



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUL 13 2018

Mr. Jeffrey F. Wieser
President/CEO
Ball Pavilion, Inc.
Barnabas Court at Brevillier Village
5416 East Lake Road
Erie, Pennsylvania 16511

RE: Barnabas Court at Brevillier Village
License #: 453060

Dear Mr. Wieser:

As a result of the Department's Bureau of Human Services Licensing annual inspection on September 12, 2017; September 13, 2017, September 14, 2017, December 7, 2017 and December 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.

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: BARNABAS COURT AT BREVILLIER VILLAGE		License Number: 45308
Address: 5416 EAST LAKE ROAD, ERIE, PA 16511		County: Erie
Administrator: Jean LaFuria		Region: WEST
Legal Entity Name: BALL PAVILION INC		
Legal Entity Address: 5416 EAST LAKE ROAD, ERIE, PA 16511		
Certificate(s) of Occupancy		
Other 11/16/1989 Labor and Industry	C-1 08/10/1998 Department of Health	I-2 02/22/2016 Harborcreek Twp.
Staffing Hours		
Resident Support: 0	Total Daily Staff: 86	Working Staff: 72
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for inspection(s) Renewal, Settlement		
On-Site Inspections Dates and Department Representatives On-Site 09/12/2017: Roser, Ashley; Summers, Vicky 09/13/2017: Roser, Ashley; Summers, Vicky 09/14/2017: Roser, Ashley; Summers, Vicky		
Off-Site Inspection Dates and Inspectors, if Applicable		
<p>RECEIVED</p> <p>NOV 21 2017</p> <p>WEST REGION FIELD OFFICE Human Services Licensing</p>		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of inspection Dates		
Licensed Capacity: 120 Number of Residents Served: 68 Secured Dementia Care Unit In Home: Yes Area: Barnabas North Secured Dementia Unit Capacity, if Applicable: 60 Number of Residents Served in Secured Dementia Care Unit, if applicable: 44 Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 6	Number of Residents who: Receive Supplemental Security Income: 3 Are 60 Years of Age or Older: 68 Have Mental Illness: 7 Have an Intellectual Disability: 0 Have a Mobility Need: 28 Have a Physical Disability: 0	

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Human Services Licensing

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Violation Report: 45306 - 09/12/2017 - Roser, Ashley
 PCH Name: BARNABAS COURT AT BREVILLIER VILLAGE

NOV 21 2017

1. REGULATION 65 Pa.Code §2800
 2600.85(a) - Sanitary conditions shall be maintained.

WEST REGION FIELD OFFICE
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #10's glucometer was used to measure blood glucose levels for the following residents on the following dates and times:

Resident	Date and Time of Reading
Resident #4	9/12/17, 5:58 AM
Resident #5	9/12/17, 5:57 AM
Resident #11	9/11/17, 5:20 AM

Resident #11's glucometer was used to measure blood glucose levels the following residents on the following dates and times:

Resident	Date and Time of Reading
Resident #3	9/12/17, 5:57 AM
Resident #4	9/13/17, 5:39 AM

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.

*Barnabas Court maintains that these reading may indicate additional tests on same resident, not a different resident.

Due to inspectors questioning of proper use of glucometers, all glucometers were immediately replaced by Administration. All new glucometers were calibrated to current date and time by nurses. All nurses were re-instructed on glucometers being individual use only, never to be used on more than one resident. Instruction occurred individually to all unit nurses during days of inspection and again during Barnabas Court Nurses Meeting, October 16, 2017. Due to the occasional need for additional blood sugar testing, when a diabetic resident does not feel well; all residents who need blood sugar testing have a pre-order. Additional readings are often taken if a nurse is concerned about a residents blood sugar reading. All nurses have been instructed to document reasons for extra testing.

One of the Barnabas Court nurses will be trained to check each glucometer reading against documentation to ensure that all readings are accurate and in compliance. This will be done on a Quarterly basis. *See form "Quarterly Compliance Monitoring of Glucometer"

Administrator or Assistant Administrator will review machine calibration, blood sugar reading reports, and compliance reviews each quarter: January, April, July, October.

Within 15 days of receipt of the plan of correction: Each resident's physician (for those that receive blood sugar testing) shall be notified of the possibility of shared glucometer use and all recommendations made by the physician (i.e. testing for blood borne pathogens) shall be followed. Documentation of the notification to the physician, the recommendation of the physician, and the home's follow-up based on the recommendations shall be maintained by the home for Department review.

Documentation of Compliance Monitoring for Attached

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!

