



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: June 1, 2018**

Ms. Terri King  
Executive Director  
Barnes Aid OPCO LLC  
2021 James Street  
Latrobe, Pennsylvania 15650

RE: Barnes Place  
Certificate #: 444880

Dear Ms. King:

As a result of the Department's Bureau of Human Services Licensing inspection on October 20, 2017 and October 26, 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 'Janine Wenzig', with a long, sweeping flourish extending to the right.

Janine Wenzig  
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
Adminstrator: Peggy Konecny		Region: WEST
Legal Entlty Name: BARNES AID OPCO LLC		<b>RECEIVED</b>
Legal Entlty Address: 2021 JAMES STREET, LATROBE, PA 15650		
Certificate(s) of Occupancy C-2 LP 09/26/1997 Labor and Industry		FEB 10 2018 <b>WEST REGION FIELD OFFICE Human Services Licensing</b>
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 71	Waking Staff: 53
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint, Incident		
On-Site Inspections Dates and Department Representatives On-Site 10/20/2017: Roser, Ashley 10/26/2017: Roser, Ashley		
Off-Site Inspection Dates and Inspectors, if Applicable		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 68 Number of Residents Served: 54 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: 4 Number of Hospice Residents in past year: 10		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 53 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 17 Have a Physical Disability: 0

*Peggy Konecny* 2/9/18

Violation Report: 44488 - 10/20/2017 - Roser, Ashley  
PCH Name: BARNES PLACE

FEB 10 2018

1. REGULATION 55 Pa.Code §2600

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident or the payer, if different from the resident, and cosigned by the resident's designated person *or any other person if the resident agrees*

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #1's resident-home contract, dated [redacted] 17, was not signed by the resident.

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.

Please see attached,  
2a, [2b, 2c, 2d]  
of  
7

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)

Rosier, Ashley

Date 2/10/18

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

The above plan of correction is approved as of

5/17/18  
(Date)

Plan of correction implementation status as of

5/17/18  
(Date)

The above plan of correction was approved by

(Initials)

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

RECEIVED

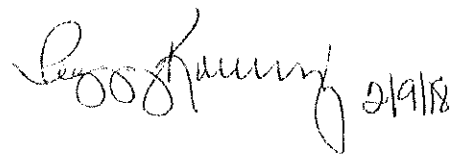
FEB 10 2018

Regulation Violation: 2600.25(b)

WEST REGION FIELD OFFICE  
Human Services Licensing

Plan of Correction:

- 1/29/2018: spoke w/ family and resident # 1 about need for signature on admission contract, signature was obtained as of this date.
- Current resident contacts will be reviewed by Executive Director (ED) and updated with resident signature as necessary by 3/30/2018. Newly admitted residents will sign their contract at the time of move-in or prior to that date.
- New admission forms as of 1/22/2018 will have resident signature on the contract.
- Staff involved in reviewing contracts and obtaining signatures will be re-educated on the process and requirements by a support Executive Director from on 2/6/2018.
- Correction will be identified by a tab per DHS agent written on indicting inspection date 10/20-10/26/17 for follow up visit verification
- Executive Director (ED) or designee will review new resident contracts at the time of Move-in or prior to move-in to ensure that the contract is signed by the resident appropriately.
- 3/30/2018



Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited, and is also NOT to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan of Correction. In addition, preparation and submission of this Plan of Correction does NOT constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.

Violation Report: 44488 - 10/20/2017 - Roser, Ashley  
PCH Name: BARNES PLACE

FEB 10 2018

1. REGULATION 55 Pa.Code §2600

2600.25(c)(11) - The contract shall include a list of personal care services to be provided to the resident based on the outcome of the resident's support plan, a list of the actual rates that the resident will be periodically charged for food, shelter and services and how, when and by whom payment is to be made.

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #1's resident-home contract, dated [redacted] 17, does not include a list of personal care services to be provided based on the resident's support plan.

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.

