



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: September 11, 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 August 2, 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 that reads "Brent Sutherland".

Brent Sutherland
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 44488 - 08/02/2017 - 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 9:05 a.m., numerous resident records were unlocked, unattended, and accessible in the nurse's office that had a sign on the door indicating to keep it locked at all times. The records included:

- binders containing dates of birth, social security numbers, medical evaluations, and resident support plans for resident #1, #2, #3 and #4
- physician's order for resident #5 and #6

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 2A

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/04/2017
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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)	Date
<i>Terry King, Executive Director</i>	<i>8-29-17</i>

DEPARTMENT USE ONLY HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 9/8/17
(Date)

Plan of correction implementation status as of 9/8/17
(Date)

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

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

RECEIVED

SEP 02 2017

WEST REGION FIELD OFFICE
Human Services Licensing

Violation: 2600.17

Plan of Correction (POC)

- On 8/2/2017, the door to the nurse's office was immediately locked.
- On 8/2/2017, Care Services Manager met with staff to educate them that the nurse's office door must be locked at all times. This may not be accessible to anyone other than staff persons and ancillary agency staff for the purpose of providing services to the resident.
- Executive Director and Care Services Manager will monitor that the nurse's office door daily to assure that resident records will be confidentially secured.

Terry King
Executive Director
Terry King ED
9-2-17

BB 9/8/17