



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 02 2017

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

RE: The Arbors at St. Barnabas-Gibsonia
5829 Meridian Road
Gibsonia, Pennsylvania 15044
License #: 441590

Dear Ms. Trapp:

As a result of the Department of Human Services' annual licensing inspection on April 18, 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 that reads '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 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		RECEIVED
Certificate(s) of Occupancy I-2 05/19/2010 Richland Township		SEP 21 2017 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 9	Total Daily Staff: 45	Waking Staff: 34
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 04/18/2017; Pfaff, Vicki; Bartlett, Patricia; Sultherland, Brent; Titterington, Jamie		
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 Served: 27 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 3		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 27 Have Mental Illness: 4 Have an Intellectual Disability: 0 Have a Mobility Need: 9 Have a Physical Disability: 0

SEP 21 2017

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44159 - 04/18/2017 - Pfaff, Vicki
PCH Name: THE ARBORS AT ST BARNABAS GIBSONIA

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

The home's licensing inspection summary, dated 5/27/16, including the resident privacy coding document, was posted in the courtyard level hallway.

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 2600.17

This regulation benefit is to Protects resident privacy and ensures that homes comply with other applicable laws. During the April 18, 2017 survey it was found that the home's Licensing Inspection Summary, dated 5/27/16, including the resident privacy coding document, was posted in the courtyard level hallway. The posting is found on both the Courtyard and Penthouse communication areas. Immediately upon it being brought to our attention from the survey staff that the Courtyard privacy coding document was still attached, it was immediately removed and shredded. A check of the Penthouse area that same day showed that this page was not included in the posting. Staff was educated on Regulation 2600.17 by the administrator. Both communication areas were also checked to see if any other resident privacy issues were present. No other documents that might prevent resident's privacy were posted. Both communication areas are being checked randomly by administrator or designee to assure privacy is maintained. Immediately 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.

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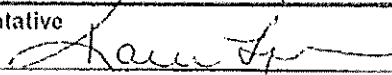
Signature of Legal Entity Representative
(Required on EVERY Page) *Karen Trapp*

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

Date September 21, 2017

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

The above plan of correction is approved as of <u>9-26-17</u> (Date)	Plan of correction implementation status as of <u>9-26-17</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>g</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44159 - 04/18/2017 - Pfaff, Vicki		WEST REGION FIELD OFFICE Human Services Licensing	
PCH Name: THE ARBORS AT ST BARNABAS GIBSONIA			
<p>1. REGULATION 55 Pa.Code §2600 2600.65(i) - A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.</p>			
<p>2a. DESCRIPTION OF VIOLATION The home's ancillary staff training record for the 2016 training year (1/1/16 - 12/31/16) does not include: the training date, source, or the length of the course.</p>			
<p>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> <p style="margin-left: 40px;">Regulation 55 Pa.Code 2600.65i</p> <p style="margin-left: 40px;">The primary benefit to regulation 2600.65i is to allow the administrator to track each staff person's training and progress throughout the year and provide evidence of successful training completion. During the April 18, 2017 survey it was found the home's ancillary staff training record for the 2016 training year (1-1-16 to 12-31-16) does not include the training date, source, or the length of the course. Staff Development was reeducated on code 2600.65g so that all training is continuing to be completed annually and the need to incorporate a staff training log that meets the requirements of code 2600.65i . Immediately a the same tracking form that is used for direct care staff, which provides all the required information under 2600.65i will be implemented for ancillary staff. 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.</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) Karen Trapp, Administrator			Date September 21, 2017
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The above plan of correction is approved as of <u>9-26-17</u> (Date)		Plan of correction implementation status as of <u>9-26-17</u> (Date)	
The above plan of correction was approved by <u>KT</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	

SEP 21 2017

Violation Report: 44159 - 04/18/2017 - Pfaff, Vicki
PCH Name: THE ARBORS AT ST BARNABAS GIBSONIA

WEST REGIONAL FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.81(b) - Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

Resident #1 requires the use of a bed enabler device. The enabler device measures 18" wide by 9" in height. The bed enabler device is covered with a mesh laundry bag to prevent resident entrapment. However, the mesh laundry bag measures 26" by 34" and does not prevent the resident from being entrapped.

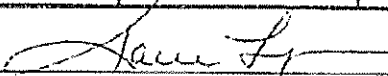
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

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 2600.81b

The primary benefit of the code is that clean assistive devices that are in good repair are less likely to cause injury or illness to residents. During the April 18, 2017 survey it was found that resident #1 requires the use of a bed enabler device. The enabler device measures 18" wide by 9" height. The bed enabler devices are covered with a mesh laundry bag to prevent resident entrapment. However, the mesh laundry bag measures 26" by 34" and does not prevent the resident from being entrapped. The enable bar was replaced on 4/18/17 with a solid rail with no openings. That day two other residents required the use of enabler bars. Both were reviewed by administrator and found to have manufactured covering that would prevent entrapment. Staff education was completed in May and June. Immediately staffs assigned to residents using enablers will check that the enablers have proper covering and are clean and in good repair. Any issues are to be brought to the attention of the Administrator or designee immediately. 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.

