



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 16 2019

Mr. Daniel Guill
President / Chief Operating Officer
Barnes Aid OPCO LLC
2021 James Street
Latrobe, Pennsylvania 15650

RE: Barnes Place
Certificate #: 444880

Dear Mr, Guill:

As a result of the Department's Bureau of Human Services Licensing annual inspection on December 18, 2018, of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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, appearing to read 'J. Rowe'.

Jacqueline L. Rowe
Director

Enclosure
Violation Report

Violation Report: 44488 - 12/18/2018 - Graziano, Belinda
 PCH Name: BARNES PLACE

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

Resident #1's contract, dated 09/25/18, was not signed by the resident.
 Resident #2's contract, dated 11/13/18, was not signed by the resident.
 Resident #3's contract, dated 01/31/17, 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.

See page 2a of 12

Repeat Violation: No	Date(s) of Previous Violation(s):
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Melissa Hice*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Melissa Hice Ep</i>	Date <i>2/28/19</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>3/22/19</u> (Date)	Plan of correction implementation status as of <u>3/22/19</u> (Date)
The above plan of correction was approved by <u>JW</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JW</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.

2600.25(b)

- Resident #1 no longer resides at the community
- Contracts for Resident #2 and #3 were signed by the resident on December 19, 2018.
- Executive Director and/or Designee will audit the contracts for current residents to assure that the contracts are signed by the resident, the resident and payer, and cosigned by the resident's designated person if any, if the resident agrees.
- Executive Director and/or designee will audit to ensure contracts have been signed by the resident, the resident and payer, and cosigned by the resident's designated person if any, if the resident agrees within 3 days of move-in, x 3 months. 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 on going

Melissa Ace, ED 3/22/19

JW 3/22/19

Violation Report: 44488 - 12/18/2018 - Graziano, Belinda
 PCH Name: BARNES PLACE

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

2a. DESCRIPTION OF VIOLATION

There were multiple food crumbs/particles on the floor of the cabinet below the microwave in the kitchen and several pots, pans and dishes were placed on top of the food crumbs/particles.

There were multiple food crumbs/particles on the bottom of the condiment cooler in the kitchen.

There were approximately 30 cigarette butts on the ground around the dumpster area.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See page 3a of 12

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/04/2018	
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2600.85(a)

- Food crumbs/particles on the floor of the cabinet below the microwave in the kitchen, and below several pots, pans and dishes, were cleaned up immediately on 12/18/2018
- The cigarette butts on the ground near the dumpster were cleaned up on 12/18/2018
Maintenance to place Smoker's outpost at the property line for disposal of cigarette butts before entering community property. Placed 03/01/2019
- Maintenance to audit outside of community 3 x weekly for 4 weeks, then 2x weekly for 4 weeks then weekly x 4 weeks to audit for maintaining sanitary conditions on community grounds.
- Executive Director and/ or designee to audit kitchen 3 x week for 4 weeks, then 2x week for 4 weeks then weekly x 4 weeks to audit for sanitary conditions in the kitchen.
- 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 on going

JW 3/22/19

Melissa Ace. EO 3/22/19

Violation Report: 44488 - 12/18/2018 - Graziano, Belinda
 PCH Name: BARNES PLACE

1. REGULATION 55 Pa.Code §2600
 2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION
 Resident #2 does not have a source of light that can be turned on/off from bedside. The only bedside lamp was 46 inches from the bed and unplugged.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See page 4a of 12

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

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2600.101(j) (7)

- A battery operated touch lamp was mounted on the wall beside the head board of bed for Resident #2 due to resident unplugs all electrical plugs daily.
- Maintenance and/or designee will audit 5 apartments per week x 4 weeks, then 3 apartments per week x 4 week, then 1 apartment per week x 4 weeks to ensure that each resident has an operable lamp or other source of lighting that can be turned on at bedside is present. 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.

