



MAILING DATE: July 10, 2019

Mr. Daniel Guill
President / COO
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 inspection on April 30, 2019, of the above facility, the citations 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.

Sincerely,

A handwritten signature in black ink that reads "Jody Garvey". The signature is written in a cursive, flowing style.

Jody Garvey
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report

Facility Information

Name: *BARNES PLACE*

License Number: *444880*

Address: *2021 JAMES STREET, LATROBE, PA 15650*

County: *WESTMORELAND*

Region: *WESTERN*

Administrator

Name: *Melissa Hice*

Phone: *7245378005*

Email: *ALCLICENSE@ENLIVANT.COM*

Legal Entity

Name: *BARNES AID OPCO LLC*

Address: *2021 JAMES STREET, PA, 15650*

Certificate(s) of Occupancy

Type: *C-2 LP*

Date: *09/26/1997*

Issued By: *L & I*

Staffing Hours

Resident Support Staff:

Total Daily Staff: *66*

Waking Staff: *50*

Inspection

Type: *Partial*

BHA Docket #:

Notice: *Unannounced*

Reason: *Incident*

Inspection Dates and Department Representative

04/30/2019 - On-Site: Desmond Grace

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *68*

Residents Served: *50*

Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *49*

Diagnosed with Mental Illness: *7*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *16*

Have Physical Disability: *0*

17 - Record Confidentiality

Regulations

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.

Description of Violation

Between approximately 9:00 a.m. and 9:15 a.m., all of the resident records containing the resident's medical evaluations, assessment and support plans, social security numbers and physician/nursing notes were unlocked, unattended and accessible on a wooden shelf in staff person A's office to include residents #1, #2, and #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

A designated staff person on each shift will monitor the home daily, to include all areas containing resident records, to confirm all resident records are confidential, kept safe and locked. *JH* 7/1/19

During the next quality management plan review and evaluation and ongoing, the home will place an increased emphasis on these plans of correction and policies and procedures will be reviewed and updated to ensure continued compliance with §2600.17 *JH* 7/1/19

Legal Entity Representative

Melissa Hice
Signature

Melissa Hice ED
Printed Name and Title

6/28/19
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 7/1/19
(Date)

Plan of correction implementation status as of 7/1/19
(Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- 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.

2600.17

- Spring hinges and Security lock handle installed on Staff Person A's Office to maintain privacy of resident records.
- Current staff to attend training on HIPAA and confidentiality of resident records on 06/19/2019
- Completion date: 06/19/19

Melissa Lee 6/18/19

42b - Abuse

Regulations

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On 4/20/19 at approximately 10:30 p.m., staff person B was overheard in the hallway next to the medication room talking loudly and aggressively to resident #1. Multiple staff interviews indicated that staff person B made statements including "why are you a dick," "you're an asshole," "you always want to just fuck with me" and "go fuck yourself," to resident #1 during this interaction. Staff person C stepped in to separate resident #1 and staff person B and asked staff person B to immediately leave the home.

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

Legal Entity Representative


Signature


Printed Name and Title


Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

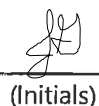
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2600.42b

- Staff Person B was suspended immediately pending the investigation and was terminated on 04/24/2019
- Current staff was trained on the Older Adult Protective Service Act on 04/17/2019 by the Westmoreland County Area Agency on Aging Representative.
- Current staff scheduled to attend training on Resident's Rights with Ombudsman, Karen Seifert, with Westmoreland Area Agency on Aging on 07/08/2019 at 2pm.
- Current staff completing Resident's Rights Essentials provided by Relias Training by 07/01/2019.
- Upon Hire, staff will receive additional training on Abuse & Neglect and Residents Rights. Executive Director or Designee to audit new employee files within 48 hours of hire to ensure compliance.
- During monthly staff meetings, 5 Resident's Rights will be discussed at length with staff by the Executive Director or designee.
- Executive Director or designee to interview 5 residents weekly during Resident review about care and satisfaction with their treatment at the community and discuss at Monthly QA meeting the findings.
- Completion date: 07/08/2019.

Melissa Lee 6/28/19

225a - Assessment 15 Days

Regulations
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.

Description of Violation

Resident #1's initial assessment dated 9/5/18 indicates that the resident is assessed as a mobile resident and requires only limited assistance to evacuate in an emergency. However, the resident requires physical assistance from staff to transfer him into his wheelchair using a mechanical lift due to chest down paraplegia. The assessment also does not include the resident's care needs for oxygen at night and wound care to the resident's left and right heels and coccyx as indicated in the special health needs section of the resident's medical evaluation completed on 8/27/18.

Plan of Correction (POC)

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See page 4a

All staff persons responsible for completing assessments will be educated on the importance of completing an accurate resident assessment which documents the resident's ability transfer in order to evacuate in an emergency and the resident's care needs. *JH* 7/1/19

Legal Entity Representative

Melissa Hie
Signature

Melissa Hie RTO
Printed Name and Title

6/28/19
Date

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2600.225(a)

- Assessment for Resident #1 updated to include his mobility, Nocturnal O2 and Wound Care on 05/01/2019.
- The CSM is responsible for sustained compliance. The Executive Director and/or designee will audit Rasps for 5 residents/ week x 4 weeks to check for accuracy, 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 QA Committee will determine if continued auditing is necessary based on 3 consecutive months of compliance. Monitoring will be ongoing.
- Completion Date: 05/01/2019

Melissa J. Lee ED 6/28/19