



November 12, 2019

Mr. Jeffrey F. Wieser
President/CEO
Ball Pavilion, Inc.
Barnabas Court at Brevillier Village
5416 East Lake Road
Erie, Pennsylvania 16511

RE: Barnabas Court at Brevillier Village
License #: 453060

Dear Mr. Wieser:

As a result of the Department's Bureau of Human Services Licensing annual inspection on September 18, 2019 and September 19, 2019, 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 "Kevin Hancock", written over a light blue horizontal line.

Kevin Hancock
Deputy Secretary
Office of Long Term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: BARNABAS COURT AT BREVILLIER VILLAGE

License Number: 45306

Address: 5416 EAST LAKE ROAD,, ERIE, PA 16511

County: ERIE

Region: WESTERN

Administrator

Name: Jean LaFuria

Phone: 8148998600

Email: JLAFURIA@BREVILLIER.ORG

Legal Entity

Name: BALL PAVILION INC

Address: 5416 EAST LAKE ROAD, ERIE, PA, 16511

Certificate(s) of Occupancy

Type: C-2 LP

Date: 11/16/1989

Issued By: L&I

Type: I-2

Date: 02/22/2018

Issued By: Harbor Creek Twp

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 98

Waking Staff: 74

Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

Inspection Dates and Department Representative

09/18/2019 - On-Site: Lauren Spagna, Deb McConnell, Mike Marini

09/19/2019 - On-Site: Lauren Spagna, Deb McConnell, Mike Marini

RECEIVED

10/10/2019

Western Region Field Office
Bureau of Human Services Licensing

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 120

Residents Served: 67

Secured Dementia Care Unit

In Home: Yes

Area: Barnabas Court North Capacity: 60

Residents Served: 40

Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 67

Diagnosed with Mental Illness: 2

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 37

Have Physical Disability: 0

09/18/2019

Jean LaFuria
Adm/VP Residential Services

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

On 9/19/19, meal tickets, which contained detailed meal preference information, including prescribed diet instructions and allergies, were present were at each resident's place setting in the personal care dining room.

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.)

This violation was cited in September 2014 for the same reason and was withdrawn by BHSL. We ask that it be withdrawn again as we continue to request permission from residents to display information in certain areas to provide the highest quality of care. We use meal tickets to insure that all residents are getting the appropriate meals for both resident safety and resident preference. For residents with dementia, these tickets are very important. Residents take ownership of their tickets as they find their way to their seats. It helps with orientation to their tables. Due to their dementia, many residents cannot state their allergies or their special diets. The meal tickets list the likes and dislikes, and food and drink preferences as well. So we wish to continue to use the meal tickets. An amendment we can make to the meal tickets: Use initials as to designate the different diets. R for regular, CM for cut up meats, CF for cut up foods, G for ground, P for puree.

CC- Consistent Carbohydrates
R-Regular

LF- Lactose Free
CM-Cut up Meats

LR- Low Residue
CF-Cut up Foods

LS- Low Salt
G- Ground

K- Renal Diet
P- Puree

Allergies would no longer be listed on the meal tickets. There would just be a capitalized "PLEASE NOTE---A" on the meal tickets for staff to recognize that there is an allergy and they must reference their allergy guide to plate up their foods. The Director of Food Services will make charts to be kept in the kitchen and also in an area not visible to the residents in the dining rooms. These charts will list the different diet as prescribed and the food allergies of each resident and will be updated as resident needs change. The Director of Food Service will present the new menu ticket changes at her monthly staffing meeting, and she and the Head Coordinator will re-educate all the cooks and servers on how to read to meal tickets to insure that each resident's needs and preferences are being met. The changes to the meal tickets could be made by October 30, 2019 and initial staff re-education done by November 15, will be ongoing with new residents and new staff. Director of Food services will monitor for compliance with the protection of resident health information.

