 10, mobility needs of resident #5.
- 1/8/17 Current resident medical evaluations reviewed for completion of mobility needs.
- DME for resident #5 now has mobility needs completed. (see attachment I)
- Executive Director, Care Services Manager and/or designee will audits ten current resident's files weekly. This audit will capture DME's for 2016 for accuracy and completion. (see attachment H)
- Executive Director, Care Services Manager and/or designee will review and initial DME's before filing.

Terry King
Executive Director
Terry King
Executive Director
2-13-17

BB 2/15/17

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Page 10 of 14

Violation Report: 44488 - 01/04/2017 - Summers, Vicky
PCH Name: BARNES PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2800
2600.103(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION

At 10:18 a.m., the following medications belonging to a family member of resident #5 were unlocked and accessible in resident #5's bedroom # [redacted]

- 1 box of stool softener 100 mg CVS brand
- 2 bottles of Tylenol 325 mg
- 2 bottles of Bayer 325 mg
- 1 bottle of Milk of Magnesia 16 ounce

At 2:30 p.m., a box of test strips, a glucometer and 3 lancets were found unlocked in resident #0's bedroom # [redacted]. Resident #0 has been assessed as unable to self-administer medications.

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 page 10A

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
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Violation 2600.183 (b)

Plan of Correction (POC)

- Immediately Care Services Manager educated family member in apartment [redacted] on that she is not permitted to keep personal prescription medications and OTC medications in the resident apartment unlocked.
- 1/5/17 Resident apartments were check for compliance of regulation 2600.183(b)
- Executive Director, Care Services Manager and/or designee educated resident families if overnight visit is planned that their prescription medications, OTC medications, CAM, and syringes shall not be accessible to residents. (see attachment D)
- If long term stay is planned for resident families, Executive Director, Care Services Manager, and/or designee, a locked box will be provided.

Fanny King
Executive Director

Seng King
Executive Director

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Page 11 of 14

Violation Report: 44408 - 01/04/2017 - Summers, Vicky
PCH Name: BARNES PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2000
2800.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

Resident #0's prescription for Phillips milk of magnesia tablet was discontinued on 10/26/16; however, the medication was still stored in the medication cart.

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 page 11A

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Signature]

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

Terry King Executive Director

Date *2-4-17*

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(Date)

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(Date)

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(Initials)

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

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Violation 2600.183(d)

WEST REGION FIELD OFFICE
Human Services Licensing

Plan of Correction (POC)

- 1/4/17 Care Services Manager immediately disposed of Milk of Magnesia.
- 1/9/17 Med cart and MAR review was completed to assure compliance with regulation 2600.183(d)
- 1/9/17 Care Services Manager educated Medication Assistant Technician, regarding med cart audit. (see attachment J and K)
- Care Services Manager and/or Medication Assistant Technician will increase med cart audit from bi-monthly to weekly.
- The MAR to cart audit will be completed by Care Services Manager and Medication Assistant Technician or two Medication Assistant Technician.
- Care Services Manager will review with Medication Technician monthly the completed mar to cart audit.

Ferry King
Executive Director

Larry King
Executive Director
2-13-17

BB 2/15/17

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Page 12 of 14

Violation Report: 44488 - 01/04/2017 - Summers, Vicky PCH Name: BARNES PLACE		WEST REGION FIELD OFFICE Human Services Licensing	
1. REGULATION 65 Pa.Code §2600 2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.			
2a. DESCRIPTION OF VIOLATION Resident #7's initial assessment, dated [redacted] 16, indicated no problem with the ability to use and avoid poisons; however, the support plan indicates the resident is unable to safely avoid or use poisonous materials or chemicals. Resident #9's initial assessment, dated [redacted] 16, does not include the diagnoses of arthritis, depression, osteoporosis, coronary artery disease, hyperlipidemia, neurogenic bladder, peptic ulcer, renal insufficiency syndrome or post herpetic neuralgia that are indicated on the initial medical evaluation dated [redacted] 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>			
See page 12A			
Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/01/2016	
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
TERRY KEN [redacted]			2-4-17
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Violation 2600.225(a)

WEST REGION FIELD OFFICE
Human Services Licensing

Plan of Correction (POC)

- 1/5/17 Care Services Manager reviewed resident #7 initial assessments and discussed with physician this resident safety awareness. It was determined that resident #7 is unable to safely avoid poisonous materials.
- 1/8/17 A review of current resident's assessments were completed to assure compliance.
- Care Services Manager completed new DME and RASP for resident #7. (see attachment L)
- 1/5/17 Care Services Manager reviewed resident #9 initial assessments.(see attachment G)
- 1/10/17 Care Services Manager contacted physician regarding updating DME to include previous diagnosis.
- 1/10/17 New annual DME/RASP was completed for accuracy for resident #9 (see attachment G and M)
- Executive Director, Care Service Manager and/or designee will audit ten current resident files weekly to compare DME and RASP for accuracy including all 2016 documents.(see attachment H)

BB 2/15/17

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FEB 09 2017

Violation Report: 44488 - 01/04/2017 - Summers, Vicky
PCH Name: BARNES PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 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
Resident #6's annual assessment, dated 11/10/16, does not include the diagnoses of hypothyroidism, diabetes, benign prostatic hyperplasia and depression that are indicated on the medical evaluation dated 10/26/16.

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 page 13A

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/01/2016	02/02/2016
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Signature of Legal Entity Representative
(Required on EVERY Page) *Terry King*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Terry King, Executive Director* Date *2-4-17*

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

The above plan of correction is approved as of <u>2/15/17</u> (Date)	Plan of correction implementation status as of <u>2/15/17</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 <i>BB</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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WEST REGION FIELD OFFICE
Human Services Licensing

Violation: 2600.225(c)

Plan of Correction (POC)

- 1/5/17 Care Services Manager notified physician to obtain DME with current diagnosis for resident #6
- 1/5/17 Reviewed with physician resident #6 current DME and RASP to assure current diagnosis are on RASP.(see attachment N)
- 1/6/17 Care Services Manager completed resident #6 annual assessment/ significant change to include current diagnosis. (see attachment O)
- Executive Director, Care Services Manager and/or designee will audit ten current files weekly to compare DME and RASP's for current diagnosis.(see attachment H)

Ferry King
Executive Director

Carly King
Executive Director

2-13-17

BB 2/15/17

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Page 14 of 14

Violation Report: 44488 - 01/04/2017 - Summers, Vicky
PCH Name: BARNES PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2600

2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION

Resident #0 was admitted on [redacted] 16; however, the initial support plan was not completed until 5/11/16.

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 page 14A

Repeat Violation; Yes

Date(s) of Previous Violation(s):

08/01/2016

Signature of Legal Entity Representative
(Required on EVERY Page)

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

Date

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The above plan of correction is approved as of 2/15/17
(Date)

Plan of correction implementation status as of 2/15/17
(Date)

Fully Implemented

Partially Implemented - Adequate Progress BB

Partially Implemented - Inadequate Progress

Not Implemented

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

Violation: 2600.227(a)

Plan of Correction (POC)

- Care Services Manager had completed support plan for resident #9 upon [redacted] return from skilled care on 5/11/16.
- Resident #9 admitted to Barnes Place on [redacted] 16 and transferred to the hospital on 4/4/16.
- In the event that resident leaves the community, Care Services Manager will complete support plans and finalize even if resident is unable to sign.
- Executive Director, Care Services Manager and/or designee will audit ten current resident's files weekly to ensure that initial support plans are completed in timely manner. (see attachment H)

Ferry King
Executive Director
Ferry King
Executive Director
2/13/17

BB 2/15/17