JW 3/22/19

Melissa Sue, ED 3/22/19

Violation Report: 44488 - 12/18/2018 - Graziano, Belinda
 PCH Name: BARNES PLACE

1. REGULATION 55 Pa.Code §2600
 2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION
 There were multiple food items in the kitchen of the home that were undated to include:
 -a plate containing two pieces of fish, a plastic container of ham slices and cubes, and a plastic container of fruit cocktail in refrigerator #2
 -a covered plate with four ham slices in refrigerator #5
 a plastic container of chopped onions in refrigerator #6

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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See page 5a of 12

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 (Required on EVERY Page) *Melissa Hie BP*

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2600.103(e)

- The plate containing fish, the plastic container of ham slices and cubes, the plastic container of fruit cocktail, the plate containing four ham slices and the plastic container of chopped onions was immediately discarded upon discovery on 12/18/2018
- The Chef and the cook were educated by the Executive Director on the importance of labeling and dating items before being placed in cooler/freezer on 12/19/2018.
- Executive Director and/or designee to audit kitchen 3 x week for 4 weeks, 2x week for 4 weeks then weekly x 4 weeks to ensure that all items are being labeled and dated. 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.

JW 3/22/19

Melissa Liu, EP 3/22/19

Violation Report: 44488 - 12/18/2018 - Graziano, Belinda
 PCH Name: BARNES PLACE

1. REGULATION 55 Pa.Code §2600
 2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION

There were multiple food items in the home's kitchen that were opened / unsealed to include:

- a five pound bag of mozzarella cheese in refrigerator #5
- a bag of sliced carrots and bag of romaine lettuce in refrigerator #6
- a bag of yellow cake mix and a plastic bag of corn meal on the dry storage shelf

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See page 6a of 12

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Signature of Legal Entity Representative
 (Required on EVERY Page) *Melissa Grace EO*

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

2600.103(g)

- The bag of mozzarella cheese, the sliced carrot, bag of romaine lettuce, yellow cake mix and plastic bag of corn meal were immediately discarded upon discovery on 12/18/2018
- The Chef and the cook were educated by the Executive Director on the importance of storing items in closed or sealed containers on 12/19/2018. Additional food storage containers and closures (clips) were ordered on 03/01/2019.
- Executive Director and/or designee to audit kitchen 3 x week for 4 weeks, 2x week for 4 weeks then weekly x 4 weeks to ensure food items are stored in closed or sealed containers. 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.

JW 3/22/19

Melissa Luce, ED 3/22/19

Violation Report: 44488 - 12/18/2018 - Graziano, Belinda
 PCH Name: BARNES PLACE

1. REGULATION 55 Pa.Code §2600
 2600.131(f) - Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

2a. DESCRIPTION OF VIOLATION

The fire extinguisher in the van has not been inspected by a fire safety expert since August 2014.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See page 7a of 12

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
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Melissa Hurd ED

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

Melissa Hurd ED

Date *2/28/19*

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- Partially Implemented - Adequate Progress *JW*
- Partially Implemented - Inadequate Progress
- Not Implemented

2600.131(f)

- The fire extinguisher on the van was replaced on 03/07/2019.
- The Maintenance Tech was educated regarding the requirement for fire extinguishers to be inspected and approved annually by a fire safety expert with the date of inspection attached to the fire extinguisher
- The Executive Director and/or designee will check for the date the extinguisher was inspected and approved and report to the QI Committee at the next QI meeting. The QI Committee will determine if continued auditing is necessary based on findings. Monitoring will be ongoing.

JW 3/22/19

Melissa Hu, ED 3/22/19

Violation Report: 44488 - 12/18/2018 - Graziano, Belinda
 PCH Name: BARNES PLACE

1. REGULATION 55 Pa.Code §2600
 2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION
 The outside designated smoking area had a multi-colored chair cushion which did not have a tag indicating it was made of fire resistant material.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See page 8a of 12

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Signature of Legal Entity Representative
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Melissa Hre EP

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<i>Melissa Hre EP</i>	<i>2/28/19</i>

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2600.144(c) (1)

- The multi-colored cushion was removed upon discovery during survey on 12/18/2018
- Resident that smokes was educated not to bring a cushion into the designated smoking area on 12/19/2018 by the Executive Director.
- Housekeeping to monitor designated smoking area for fire hazards bi-weekly and remove immediately.

ju 3/22/19

Melissa Lee, LD 3/22/19

Violation Report: 44488 - 12/18/2018 - Graziano, Belinda
 PCH Name: BARNES PLACE

1. REGULATION 55 Pa.Code §2600

2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION

At 11:45 a.m., a 4 ounce tube of Medline Z Guard paste with zinc oxide 17% was unlocked and accessible to residents in room #104.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See page 9a of 12

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative <i>Melissa Hare ED</i>	
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 (Date)

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

2600.183(b)

- The tube of Medline Z Guard paste was placed in a locked storage to prevent access to residents in room #104
- The Care Services Manager and/or designee audit 5 apartments per week x 4 weeks, then 3 apartments/week x 4 weeks, then 1 apartment weekly x 4 weeks, to ensure that medications remain in a locked area and are not accessible to residents. 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.