Legal Entity Representative

2 Attachments

Jean LaFuria
Signature

JEAN LAFURIA Adm/VP Residential Svcs 10/6/19
Printed Name and Title Date

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

The above plan of correction is approved as of 10/11/19
(Date)

Plan of correction implementation status as of 10/11/19
(Date)

The above plan of correction was approved by JM
(Initials)

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

65f - Training Topics**Regulations**

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person A, hired on 3/2/16, did not receive annual training on any of the topics specified in 2600.65f, to include the following, during the 2018 training year:

*Medication self-administration training

*Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan

*Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home. Currently, the home serves 2 residents with mental illness.

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.)

Kristin Brotherson LPN is the only Nursing Staffing agency ever scheduled to work at Barnabas because of her many years of experience in LTC. We will not schedule her for Barnabas Court again until she has been educated on all the training topics of 2600.65.f and 2600.65.g. A binder will be created with training materials covering each topic from the nurses perspective as supervisor in the building. This binder will be reviewed with K. Brotherson, LPN. Any other nursing agency staff that may need to be scheduled at Barnabas Court must read, review with BC staff and sign off that the required training topics have been reviewed. The Brevillier Village Nurse Trainer will notify BC Administrator of possible new staff so that training can be scheduled before nurse starts on the floor. Brevillier Village Director of Nursing and BC Administrator will review all required training documentation annually and before allowing any staffing agency nurse to begin working at BC. Binder is currently being compiled to include essential information on the required topics 1. Medication self-administration training, 2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan. 3. Care for residents with dementia and cognitive impairments. 4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration. 5. Personal care service needs of the resident. 6. Safe management techniques. 7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home

65f - Training Topics (continued)

Legal Entity Representative

Jean Lafuria
Signature

JEAN LAFURIA Adm/VP Res. Services 10/9/19
Printed Name and Title Date

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(Date)

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(Initials)

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(Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

65g - Annual Training Content

Regulations**2600.**

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.

Description of Violation

Direct care staff person A, hired on 3/2/16, did not receive annual training on any of the topics specified in 2600.65g, to include the following, during the 2018 training year:

- * Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert
- * Emergency preparedness procedures and recognition and response to crises and emergency situations
- * Resident rights

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.)

Kristin Brotherson LPN is the only Nursing Staffing agency ever scheduled to work at Barnabas because of her many years of experience in LTC. We will not schedule her for Barnabas Court again until she has been educated on all the training topics of 2600.65.f and 2600.65.g. A binder will be created with training materials covering each topic from the nurses perspective as supervisor in the building. This binder will be reviewed with K. Brotherson, LPN. Any other nursing agency staff that may need to be scheduled at Barnabas Court must read, review with BC staff and sign off that the required training topics have been reviewed. The Brevillier Village Nurse Trainer will notify BC Administrator of possible new staff so that training can be scheduled before nurse starts on the floor. Brevillier Village Director of Nursing and BC Administrator will review all required training documentation annually and before allowing any staffing agency nurse to begin working at BC. Binder is currently being compiled to include essential information on the required topics 1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert. 2. Emergency preparedness procedures and recognition and response to crises and emergency situations. 3. Resident rights. 4. The Older Adult Protective Services Act. 5. Falls and accident prevention.

65g - Annual Training Content (continued)

Legal Entity Representative

Jean Lafuria
Signature

JEAN LAFURIA Adm/VP Residential Sv
Printed Name and Title
Date
10/9/19

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10/11/19
(Date)

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JM
(Initials)

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

132c - Fire Drill Records

Regulations

2600. 132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the fire drill conducted on 7/25/19 at 2:16 does not indicate whether the fire drill was held in the am or pm.

The fire drill record for the fire drill conducted on 9/15/19 at 11:37 does not indicate whether the fire drill was held in the am or pm, or if there were any problems that were encountered.

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.)

On all fire drill reports, not just the shift, but AM or PM will be written on to drill report by Maintenance Tech who runs the fire drills. Director of Maintenance will review each fire drill report before putting it in the record keeping binder. BC Administrator will review each fire drill as well to insure that it is complete and that any problems or concerns are addressed with residents and/or staff.

