



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

SEP 07 2017

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

RE: The Arbors at St. Barnabas  
7 East Locust Street  
Oxford, Pennsylvania 19363  
License #: 423090

Dear Ms. Gerst:

As a result of the Department of Human Services' annual licensing inspection on May 9, 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](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: 42309 - 06/09/2017 - Hoover, Josh  
PCH Name: THE ARBORS AT ST BARNABAS

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 65 Pa.Code §2600  
2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

The Care Facility Carbon Monoxide Alarms Standards Act, enacted 6/23/16, requires that "If the approved carbon monoxide alarm cannot be heard by the staff on duty on a specific floor or wing of the home, a single approved carbon monoxide alarm shall be installed where it can be heard by the staff on duty in addition to the alarm installed in close proximity of, but not less than 15 feet from any fossil-fuel burning device or appliance.

The home has fossil fuel burning devices on the Garden floor and 1st floor of the home with the required carbon monoxide detectors installed. However, these detectors cannot be heard by the staff on duty on the Penthouse floor and there is no additional carbon monoxide detector installed on the Penthouse floor.

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 facility maintenance department ordered and will install an approved carbon monoxide detector on our Penthouse floor. The facility maintenance department will perform a one time inspection of each floor and/or wing for the need of a carbon monoxide detector.

All staff will be educated by the Director of Maintenance on our policy and procedure for responding to a carbon monoxide alarm. Detectors will be installed by June 20, 2017, and education will be completed by June 28, 2017.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Shannon Gerst, RN, PCH-A*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Shannon Gerst, RN, PCH-A*      Date *6.13.17*

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

The above plan of correction is approved as of 7/5/17  
(Date)

Plan of correction Implementation status as of 7/5/17  
(Date)

The above plan of correction was approved by *GW.*  
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *GW.*
- Partially Implemented - Inadequate Progress
- Not Implemented

RECEIVED

JUN 16 2017

Violation Report: 42309 - 05/09/2017 - Hoover, Josh  
PCH Name: THE ARBORS AT ST BARNABAS

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.101(e) - Ceiling height in each bedroom must be an average of at least 7 feet.

2a. DESCRIPTION OF VIOLATION

The ceiling height of bedrooms #1 and #6 on the penthouse floor are each an average of 6 feet and 7 1/2 inches.

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.

During our annual survey, it was brought to our attention that due to the window dormers, the average height in the Penthouse suites did not meet the code requirement. The height of the ceilings is a structural issue and can not be changed. Therefore, in order to allow our residents to remain in their homes, we have begun the process of obtaining a waiver. A letter was mailed on May 18, 2017, to all residents and responsible parties regarding our intention to obtain a waiver. After the recommended 30 day period of comments and/or concerns, we will submit a request for waiver of regulation on June 18, 2017. All staff will be educated by Administrator or designee on this waiver by June 28, 2017.

A waiver of regulation 2600.101e for current bedrooms in the Penthouse Suites was granted by the Department on 6/21/17. The home shall follow all provisions of this waiver. 90. 7/5/17

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

Signature of Legal Entity Representative  
(Required on EVERY Page) Shannon Gerst, RN, PCH-A

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Shannon Gerst, RN, PCH-A      Date 6.13.17

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The above plan of correction is approved as of 7/5/17  
(Date)

The above plan of correction was approved by [Signature]  
(Initials)

Plan of correction implementation status as of 7/5/17  
(Date)

- Fully Implemented [Signature]
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 42309 - 05/09/2017 - Hoover, Josh  
PCH Name: THE ARBORS AT ST BARNABAS

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

On 3/29/2017, resident #1 was prescribed Debrox 6.5% ear drops, "Instill 5 drops into both ears twice a day for 5 days." However, this medication was still 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.

When a medication is discontinued, the medication will be pulled from the medication cart and brought to the supervising nurse or designee. The supervising nurse or designee will monitor daily that any discharged medication is brought to them when discontinued, and disposed of accordingly.

All med trained PCA staff will be educated to ensure only current medications will be kept in the medication carts, and educated on our procedure of bringing discontinued medication to the supervising nurse. All education will be completed by Staff Development or designee by June 28, 2017.

A monthly quality assurance check of the resident's medications will be conducted by the Administrator or designee. Results will be reviewed by the Quality Assurance Team.

to ensure only current prescription, OTC, sample + CAM for current residents are kept in the home. nu. 7/5/17.

The Debrox 6.5% ear drops were disposed. nu. 7/5/17

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

Signature of Legal Entity Representative (Required on EVERY Page) Shannon Gerst, RN, PCH-A

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Shannon Gerst, RN, PCH-A      Date 6.13.17

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Plan of correction implementation status as of 7/5/17 (Date)

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- Partially Implemented - Adequate Progress *ph*
- Partially Implemented - Inadequate Progress
- Not Implemented