JW 3/22/19

Melissa Lee MD 3/22/19

Violation Report: 44488 - 12/18/2018 - Graziano, Belinda
 PCH Name: BARNES PLACE

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Docusate Sodium 100 mg/ml take by mouth twice daily; however, the pharmacy label indicates take by mouth twice daily as needed for constipation.

Resident #2 is prescribed Tramadol HCL 50 mg, take 1 tablet by mouth at bedtime; however, the pharmacy label indicates take 1 tablet by mouth at bedtime and 1 tablet in the morning.

Resident #2 is prescribed Dorzolamide 2%, instill 1 drop in left eye twice daily; however, the pharmacy label indicates 1 drop in left eye two times daily as needed.

Resident #2 is prescribed Latanoprost .005%, instill 1 drop in left eye at bedtime; however, the pharmacy label indicates 1 drop in both eyes at bedtime.

Resident #4 is prescribed Tylenol 325mg, take 2 tabs by mouth every 4-6 for pain or fever; however, the pharmacy label indicates take 2 tabs by mouth every 4 hours as needed for pain.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See page 10a of 12

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/04/2018
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Melissa Hite BO*

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- Partially Implemented - Inadequate Progress
- Not Implemented

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

2600.184(a)

- Resident #1 and #4 no longer reside at the community.
- Resident #2's Dorzolamide order and Latanoprost order were clarified with the physician on 12/18/2018 and direction change stickers applied to the medications to indicate the directions were different than the label
- The Care Services Manager and/or designee will audit the medication cart monthly to ensure the medication labels match the physician's order, x 3 months. 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. .
- Medication Technicians were trained on the importance of clarifying orders and utilizing the direction change stickers when needed on 01/16/2019

3/22/19

JW

Melissa Lee MD 3/22/19

Violation Report: 44488 - 12/18/2018 - Graziano, Belinda
 PCH Name: BARNES PLACE

1. REGULATION 55 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 #1 was admitted to the home on 09/26/18. However, the preadmission screening was completed on 10/28/18.
 Resident #5 was admitted to the home on 12/01/18. However, the preadmission screening was completed on 10/29/18.

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.

Page 11a of 12

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

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2600.224(a)

- Resident #1 no longer resides at the community.
- The preadmission screen for Resident #2 cannot be corrected
- The Care Service Manager was educated on the requirement to complete a preadmission screen on each new resident within 30 days of admission to the community 12/19/2018 by the Executive Director.
- The Executive Director and/or designee will audit charts of each new resident prior to move-in to ensure preadmission screening is completed within 30 days prior to move in, x 3 months. 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.

JW

3/22/19

Michael Lee, ED 3/22/19

Violation Report: 44488 - 12/18/2018 - Graziano, Belinda
 PCH Name: BARNES PLACE

1. REGULATION 55 Pa.Code §2600
 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION
 Resident #1's support plan dated 10/28/18 is not signed by the resident and there is no indication if the resident was unable or declined to participate/sign.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See page 12a of 12

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Melissa Graziano</i>	Date <i>2/28/17</i>
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2600.227(g)

- Resident #1 no longer resides at the community.
- Prior to discharge, Resident #1 was unable to participate in the development due to severe dementia. Resident #1's POA did participate and sign the Support Plan.
- The Care Services Manager was re-educated on the requirement to ensure that each RASP is signed by the resident, or it will be noted that they were unable to participate by the Executive Director.
- The Executive Director and/or designee will audit 5 resident support plans per week x 4 weeks, then 3 resident support plans per week x 4 weeks, then 1 weekly x 4 weeks, to ensure the individuals who participate in the development of the support plan signs and dates the support plan, and to audit for documentation of indication resident is unable to or declined to participate/sign the support plan. 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.

JW

3/22/19

Melissa Sue, Ed 3/22/19