The above plan of correction is approved as of 7/2/18 (Date)

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

Plan of correction implementation status as of 7/2/18 (Date)

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

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Violation Report: 46306 - 09/12/2017 - Roser, Ashley
PCH Name: BARNABAS COURT AT BREVILLIER VILLAGE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The home's fire drill records do not indicate AM or PM for the following fire drills:

Date:	Time:
7/20/17	1:07
8/21/17	10:34
6/8/17	6:04
4/21/17	9:48
3/10/17	6:02
2/17/17	4:37
1/14/17	7:55
11/16/16	7:11
9/22/16	11:54

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.

On the Barnabas Court 2016 Fired Drill Record the shift was specified on each fire drill record maintenance submitted. Meeting scheduled with maintenance tech on November 14, 2017 to review regulation 2600.132(c). Maintenance tech understands procedure for documenting fire drills and will follow procedure by indicating AM/PM on the fire drill record from this point forward.
*See "minutes from meeting"

Within 15 days of receipt of the plan of correction: The administrator or designated staff member shall review all fire drill records immediately following completion of the drill to ensure proper documentation in accordance with §2600.132(c). SO 7/2/18

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) JAN LARREA, Admin / VP Residential Svc Date 11-20-17

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

The above plan of correction is approved as of 7/2/18 (Date)

Plan of correction implementation status as of 7/2/18 (Date)

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

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

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WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 46308 - 09/12/2017 - Rosor, Ashley
PCH Name: BARNABAS COURT AT BREVILLIER VILLAGE

1. REGULATION 66 Pa.Code 52800

2800.161(d) - A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietician shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION

Resident #12's medical evaluation, dated 11/1/16, indicates the resident is prescribed a mechanical soft diet; however, on 8/13/17 at approximately 12:10 PM, resident #12 was observed eating a tossed salad with croutons and a slice of spinach and sausage stuffed bread. Multiple residents complained about the texture of the bread crust, stating it was too hard.

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.

Resident #12's diet was ordered as "mechanical, soft chopped". Due to dexterity issues resident requires that his food is chopped for all meals. Resident #12 does not have a chewing or swallowing issue, so he does not need mechanical soft diet. Director of Dining Services met with Dietician and wording of diet orders was clarified. Diet distinctions will now be "regular", "Chopped", "Ground" (replaces mechanical soft) and "pureed". Nursing will consult PCP for everyone currently on mechanical soft diet for clarification of diet either chopped or ground. PCP will be called for clarification of Resident #12's orders. Director of Dining Service will monitor all diet orders and contact nurse if clarification is needed. Meal tickets, DME's and RASPs will be updated to reflect dietary changes as needed. Dining Services policy on diet distinctions was reviewed.

Within 15 days of receipt of the plan of correction, then at least monthly thereafter: The administrator or designated staff person shall observe at least 1 meal served to at least 3 different residents who are prescribed a special diet, to ensure the special dietary needs of the resident are being met. *se 7/2/18*

*① Diet Manual update
② include Notification of PCP's and BC nurses
of changes to diet designations for BC Residents
③ copy of new meal ticket for resident #12*

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) *JEAN LAFURIA Adm/VP Residential Svcs* Date *11/20/17*

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The above plan of correction is approved as of *7/2/18* (Date)

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

Plan of correction implementation status as of *7/2/18* (Date)

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

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Violation Report: 46306 - 09/12/2017 - Roser, Ashley
PCH Name: BARNABAS COURT AT BREVILLIER VILLAGE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

Glucometers for the following residents are not calibrated to the current date and time:
Residents #3, #4, #5, #6, #7, #8, #9, #10 and #11

The digital readout on resident #8's glucometer is illegible. The blood glucose readings are displayed in indistinguishable lines and are unable to be read.

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.

Due to inspectors questioning the proper use of glucometers during their inspection visit, September 12-14, 2017, nursing staff replaced glucometers for each resident requiring one on September 13, 2017. Staff was trained and each glucometer was calibrated to the current date and time before the initial use. Nursing staff was educated on regulation 2600.185 at the Barnabas Court Nursing Meeting on October 16, 2017. Barnabas Court Nursing Policy updated as well. Nursing staff was also educated to re-calibrate the glucometers during daylight savings time on November 5, 2017.

