



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 November 21, 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: 44488 - 11/21/2017 - Mulick, Cindy
PCH Name: BARNES PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.23(a) - A home shall provide each resident with assistance with activities of daily living as indicated in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION

Multiple residents indicate significant wait times when staff assistance is requested, using the home's call bell system. On numerous occasions, residents indicated having to urinate in their incontinence briefs or ambulate to the bathroom without needed assistance due to the significant wait time for staff response.

According to the home's call bell log, the response times for the residents in the following rooms were:

- 10/21/17 at 7:54 a.m. - 1 hour, 39 minutes for Room 156
- 10/26/17 at 8:05 p.m. - 1 hour, 39 minutes for Room 156
- 10/28/17 at 9:02 p.m. - 1 hour, 39 minutes for Room 154
- 10/29/17 at 4:11 p.m. - 1 hour, 24 minutes for Room 155

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 attached
2a, 2b

Peggy Konecny

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Peggy Konecny

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

Peggy Konecny

Date 3/2/18

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

The above plan of correction is approved as of

3/17/18
(Date)

Plan of correction implementation status as of

5/11/18
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

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

WEST REGION FIELD OFFICE
Human Services Licensing

Violation: Regulation 2600.23(a)

1. Multiple residents were identified. Time has lapsed to make an immediate correction.
2. Current residents have the potential to be affected by this alleged deficient practice. Computer call light response time log was reviewed by Executive Director for the period of 2/19/2018 to 2/23/2018.
3. Community staff will be re-educated on answering of call lights timely, deactivating call request once the resident has been attended to, and clearing of staff pagers to allow for additional call light notifications by Executive Director and Facility Manager by 3/1/2018. Residents requiring assistance with activities of daily living is indicated in the resident assessment, support plan and via task sheets for caregivers.
4. Executive Director(ED) or designee will check the computer call light response time log daily for 5 days; then weekly for 4 weeks and then monthly for 3 months. ED and/or CSM or designee will select a room weekly to pull the call light and monitor staff response time with documentation. Staff to be identified when response times are untimely. Results of the call light response time log will be reviewed and discussed at QMP meeting.
5. 4/9/2018

The administrator will review staffing hours daily to ensure staffing is adequate to meet residents' needs
D. Stiles

D. Stiles

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.

Prosser

Violation Report: 44488 - 11/21/2017 - Mulick, Cindy
PCH Name: BARNES PLACE

MAR 02 2018

1. REGULATION 55 Pa.Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

At 2:01 p.m., in resident bedroom bathroom room 130, there was a feces smeared on the entire right side of the toilet seat measuring 3 inches in length and 2 inches in width.

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 attached.
3a, 3b, 3c

[Handwritten signature]

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 3/2/18

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

The above plan of correction is approved as of

3/17/18
(Date)

Plan of correction implementation status as of

3/17/18
(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

MAR 02 2018

Violation Regulation 2600.85

**WEST REGION FIELD OFFICE
Human Services Licensing**

1. Resident bedroom bathroom identified – was cleaned immediately on 11/21/2018 at the time of inspection
2. Current residents have the potential to be affected by the alleged deficient practice. An audit of resident bedroom bathrooms and public restrooms was completed by the Executive Director on 2/26/2018. Any room identified with urine or feces was immediately cleaned.
3. Community staff were re-educated on the need to maintain a sanitary and clean environment by ED by 3/1/2018.
Resident bedroom / bathrooms will be completed weekly in groups of 14 rooms to check that sanitation and cleanliness is being maintained, this will be recorded on a checklist completed by housekeeping and/or assigned caregivers.
4. ED or designee will conduct 5 resident rooms checks weekly for 4 weeks; then monthly for 3 months to ensure cleanliness and appropriate sanitary conditions are being maintained. Results to be reviewed and discussed at QMP meeting.
5. 4/9/2018

D. Stuber

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L. K. K...