Please see attached  
3a, [3b, 3c, 3d]  
of

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

*Reagan Konecny*

Date 01/19/18

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

The above plan of correction is approved as of

5/17/18  
(Date)

Plan of correction implementation status as of

5/17/18  
(Date)

The above plan of correction was approved by

*[Handwritten Initials]*  
(Initials)

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

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FEB 10 2018

**WEST REGION FIELD OFFICE  
Human Services Licensing**

Page 3a of 7

Regulation violation 2600.25(c) (11)

Plan of correction:

- Resident #1 – list of personal care services was located within the community, reviewed and signed by the resident on 1/29/2018.
- Current resident contracts will be reviewed by ED or designee to ensure that each file includes a list of personal care services to be provided based on the resident's support plan by 3/30/2018. Newly admitted residents will have a list of personal care services provided at the time they sign their contract on move-in.
- Staff involved with reviewing contracts and ensuring that they include a list of personal care services to be provided based on the resident's support plan will be re-educated on the process and requirements by a support Executive Director on 2/6/2018.
- ED or designee is responsible to review resident contracts at the time of Move-in or prior to move-in to ensure that it includes a list of personal care services provided based on the resident's support plan.
- 3/30/2018

*Bozler*

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*Leslie K... 2/9/18*

FEB 10 2018

Violation Report: 44488 - 10/20/2017 - Roser, Ashley  
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 9/26/17, resident #2 was sitting in the home's living room with approximately 4 other residents of the home. Direct care staff person A began yelling at resident #2 telling him/her to "shut up". This was witnessed by direct care staff person B who reported that the resident seemed very shocked and upset. Direct care staff person B redirected direct care staff person A and explained that residents should not be treated in that manner.

On 9/28/17, resident #3 was sitting in the home's living room. Resident #3 asked direct care staff person A a question about his/her doctor, direct care staff person A responded and said "I don't know what you are talking about." The response was heard by direct care staff person B as he/she was walking back into the living room from pulling other resident's to bed. Direct care staff person B then heard resident #3 say to direct care staff person A "you never know what anyone is talking about.". Direct care staff person A then responded to resident #3 saying, "shut the fuck up!".

On 10/18/17, direct care staff persons A and C were in resident #4's bedroom assisting the resident. Resident #4 asked direct care staff person A to shut off the water to the kitchenette sink. Direct care staff person A responded to resident #4 saying "I'm not fucking doing that, it's not my job!". Direct care staff person C then turned off the water for the resident. Resident #4 was visibly upset and fell like a burden on the home.

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.

Please see attached.

4a [4b, 4c, 4d, 4e, 4f, 4g, 4h]  
of  
7

Repeat Violation: Yes

Date(s) of Previous Violation(s):

05/08/2017

Signature of Legal Entity Representative  
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

Regina [unclear]

Date

2/9/18

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

The above plan of correction is approved as of

5/17/18  
(Date)

Plan of correction implementation status as of

5/17/18  
(Date)

The above plan of correction was approved by

[Handwritten initials]  
(Initials)

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

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Barnes Place 444880

FEB 10 2018

WEST REGION FIELD OFFICE  
Human Services Licensing

Page 4a of 7

Regulation violation 2600.42(b)

Plan of correction:

- Immediate Remediation: Direct care staff person A – was placed on suspension on 10/20/17 and subsequently employment with the community was terminated on 10/26/17.
- Immediate Remediation: Physician had been made aware.
- Current residents have the potential to be affected by this alleged deficient practice.
- Immediate Remediation: Community staff were re-educated on Resident Rights, Mandatory reporting, Abuse and Neglect, Regulation 55 Pa. Code 2600.42(b) by Executive Director 10/26/2018
- Westmoreland County Area Agency on Aging will be providing an in-service on Resident Rights and Mandatory Reporting on 2/28/2018 at 2 PM.
- ED or designee will review trainings provided to staff for three (3) months. Three (3) staff member will be interviewed weekly for a one (1) monthly, the monthly for two (2) months Results to be reviewed and discussed at QMP meeting.
- 3/30/2018

02/10/18  
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*[Handwritten Signature]* 2/9/18

Violation Report: 44488 - 10/20/2017 - Roser, Ashley  
PCH Name: BARNES PLACE

FEB 12 2018

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) Human Services Licensing the medication is administered.

2a. DESCRIPTION OF VIOLATION

Resident #4 is prescribed Omeprazole 40MG capsule- Take 1 capsule by mouth everyday; however, on 10/24/17 and 10/26/17 there are no initials on the resident medication administration record (MAR) indicating which staff person administered this medication.

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.

Please see attached.