*Attached Policy/Meeting Minutes 10/10/17

Immediately, then at least monthly thereafter. The administrator or designated staff person shall audit all glucometers to ensure accurate calibration to current date and time. *See 7/2/18*

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) *JENNIFER A. FURIA, Admin/VP Res. Services* Date *11-20-17*

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The above plan of correction is approved as of *7/2/18*
(Date)

Plan of correction Implementation status as of *7/2/18*
(Date)

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

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

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Violation Report: 45308 - 09/12/2017 - Roser, Ashley
PCH Name: BARNABAS COURT AT BREVILLIER VILLAGE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 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

The home uses a Talyst machine to dispense numerous medications, to include Lisinopril. Resident #8 is prescribed Lisinopril - 2.5mg tablet - Give 1 tablet by mouth 1 time per day. The resident's September 2017 medication administration record indicates Lisinopril - 2.5mg tablet - Give 1 tablet by mouth 1 time per day; however, the Talyst machine dispenses a 5mg tablet with a pharmacy label that indicates Lisinopril - 5mg tablet - Give 0.5 tablet by mouth 1 time per 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.

At the time that the inspectors noticed that the order and the card from pharmacy did not match, the nurses contacted resident #8's PCP to have order re-written to match the way this medication is packaged. Pills are labeled and individual dosed packaged as the order is written.

The Barnabas Court Administrator and Director of Nursing have been working with Caro Apothecary to ensure that medications are packaged as orders are written. Pharmacy is to contact nurse if orders must be clarified. Barnabas Court nurses were educated on this requirement for medications ordering and packaging and must monitor their orders for each medication dispensed by Talyst or delivered by pharmacy. An LPN reviews medication orders monthly and will be instructed to monitor for any discrepancies in ordering/delivery as well.

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) *JEAN LAURIA Adm/VP Res Services* Date *11-20-17*

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The above plan of correction is approved as of 7/2/18
(Date)

Plan of correction implementation status as of 7/2/18
(Date)

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

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WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 45306 - 09/12/2017 - Roser, Ashley
PCH Name: BARNABAS COURT AT BREVILLIER VILLAGE

1. REGULATION 56 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

Resident #3 began receiving personal care services, to include daily assistance with ted hose, on 4/12/17. However, a preadmission screening was not completed for resident #3 until 9/1/17.

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.

Upon admission Resident #3 was not receiving full personal care services. Resident #3 was on the Residency program which was a limited non-nursing services program. An assessment should have been completed once the residents needs changed and she required assistance from the nursing staff daily to put on ted hose/AM and to take them off/PM. Effective November 15, 2017 the Residency program will be considered a level within the personal care program. All current residents on the Residency program will have a new med. eval and RASP completed and will be compliant with required Personal Care paperwork by January 1, 2018. Personal Care-Residency Policy has been updated to reflect this change.

*Note- Resident #3 has been in SNF receiving rehab and wound care services since September 21, 2017. She will remain at SNF.

*Attachment: Policy Personal Care/ Residency Program

Immediately, then at least monthly thereafter: The administrator or designated staff person shall audit the files for all new admissions to the Residency program, to ensure compliance with §2600.224(a). *See 7/2/18*

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) *J. H. LAFORIA, Admin/VP Res. Services* Date *11-20-17*

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

The above plan of correction is approved as of 7/2/18
(Date)

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

Plan of correction implementation status as of 7/2/18
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *se*

Partially Implemented - Inadequate Progress

Not Implemented

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NOV 21 2017

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Violation Report: 45306 - 09/12/2017 - Roser, Ashley
PCH Name: BARNABAS COURT AT BREVILLIER VILLAGE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 68 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 #3 began receiving personal care services, to include daily assistance with ted hose, on 4/12/17. However, an assessment was not completed for resident #3 until 9/6/17.

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.

Upon admission Resident #3 was not receiving full personal care services. Resident #3 was on the Residency program which was a limited non-nursing services program. An assessment should have been completed once the residents needs changed and she required assistance from the nursing staff daily to put on ted hose/AM and to take them off/PM. Effective November 15, 2017 the Residency program will be considered a level within the personal care program. All current residents on the Residency program will have a new med. eval and RASP completed and will be compliant with required Personal Care paperwork by January 1, 2018. Personal Care-Residency Policy has been updated to reflect this change.

*Note- Resident #3 has been in SNF receiving rehab and wound care services since September 21, 2017. She will not be returning to a PCH level of care.

Immediately, then at least monthly thereafter: The administrator or designated staff person shall audit the files for all new admissions to the Residency program, to ensure compliance with §2600.225(a). See 7/21/18

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) JEAN LAFORA Adm/VP Care Serv. Date 11-20-17

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

The above plan of correction is approved as of 7/21/18 (Date)

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

Plan of correction implementation status as of 7/21/18 (Date)

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

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NOV 21 2017

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Violation Report: 45306 - 09/12/2017 - Roser, Ashley
PCH Name: BARNABAS COURT AT BREVILLIER VILLAGE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2800.231(b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident #13 was admitted to the home's secured dementia care unit (SDCU), on 6/1/17. The resident's medical evaluation, dated 5/30/17, does not indicate the need for the resident to be served in a SDCU.

