



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: November 2, 2018**

Ms. Melissa Hice  
Executive Director  
Barnes Aid OPCO LLC  
2021 James Street  
Latrobe, Pennsylvania 15650

RE: Barnes Place  
Certificate #: 444880

Dear Ms. Hise:

As a result of the Department's Bureau of Human Services Licensing inspection on July 24, 2018, 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 "Jon Kimberland". The signature is written in a cursive style with a large, sweeping flourish at the end.

Jon Kimberland  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

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

<b>PCH Name:</b> BARNES PLACE		<b>License Number:</b> 44488
<b>Address:</b> 2021 JAMES STREET, LATROBE, PA 15650		<b>County:</b> Westmoreland
<b>Administrator:</b> Melissa Hice		<b>Region:</b> WEST
<b>Legal Entity Name:</b> BARNES AID OPCO LLC		
<b>Legal Entity Address:</b> 2021 JAMES STREET, LATROBE, PA 15650		
<b>Certificate(s) of Occupancy</b> C-2 LP 06/26/1997 L & I		
<b>Staffing Hours</b>		
<b>Resident Support:</b> 0	<b>Total Daily Staff:</b> 67	<b>Working Staff:</b> 50
<b>Type of Inspection:</b> Partial	<b>BHA Docket Number:</b>	<b>Notice:</b> Unannounced
<b>Reason(s) for Inspection(s)</b> Incident		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 07/24/2018: Georgoulis, Karen; Graziano, Belinda		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b> 07/25/2018: Georgoulis, Karen 07/26/2018: Georgoulis, Karen		
<b>Other Details</b>		
<b>Partial or Full Triggers:</b>		<b>Random Indicators:</b>
<b>Resident Demographic Data as of Inspection Dates</b>		
<b>Licensed Capacity:</b> 68	<b>Number of Residents who:</b>	
<b>Number of Residents Served:</b> 50	<b>Receive Supplemental Security Income:</b> 0	
<b>Secured Dementia Care Unit in Home:</b> No	<b>Are 60 Years of Age or Older:</b> 50	
<b>Area:</b>	<b>Have Mental Illness:</b> 0	
<b>Secured Dementia Unit Capacity, if Applicable:</b>	<b>Have an Intellectual Disability:</b> 0	
<b>Number of Residents Served in Secured Dementia Care Unit, if applicable:</b>	<b>Have a Mobility Need:</b> 17	
<b>Number of Current Hospice Residents:</b> ?	<b>Have a Physical Disability:</b> 0	
<b>Number of Hospice Residents in past year:</b> ?		

Violation Report: 44488 - 07/24/2018 - Georgoulis, Karen  
 PCH Name: BARNES PLACE

**1. REGULATION 65 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**  
 Resident #1's assessment and support plan, dated 12/12/17 were updated to include:  
 \* 6/25/18 Transferring in/out of bed/chair with prompting and cueing and the plan to meet need with some supervision with getting out of bed.  
 \* 6/25/18 Toileting -needing some physical assistance and plan to meet need assistance with getting on /off toilet and with incontinence care.  
 \* 5/30/18 & 6/25/18 Ambulating -some physical assistance with meeting supervision need. Staff will escort resident to meals.  
 \* 6/25/18 Supervision and mobility -minimal - resident requires staff supervision when ambulating. Direct care staff will provide minimal supervision in and out of the community and minimal verbal cueing in order to have resident evacuate the building during an emergency to a safe place.  
 \* 6/25/18 Frequent falls frequent checks and ask if she needs the bathroom; encourage fluids, encourage use of call bell, when possible bring resident out to common area for activities where staff can see her.  
 \* 6/26/18 Home health PT/OT to evaluate and treat. Gait and strengthening.  
 \* 7/18/18 UTI plan to administer medications as ordered, encourage fluids, assist with ambulation and ADL's as needed., report any pain, fever and decrease in urine output.  
~~The home did not provide the proper level of supervision or assistance with mobility as indicated in the resident's assessment and support plan. The resident had 5 unwitnessed falls from 6/25/18 to 7/12/18 to include:~~  
 \* 6/25/18 - unwitnessed fall in bedroom, found between 6:30 a.m. to 7:30 a.m., seated in recliner in bedroom with a laceration to right side of face by eye required 2 sutures and right knee brush burn. treated and released from Latrobe Area Hospital.  
 \* 6/28/18 - unwitnessed fall in bedroom, found around 6:30 a.m. hit head.  
 \* 7/9/18 - unwitnessed fall in bedroom, found at approximately 7:12 a.m. in bedroom face down with bruises on right side of face. Sent to Latrobe Area hospital discharged on 7/10/18.  
 \* 7/10/18- Unwitnessed fall in bedroom found in morning with bruising on right side right lower leg.  
 \* 7/12/18- Unwitnessed fall found approximately 5:00 a.m. in bedroom on floor between recliner and TV stand holding head and crying. Blood at entrance of priv. bathroom doorway. Appears resident might have crawled or fell again face first onto the floor by table. Had bruising with blistering on right hand/wrist area and right knees was oozing/weeping.

**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 Plan of Correction. Page 2A of 2

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Melissa Hice* **BD**

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Melissa Hice Executive Director*      Date *10/5/18*

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

The above plan of correction is approved as of <u>10/5/18</u> (Date)	Plan of correction implementation status as of <u>10/25/18</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>4</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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.

**2600.23(a)**

- Resident #1 discharged to a secured dementia unit on 07/12/2018.
- Current residents have the potential to be affected by the alleged deficient practice
- ~~The CSM was re-trained on updating the RASP to ensure that the home is providing assistance to residents with ADL needs as indicated on the RASP, by Executive Director on 10/08/2018.~~
- The CSM is responsible for sustained compliance. The Executive Director and/or designee will audit care and records 5 residents/ week x 4 weeks to check that the home is providing assistance to residents with ADL needs as indicated on the RASP, then 3 residents/week x 4 weeks, then 1 resident/week x 4 week. The audit results will be discussed in monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on 3 consecutive months of compliance. Monitoring will be ongoing.
- Completion date: 10/31/2018

10/25/18 *g*

*Melissa Fucci, ESQ*