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) Karen Trapp, Administrator

Date
September 21, 2017

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(Date)

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

Plan of correction implementation status as of 9-26-17
(Date)

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

Violation Report: 44159 - 04/18/2017 - Pfaff, Vicki
 PCH Name: THE AREORS AT ST BARNABAS GIBSONIA

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600
 2600.183(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 #2 is prescribed Lorazepam 25mg/ml CONC - Give 0.5ml (1mg) orally every 4 hours as needed. There were two medication containers of the resident's medication. The first medication container had an expiration date of 10/19/16. The second medication container had an expiration date of 11/28/16.

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 2600.183d

The primary benefit of this regulation is to ensure the home does not keep medications that are for residents no longer living in the home or that have been discontinued. During the April 18, 2017 survey it was found that resident #2 was prescribed Lorazepam 25mg/ml CONC- Give 0.5 mil (1mg) orally every 4 hours as needed. There were two medication containers of the resident's medication. The First medication container had an expiration date of 10/19/16. The second medication container had an expiration date of 11/28/16. The expired medications were destroyed as per the controlled drug policy. On 4/21/17, MD completed a review of the standard hospice order for Lorazepam 25mg/ ml CONC and changed the prescription to a PO medication that has a longer shelf life since resident did not use medication on a regular basis. All resident's medications were audited by administrator and designees for expiration dates and this audit was completed April 20, 2017. During staff meeting reviewing exit findings, staff was notified to monitor for expired medications and to have them disposed of as per policy. Staff will be educated on PA code 2600.183e. Education will be complete by October 6, 2017. Immediately random audits will be completed by Arbor's Administrator or designee. Immediately 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.

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

Karen Trapp

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Karen Trapp, Administrator	September 21, 2017

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 (Date)

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 (Initials)

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

Violation Report: 44159 - 04/18/2017 - Pfaff, Vicki
PCH Name: THE ARBORS AT ST BARNABAS GIBSONIA

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #2 is prescribed Hydrochlorothiazide 25mg tab - Take one tablet orally daily. However, the medication blister pack indicates HCTZ 25mg tab take one tablet by mouth once a day.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

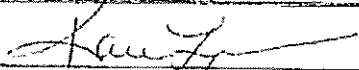
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Regulation 55 Pa.Code 2600.184a

The primary benefit of this regulation is to reduce the possibility that medication will be administered to the wrong resident or improperly administered. During the April 18, 2017 resident #2 was prescribed Hydrochlorothiazide 25 mg tab- Take on tablet orally daily. However, the medication blister pack indicates HCTZ 25 mg tab take one tablet by mouth once a day. In order for all staff to be aware that Hydrochlorothiazide and HCTZ are the same medication, pharmacy added HCTZ as an equivalent on the order on the MAR. During review of Exit Findings staff was alerted to watch for medication labels that do not have the exact name on them in comparison to the MAR/MD Order. All resident's medications were audited by administrator and designees for compliance. This was completed April 20, 2017 Staff will be educated on PA code 2600.183e. Education will be complete by October 6, 2017. Immediately random audits will be completed by Arbor's Administrator or designee. A quarterly audit will initiated by the Arbor's administrator or designee. Audits will be reviewed quarterly by the Quality Assurance Committee. Additional education will be provided as needed. Additional actions will be mandated as indicated.

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Karen Trapp, Administrator

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(Date)

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- Not Implemented

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

SEP 21 2017

Violation Report: 44159 - 04/18/2017 - Pfaff, Vicki
PCH Name: THE ARBORS AT ST BARNABAS GIBSONIA

WEST REGION FIELD OFFICE
Human Services Licensing

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 #2 is prescribed Tamsulosin CAP 0.4mg - Take 1 capsule orally at bedtime. The resident's April 2017 medication administration record (MAR) indicates Tamsulosin CAP 0.4mg - Take 1 capsule orally at bedtime (30min after same meal each day) (do not crush).


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 2600.187a

The primary benefit of this regulation is for staff persons to be able to track all medications a resident receives and to ensure all medications are administered as prescribed. During the April 18, 2017 resident #2 was prescribed Tamsulosin CAP 0.4 mg- Take 1 capsule orally at bedtime. The resident's April 2017 MAR indicates Tamsulosin Cap 0.4 mg - Take 1 capsule orally at bedtime (30 minutes after same meal each day). The time discrepancy was brought to the MD attention. The order was clarified by MD on April 21/2017. During review of exit findings, staff was alerted to watch for medication labels that do not have the exact name on them in comparison to the MAR/MD Order. All resident's medications were reviewed by administrator and designees for compliance. This was completed on April 20, 2017. Staff will be educated on PA code 2600.183e. Education will be complete by October 6, 2017. Immediately random audits will be completed by Arbor's Administrator or designee. Findings will be presented by the Arbor's administrator or designee quarterly to the Quality Assurance Committee. Additional education will be provided as needed. Additional actions will be mandated as indicated.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/27/2016	
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Signature of Legal Entity Representative (Required on EVERY Page)	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
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(Date)

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(Initials)

Plan of correction implementation status as of 9-26-17
(Date)

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- Partially Implemented - Adequate Progress ✓
- Partially Implemented - Inadequate Progress
- Not Implemented