Also, the following entries on resident #13's medical evaluation were updated by staff members of the home; however do not include documentation of permission to correct the medical evaluation from the person who completed it, along with the date, time and name of the person spoken to:

- * Entry dated 8/13/17, by staff person C, who is an RN, indicating "Unspecified dement w/o behavioral disturbances"
- * Entry dated 8/14/17, by staff person C, who is an RN, indicating a diagnosis of "Major depression recurrent mild"
- * Entry dated 8/11/17, by staff person A, who is not an RN or LPN, indicating the resident cannot 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.

The medical evaluation form for resident #13 at time of admission did not include a Dementia diagnosis, only a diagnosis of "altered mental status". Upon admission, resident changed to a new PCP. New PCP signed paper acknowledging the need for SDCU on 06/01/2017 after his initial exam of resident. Resident and POA also signed the "Acknowledgement of Admission to SDCU" at time of admission. Resident was evaluated by Speech Pathologist on 06/05/2017 and found to have moderate/severe cognitive/linguistic deficits. Resident has been monitored for several months with continuing cognitive declines noted. The resident was evaluated by neuropsychologist on 09/13/2017 and a formal diagnosis of dementia without behavioral disturbances was added.

The Barnabas Court staff asked for a new DME to be completed by PCP. This was completed on 11/14/2017 and the diagnosis of dementia was confirmed as was the need for a SDCU. Part IV Cognitive Screening section of the PRESCREEN was updated with this information. A new RASP was completed on 11/16/2017 reflecting this change.

There were some entries on the medical evaluation which did not have the complete back-up information. The nurse (an LPN not an RN) who made these entries has been educated for the need for additional information confirming the addition to any resident medical evaluation. All nurses working at Barnabas Court were re-educated about what information needs to be included when an update is needed to a current medical evaluation. This was done both at the Wednesday staff meeting and reflected in those minutes and through and e-mail which is received by all Barnabas Court nurses. The social work staff was directed to regulation and it was reinforced that only a nurse can make an update after contacting the PCP's office.

Due to limited space on the actual Medical Evaluation form, a new addendum of sorts was created to enable nurses to document all the information that needs to be added with each update. Nurses will be required to fill out this "DME Updates-Required Documentation" form whenever there is a change to the DME confirmed by the PCP.

The Administrator and Assistant Administrator schedule medical chart reviews twice a year. The DME's will be reviewed for any changes and the required documentation will be checked and confirmed during these chart reviews. Spot checks will also be done by the Social Workers when DME's and RASP's need to be updated due to significant changes.

BC Nurses Meeting Minutes Attached updated Med Eval attached PCP Ack. Form, Res Ack Form

Med Eval Doc Form

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) *JAN LAURIA Admin/Recruitment Svc* Date *11-20-17*

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

The above plan of correction is approved as of 7/2/18 (Date)

Plan of correction implementation status as of 7/2/18 (Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
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NOV 21 2017

Page 11 of 11

Violation Report: 46308 - 09/12/2017 - Roser, Ashley
PCH Name: BARNABAS COURT AT BREVILLIER VILLAGE
WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa.Code §2600

2600.231(g) - An individual who does not have a primary diagnosis of Alzheimer's disease or other dementia may reside in the secured dementia care unit if desired by the resident.

- (1) The individual shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to residence or 30 days after residence.
- (2) If the medical evaluation shows that personal care services are needed, the requirements of this chapter apply.
- (3) The individual shall have access to and be able to follow directions for the operation of the key pads or other lock-releasing devices to exit the secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident #1's medical evaluation, dated 5/22/17, indicates the resident's mobility needs are "Minimal"; however, on 6/12/17, staff person A modified the mobility assessment of the medical evaluation to indicate the resident's mobility needs as "Independent". Staff member A is not a registered nurse (RN) or licensed practical nurse (LPN).

Resident #2's most recent medical evaluation, dated 1/7/17, indicates the resident cannot self-administer medications; however, on 1/4/17, staff person A modified the medical evaluation to indicate the resident "can self-administer some medications but not others - see medication addendum". Staff member A is not an RN or LPN.

Resident #3 began receiving personal care services, to include daily assistance with ted hose, on 4/12/17. However, a medical evaluation was not completed for resident #3 until 8/22/17.

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.

Staff person A was educated on Regulation 2600.231 individually by the Administrator and was re-educated at the Barnabas Court Assessment Team Meeting on November 15, 2017. Staff member A understands the regulation and will no longer update Medical Evaluations. The Administrator and Assistant Administrator will monitor this when doing annual chart reviews.