5a of 7 [5b, 5c]

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

*[Handwritten Name: Peggy Konecny]*

Date 2/9/18

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The above plan of correction is approved as of 2/17/18 (Date)

Plan of correction implementation status as of 2/17/18 (Date)

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

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

**RECEIVED**

FEB 12 2018

**WEST REGION FIELD OFFICE  
Human Services Licensing**

Page 5a of 7

Regulation violation: 2600.187(b)

2600.187(b)

- Resident #4 –Physician was notified on 10/26/2018 fill in the date.
- Current residents receiving assistance with medication administration have the potential to be affected by this alleged deficient practice. Medication Administration Records for current residents were reviewed by staff LPN on 1/25 through 1/31/2018 to ensure that medications were recorded timely.
- Medication Technicians and licensed nursing staff were re-educated on timely recording at the time medication is administered by Regional nurse on 1/25/2018 and 1/31/2018.
- Care Service Manager (CSM) or designee will be responsible to complete a Medication Administration Record (MAR) review weekly for 4 weeks; then monthly for 3 months to ensure that medications are recorded timely and initialed at the time of medication administration. Results to be reviewed and discussed at QMP meeting.
- 3/30/2018

*D 5/17/18*

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*[Signature]* 2/9/18

FEB 10 2018

Violation Report: 44488 - 10/20/2017 - Roser, Ashley  
PCH Name: BARNES PLACE

**WEST REGION FIELD OFFICE**  
**Human Services Licensing**

**1. REGULATION 65 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**

The preadmission screening form for resident #1, dated [redacted] 17, does not indicate if the home can meet the resident's needs.

**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.*

*Please see attached,  
wa. [redacted]  
of  
7*

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 2/9/18

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

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

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

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

RECEIVED

Barnes Place 444880

FEB 10 2018

WEST REGION FIELD OFFICE  
Human Services Licensing

Page 6a of 7

Regulation violation: 2600.224(a)

- Resident #1 – preadmission screening form was updated and corrected by RN/CSM on 10/26/2018.
- Current residents have the potential to be affected by this alleged deficient practice. An audit of current resident records will be completed by Regional nurse and or designee to ensure the completeness of the pre-admission screening form by [REDACTED] 2018.
- Staff involved with reviewing preadmission screening forms and ensuring that they include that the home can meet their needs will be re-educated on the process and requirements by the Regional Nurse and ED on 2/28/2018.
- CSM or designee will be responsible to review each new preadmission screening form by initialing and dating at the bottom of the form to indicate it has been reviewed and includes that the home can meet the resident needs.
- ED, CSM or designee will review each new preadmission form for completeness prior to being placed on the resident's medical record. A preadmission screening completion log will be kept by the CSM and reviewed by the ED weekly for 4 weeks and then monthly for 3 months. Results to be reviewed and discussed at QMP meeting.
- 3/30/2018

*OK 3/27/18*

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*Gregory 2/9/18*

Violation Report: 44488 - 10/20/2017 - Roser, Ashley  
PCH Name: BARNES PLACE

FEB 10 2018

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE  
Human Services Licensing

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

Resident #1's assessment, dated 4/20/17, indicates the resident needs some physical assistance with transfers and toileting. Beginning 9/27/17, resident #1 no longer needs physical assistance with transfers and toileting; however, the home has not completed a new assessment of the resident's needs to reflect these changes.

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.*

Please see attached.  
7a, [7b, 7c]  
of  
7

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)

*[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
--	------

*[Handwritten Name]*

2/9/18

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

The above plan of correction is approved as of 2/9/18  
(Date)

Plan of correction implementation status as of 2/9/18  
(Date)

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

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

**RECEIVED**

FEB 10 2018

**WEST REGION FIELD OFFICE  
Human Services Licensing**

Page 7a of 7

Regulation violation: 2600.225(c)

- Resident #1 – a new assessment reflecting current changes and needs was completed by RN/CSM on 10/23/2017.
- Current residents have the potential to be affected by this alleged deficient practice. Current resident assessments were reviewed by Regional Nurse for current accuracy and completeness on 3/30/2018.
- Staff involved with completing and reviewing resident assessments for condition changes and annually with updates as needed to reflect current changes will be re-educated on the process and requirements by Regional Nurse on going and as needed.
- CSM or designee will review resident assessments for those residents identified as needing or having had changes in their care needs, and with significant changes. Newly admitted and those residents due for Annual assessments will be reviewed by CSM and ED or designee for accuracy and completeness.
- 3/30/2018

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*Gregory Murray 2/9/18*