



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: June 29, 2017

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

RE: Barnes Place
Certificate #: 444880

Dear Ms. King:

As a result of the Department of Human Services' licensing inspection on May 8, 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Larry Mazza".

Larry Mazza
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

PCH Name: BARNES PLACE		License Number: 44488
Address: 2021 JAMES STREET, LATROBE, PA 15650		County: Westmoreland
Administrator: Terry King		Region: WEST
Legal Entity Name: BARNES AID OPCO LLC		
Legal Entity Address: 2021 JAMES STREET, LATROBE, PA 15650		
Certificate(s) of Occupancy C-2 LP 09/26/1997 L & I		
Staffing Hours Resident Support: 0 Total Daily Staff: 63 Waking Staff: 47		
Type of Inspection: Partial BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 05/08/2017: Summers, Vicky; 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: 68 Number of Residents Served: 51 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: 5 Number of Hospice Residents in past year: 12		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 51 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 12 Have a Physical Disability: 0

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Violation Report: 44488 - 05/08/2017 - Summers, Vicky
PCH Name: BARNES PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

On 5/1/17 at approximately 1:15 p.m., staff person B found resident #1 on the floor trying to clean up vomit next to his/her bed . The resident told staff person B that he/she needed to go to the hospital because he/she was dying. Staff person B requested additional staff assistance and staff person A responded. While staff person A and staff person B assisted the resident to a standing position, staff person A yelled, "Get up on your feet. I've had enough. I don't play these god damn games," then staff person A struck resident #1 once on the middle to lower back with an open hand. Later on 5/1/17, the resident was sent to the hospital and diagnosed with pneumonia.

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.

Refer to attachment A & B & C

See Page 2A of 2

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) *[Signature]* Date *5-1-17*

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

The above plan of correction is approved as of _____
(Date)

Plan of correction implementation status as of _____
(Date)

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

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

Violation: 2600.42 (b)

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WEST REGION FIELD OFFICE
Human Services Licensing

Plan of Correction (POC)

- On 5/1/17 Executive Director immediately met with alleged employee A.
- Employee A was immediately suspended and removed from staff schedule.
- The alleged abuse was found to be substantiated by AAA and BHSL.
- Employee A terminated on [REDACTED] 17.
- Mandatory Abuse training was held March 2017 for staff, presented by Area Agency on Aging Training scheduled again for July 2017 as a mandatory staff training to be presented by Executive Director and Care Services Manager.
- Executive Director and/or designee will interview 2 staff members and 2 current residents weekly for 2 months to assure that residents have no concerns and are being treated with dignity and respect.
- Monthly the Executive Director will discuss at Quality Management Meeting increased awareness of abuse reporting.

Attachment A

[Signature]
6/28/17

[Signature]
Executive Director