Upon admission Resident #3 was not receiving full personal care services. Resident #3 was on the Residency program which was a limited non-nursing services program. An assessment should have been completed once the residents needs changed and she required assistance from the nursing staff daily to put on tedhose/AM and to take them off/PM. Effective November 15, 2017 the Residency program will be considered a level within the personal care program. All current residents on the Residency program will have a new med. eval and RASP completed and will be compliant with required Personal Care paperwork by January 1, 2018. Personal Care-Residency Policy has been updated to reflect this change.

*Note- Resident #3 has been in SNF receiving rehab and wound care services since end of September 2017. She will not be returning to PCH.

Attached - Policy 550140.4 ANS B7SL Doc. Medical Form

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

Signature of Legal Entity Representative (Required on EVERY Page) *Jean Lafuria*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) JEAN LAFURIA Admin/VP Res Services Date 11-20-17

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The above plan of correction is approved as of 7/2/18 (Date) Plan of correction implementation status as of 7/2/18 (Date)

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

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

LICENSING INSPECTION SUMMARY
PERSONAL CARE HOMES - 55 Pa.Code §2600

Name of Facility / Type(s) of Service:
BARNABAS COURT AT BREVILLIER VILLAGE

Street Address:
6416 EAST LAKE ROAD

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City:
ERIE, PA

NOV 21 2017

Zip Code:
16511

WEST REGION FIELD OFFICE
Human Services Licensing

License Number:
453060

Type of Inspection:
PARTIAL

Reason(s) for Inspection:
MONITORING

Notice: No

On-site Inspection Dates and Department Representatives On-Site:
09/12/2017; Roser, Ashley, Summers, Vicky
09/13/2017; Roser, Ashley, Summers, Vicky
09/14/2017; Roser, Ashley, Summers, Vicky

Off-Site Inspection Dates and Inspectors, if Applicable:

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NOV 21 2017

Page 2 of 2

BARNABAS COURT AT BREVILLIER VILLAGE

WEST REGION FIELD OFFICE
Human Services Licensing

1. SETTLEMENT PROVISION # 4

Appellant agrees that residents who do not satisfy secured dementia care unit admission criteria and who elect to reside in the secured dementia care unit shall have access to and must possess the demonstrated ability to follow directions to operate the egress biometrics systems to exit the secured dementia care unit.

2. DESCRIPTION OF VIOLATION

On 9/12/17, residents #2, #5 and #6, who do not satisfy secured dementia care unit (SDCU) admission criteria and who elect to reside in the home's SDCU, were not successfully registered in the home's biometric iris scanner, therefore, they did not have access to, nor did they possess the ability to operate the system.

On 9/14/17, residents #1 and #3, who do not satisfy SDCU admission criteria and who elect to reside in the home's SDCU, did not possess the demonstrated ability to follow directions to operate the egress biometrics systems to exit the SDCU.

On 9/14/17, resident #4, who does not satisfy SDCU admission criteria and who elects to reside in the home's SDCU, required multiple attempts to successfully operate the egress biometrics system to exit the SDCU.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that each attached page must be signed and dated) Include steps to describe the violation(s) 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.

All Barnabas Court residents who do not need a Secure Dementia Care Unit but who elect to reside in Barnabas Court North are trained on both the use of the coded door keypads and the iris scanner egress scanner. This gives them options for exiting the building when they desire to. Some residents easily use the key pad but others, due to logistics and dexterity, are more able to use the iris scanners. We continue to train each resident who does not have a dementia diagnosis and does not need a secure dementia unit on both the keypad and the iris scanner. All new residents who meet the criteria are trained on the keypad system, then entered into the biometrics iris scanner upon completion of their RASP's and trained on the system at that time.

The iris scanner system was never meant to be the sole means of accessing to outdoors for our residents. It was meant to supplement the original key pad system. It has always been our understanding that residents should be able to use one or the other system to exit the building. This was the standard in our previous surveys following the settlement. We will be contacting our attorney to address the wording of the settlement as we never wanted the IRIS to be the sole means of allowing egress. We did not realize that was what was meant by the settlement wording. We do train our residents to use this system, but most choose to use the keypads so the scanner is not as familiar with them. Our intent in asking for the waiver and in completing the settlement was to meet resident needs and to give OPTIONS. *SEE ATTACHED

Printed Name and Title of Legal Entity Representative (Required on all pages)

JEAN LAFORNA, Admin/VP Residential Services

Signature of Legal Entity Representative (Required on all pages)

Jean Laforna

Date 11-20-17

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

Repeated Violations:

Repeated Violation Dates:

The above plan of correction is approved as of 7/12/18 (Date)

Plan of correction implementation status as of 7/12/18 (Date)

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

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

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NOV 21 2017

Attachment: Settlement Provision #4

WEST REGION FIELD OFFICE
Human Services Licensing

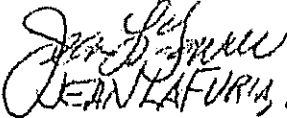
Residents have been re-educated and tested on the use of BOTH systems on a monthly basis. In order to help resident become more proficient on the Iris scanner, we will begin teaching/testing twice a month, and for each new resident, this teaching/testing will be done weekly for the first month. When a resident displays signs of cognitive changes and has difficulty using both systems, we will ask for memory testing by our speech pathologist and/or our neuropsychologist who works with our personal care home. If a resident is diagnosed with moderate cognitive deficits or dementia and would no longer be safe outside alone, we will remove that resident from the Iris scanner, and have a new DME and RASP done and updated the prescreen as to the need for a Secure Dementia unit. The Administrator will review the testing logs with the social worker throughout the year to ensure compliance with this plan of corrections. The Administrator and/or Assistant Administrator will do random observations of the teaching/testing and the residents' use of each system.

Also Attached
Updated IRIS SCANNER / Key Pad Training Log

JEAN LAFURIA, Adm/UP Residential Services
Jean Lafuria 11/20/17

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

PCH Name: BARNABAS COURT AT BREVILLIER VILLAGE		License Number: 46308
Address: 5418 EAST LAKE ROAD, ERIE, PA 16511		County: Erie
Administrator: Jean LaFuria		Region: WEST
Legal Entity Name: BALL PAVILION INC		
Legal Entity Address: 5418 EAST LAKE ROAD, ERIE, PA 16511		
Certificate(s) of Occupancy		
Other 11/15/1989 Labor and Industry	C-1 08/10/1998 Department of Health	I-2 02/02/2016 Harborcreek Township
Staffing Hours		
Resident Support: 0	Total Daily Staff: 87	Waking Staff: 65
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Interim, Monitoring		
On-Site Inspections Dates and Department Representatives On-Site 12/07/2017: Roser, Ashley; Summers, Vicky 12/08/2017: Roser, Ashley; Summers, Vicky		<p>RECEIVED</p> <p>JUN 22 2018</p> <p>WEST REGION FIELD OFFICE Human Services Division</p>
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: 120 Number of Residents Served: 80 Secured Dementia Care Unit in Home: Yes Area: Secured Dementia Unit Capacity, if Applicable: 60 Number of Residents Served in Secured Dementia Care Unit, 37 If applicable: Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 4	Number of Residents who: Receive Supplemental Security Income: 3 Are 80 Years of Age or Older: 60 Have Mental Illness: 4 Have an Intellectual Disability: 0 Have a Mobility Need: 15 Have a Physical Disability: 0	


 JEAN LAFURIA, Adm
 6-19-18

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Page 2 of 7

Violation Report: 46306 - 12/07/2017 - Roser, Ashley PCH Name: BARNABAS COURT AT BREVILLIER VILLAGE	WEST REGION FIELD OFFICE Human Services Licensing
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1. REGULATION 55 Pa.Code §2500
 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
 On 12/8/2017, staff person A's office was unlocked, unattended and accessible. The office contained multiple resident records to include resident #3 and #5.

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.

This office is the office of the Social Worker for Barnabas Court North. She and other staff are in and out of this office all day. Effective 06/15/18, she will keep her office door locked when she is not in there or at the nurses' station directly across from her office. If her door is not in her line of sight, it must be locked. Nurses, other social workers, and administrative staff will all be educated on this regulation and the need to keep all resident records confidential and locked up. Administrator will make random checks weekly to ensure compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative <i>(Required on EVERY Page)</i>		
Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i> JEAN LAFURIA, MA VP Residential Services		Date 6/19/18

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

The above plan of correction is approved as of <u>7/2/18</u> (Date)	Plan of correction Implementation status as of <u>7/2/18</u> (Date)
The above plan of correction was approved by (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

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Violation Report: 45308 - 12/07/2017 - Rozer, Ashley
PCH Name: BARNABAS COURT AT BREVILLIER VILLAGE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa.Code §2800

2800.161(d) - A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION

Resident #1's medical evaluation, dated 8/20/2017, indicates that the resident is prescribed a mechanical soft/ground meal diet; however, on 12/7/2017 at approximately, 12:27 PM, resident #1 was observed eating a half of a cheeseburger.

Resident #2's medical evaluation, dated 12/7/2017, indicates that the resident is prescribed a ground diet; however, on 12/7/2017 at approximately 12:37 PM, resident #2 was observed being served crackers.

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.

Staff followed resident requests for meal choices as both these residents were alert. They did not follow prescribed diets. Many residents at Barnabas Court had mechanical soft diets due to dexterity issues, not swallowing issues, as explained to surveyors on December, 2017. Barnabas Court has revised their standard diets. For any one who needs food cut up due to dexterity issues with use of knife, an order for "Regular with Cut Up Foods" diet will be requested. For anyone with a swallowing, a speech /swallowing eval will be requested and staff will follow orders for mechanically soft diet or ground diet. All food service staff and PCA's will be educated on diet distinctions at their monthly meetings, - PCA's on June 26th, Food Service staff on June 21st. Director of Food Services will monitor diets and foods being served for dietary compliance.

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

Signature of Legal Entity Representative
[Signature]
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative Date
JEAN LAFORIE, ADMIN *6/19/18*
(Required on EVERY Page) *Vice President Resident Services*

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The above plan of correction is approved as of *7/2/18*
(Date)

Plan of correction implementation status as of *7/2/18*
(Date)

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

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

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JUN 22 2018

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 46308 - 12/07/2017 - Roser, Ashley
PCH Name: BARNABAS COURT AT BREVILLIER VILLAGE

1. REGULATION 55 Pa.Code §2600
2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION
Multiple residents are ordered blood glucose checks 4 times per day; however, the resident's glucometer reading and documentation of the reading on the December 2017 medication administration record (MAR) do not match.

Resident #2:

Date:	Time:	Glucometer:	MAR:
12/1/17	4:53 pm	234	Not on MAR
12/1/17	11:55 pm	140	Not on MAR
12/3/17	8:55 pm	281	283
12/4/17	8:46 pm	431	331
12/5/17	4:42 pm	422	Not on MAR
12/6/17	5:02 am	438	438
12/6/17	4:09 pm	334	Not on MAR

Resident #6:

Date:	Time:	Glucometer	MAR:
12/1/17	6:45 am	405	404
12/2/17	8:33 pm	332	336
12/3/17	6:31 am	272	252
12/4/17	11:57 am	368	366
12/5/17	5:59 am	353	356
12/5/17	4:20 pm	288	Not on MAR

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.

After inspection 12/07/2018, all the nurses at Barnabas Court have been asking for the PCP of each diabetic for a PRN order to test blood glucose. The reason for this is that if a resident who is a diabetic, has a fall, a change in medical condition, or cognition, or an abnormal reading, a blood glucose test is done as part of the evaluation process. Many of these testings have not been entered into the MAR, but may have been added to a progress note or fall report. (ATTACHED)
Immediately, then at least monthly thereafter. The administrator or designated staff person shall observe each staff person conducting blood glucose checks to ensure accuracy of documentation. *SO 7/2/18*

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page) <i>Jean Laferrere</i>		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jean Laferrere, ADM Vice President of Residential Services</i>		Date <i>6-19-18</i>

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

The above plan of correction is approved as of <u>7/2/18</u> (Date)	Plan of correction implementation status as of <u>7/2/18</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SO</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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JUN 22 2018

WEST PHILADELPHIA OFFICE
Human Services Licensing

Violation Report: 45308 - 12/07/2017 - Roser, Ashley
PCH Name: BARNABAS COURT AT BREVILLIER VILLAGE

1. REGULATION 65 Pa.Code §2600
2600.231(b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION
Resident #3 was admitted to the home's secured dementia care unit on 11/12/2017; however, the resident's medical evaluation was completed on 11/14/2017.

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.

Barnabas Court Admissions and Social Services staff was re-educated on Regulation 2600.231(b) on 06/15/2018. Staff receive a copy of the regulations for their records.

Social Workers to review dates upon admission to ensure compliance with regulation.

Barnabas Court Administrator and Assistant Administrator will do random checks of new admissions during periodic chart reviews.

(See ATTACHED Signature Form)

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: *JEAN LAFORGE, ADMN Vice President of Residential Services* Date: *6-19-18*

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The above plan of correction is approved as of 7/2/18 (Date)

Plan of correction implementation status as of 7/2/18 (Date)

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

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

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JUN 22 2018

WEST PATRICK FIELD OFFICE
Human Services Licensing

Violation Report: 45506 - 12/07/2017 - Rosar, Ashley
PCH Name: BARNABAS COURT AT BREVILLIER VILLAGE

1. REGULATION 55 Pa.Code §2800
2600.231(c) - A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION
Resident #2 was voluntarily living in the home's secure dementia care unit until he/she was diagnosed with dementia on 11/29/2017; however, the resident's written cognitive preadmission screening was not completed until 12/7/2017.
Resident #3 was admitted to the home's secure dementia care unit on 11/13/2017; however, the resident's written cognitive preadmission screening was completed on 11/2/2017.

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.

Barnabas Court Admissions and Social Services staff was re-educated on Regulation 2600.231(c) on 06/15/2018. Staff receive a copy of the regulations for their records.
Social Workers to review dates upon admission to ensure compliance with regulation.
Barnabas Court Administrator and Assistant Administrator will do random checks of new admissions during periodic chart reviews.

(See ATTACHED Signature Form)

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	
JEAN LAURIA, ADM Vice President of Residential Services		6-17-18	

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

The above plan of correction is approved as of <u>7/2/18</u> (Date)	Plan of correction implementation status as of <u>7/2/18</u> (Date)
The above plan of correction was approved by <u>SO</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partly Implemented - Adequate Progress <u>SO</u> <input type="checkbox"/> Partly Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

LICENSING INSPECTION SUMMARY PERSONAL CARE HOMES - 55 Pa.Code § 2600	
Name of Facility / Type(s) of Service: BARNABAS COURT AT BREVILLIER VILLAGE	RECEIVED
Street Address: 6416 EAST LAKE ROAD	
City: ERIE, PA	JUL 03 2018
Zip Code: 16511	WEST REGION FIELD OFFICE Human Services Licensing
License Number: 453080	
Type of Inspection: PARTIAL	
Reason(s) for Inspection: MONITORING	
Notice: No	
On-site Inspection Dates and Department Representatives On-Site: 12/7/2017; Roser, Ashley, Summers, Vicky 12/8/2017; Roser, Ashley, Summers, Vicky	
Off-Site Inspection Dates and Inspectors, if Applicable:	

Jean Lafuria 7/3/18

JEAN LAFURIA, Adm/VP Residential Svc

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JUL 03 2018

Page 2 of 2

BARNABAS COURT AT BREVILLIER VILLAGE

WEST REGION FIELD OFFICE
Human Services-Licensing

1. SETTLEMENT PROVISION # 4

Appellant agrees that residents who do not satisfy secured dementia care unit admission criteria and who elect to reside in the secured dementia care unit shall have access to and must possess the demonstrated ability to follow directions to operate the egress biometrics systems to exit the secured dementia care unit.

2. DESCRIPTION OF VIOLATION

On 12/7/2017 residents #1, who do not satisfy secured dementia care unit (SDCU) admission criteria from 11/13/17-11/21/17 and who elected to reside in the home's SDCU, were not successfully registered in the home's biometric iris scanner, therefore, they did not have access to, nor did they possess the ability to operate the system.

On 12/8/2017, residents #2, #3, and #4 who do not satisfy SDCU admission criteria and who elect to reside in the home's SDCU, did not possess the demonstrated ability to follow directions to operate the egress biometrics systems to exit the SDCU.

On 12/7/2017, resident #5, who does not satisfy SDCU admission criteria and who elects to reside in the home's SDCU, required multiple attempts to successfully operate the egress biometric system to exit the SDCU.

On 12/7/2017, resident #6, who does satisfy SDCU admission criteria was registered in the home's biometric iris scanner.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that each attached page must be signed and dated) Include steps to describe the violation(s) 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 maintenance technician who works with our security systems has been asked to insure that the system is functioning correctly and is successfully registering resident's eyes into the iris scanner. Maintenance tech will check machine quarterly and when social worker has any difficulty entering someone into the system.

After the compliance survey on 12/07/17 & 12/08/17 Barnabas Administrator contacted facility attorney to start the process of changing the settlement agreement provision #4. It was requested that the option of a non-dementia resident using either the keypad or the iris scanner to exit the secured dementia care unit be added to the agreement. The initial agreement was never meant to limit resident ability to exit the building but to give residents options for exiting.

The request was approved and the final addendum was signed and returned to Barnabas Court on May 29, 2018. *SEE ATTACHED*

The social workers and social service interns continue to enter residents without dementia diagnosis into the iris scanner and to train them on the use of both the iris scanner and the key pad to freely exit the building.

Printed Name and Title of Legal Entity Representative (Required on all pages)

JEAN LAFURIA, Admin/Vice President of Residential Services

Signature of Legal Entity Representative (Required on all pages)

[Handwritten Signature]

Date *7/3/18*

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

Repeated Violation:

Repeated Violation Dates:

The above plan of correction is approved as of 7/3/18
(Date)

Plan of correction implementation status as of 7/3/18 :
(Date)

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

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