See 2 Attachments

Legal Entity Representative

Signature: [Handwritten Signature] Printed Name and Title: JEAN LAFURIA Adm/VP Res. Services Date: 10/9/19

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The above plan of correction was approved by [Handwritten Initials] (Initials)
[] Fully Implemented
[] Partially Implemented - Adequate Progress
[] Partially Implemented - Inadequate Progress
[] Not Implemented

141b1 - Annual Medical Evaluation

Regulations

2600. 141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #1's most recent medical evaluation, dated 9/9/19, does not include the resident's pulse rate, temperature or immunization history. These sections of the form are blank.

REPEAT VIOLATION: 9/25/2018, et. al.

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.)

The PCP of resident #1 did go back and complete the medical evaluation on 9/19/19 while supervisors were present. The Barnabas Court Social Workers and BC Medical Assistant work together to schedule all annual and/or change in condition physical examinations and insure that the Primary Care Physicians have the correct forms and if needed, directions for their completion. The medical assistant will now follow up with all PCPs to make sure that all DMEs are completed and returned in a timely manner and that all sections of the DMEs are filled in as required. She will contact PCP's office if any portions of the DME are not completed and will fax DME back for completion or have BC Nurse take info from PCP and add it to DME, labeling any additions as required.

Social Workers will also review each med eval to ensure completion as they use DME info to compete RASPs -ONGOING-

Administrator or her designee will do chart audits at least 2 times a year to check that all DMEs have benn completed properly-ONGOING

Within 10 days of receipt of the plan of correction: A designated staff person shall review all current resident records to ensure each resident has a medical evaluation, completed in its entirety, at least annually. JM 10/11/19

Legal Entity Representative

Signature: [Handwritten Signature] Printed Name and Title: JEAN LAFURA VP Residential Services Date: 10/9/19

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[] Fully Implemented
[X] Partially Implemented - Adequate Progress
[] Partially Implemented - Inadequate Progress
[] Not Implemented

183e - Storing Medications

Regulations

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 7/4/19, resident #2's Humalog Kwikpen-100u/mL was opened. According to the manufacturer's instructions, the medication is to be discarded 28 days after opening; however, it was still present in the home on 9/19/19.

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.)

After the discovery of the expiration of resident #2's Humalog Kwikpen, the Kwikpen was removed from the medication cart and discarded according to procedure. A new pen was immediately ordered. The open date and the expiration date of the insulin pens are to be written on each pen and each nurse is to check the dates as the pens are being readied for use. Any medication that is expired before it is all used will be sent back to the pharmacy or discarded as per each medication's protocol. Each nurse is being re-educated on all of the 5 R's of medication administration that should be done before administering any medication or treatment. Education will take place as the nurses monthly meeting on October 15, 2019. The night time LPN at Barnabas Court is to check all of the medications and their expiration dates on a regular basis. A MEDICATION CART CHECK SHEET will be completed by the nurses daily to ensure meds are all correct, labeled, and up to date. Policy NU.1450.5 Medication Storage was updated to include this step. DON or nurse checking MARS monthly will review these sheets ongoing.

1 Attachment (2 page Policy)

Legal Entity Representative

Jean LaFuria JEAN LAFURIA ^{Adm} VP Res. Services 10/9/19
Signature Printed Name and Title Date

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(Date)

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(Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented

184a - Labeling OTC/CAM

Regulations

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- 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.

Description of Violation

On 9/18/19, no pharmacy label was present on resident #3's Mupirocin -2% ointment.

On 9/19/19, the pharmacy label for resident #2's Humalog Kwikpen-100 u/mL did not include the prescribed sliding scale dosage instructions.

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.)

The improperly labeled medication (mupirocin 2% ointment) was pulled from the resident's room on 10/3/19 after receipt of violation report. As per BV policy #Ph9000 "Medication Labels" #8 "Medication containers having soiled, damaged, incomplete, illegible, confusing, or makeshift labels are returned to the dispensing pharmacy for relabeling or destroyed in accordance with the medication destruction policy." The medication with an incomplete label was returned to pharmacy for re-labeling. The nursing staff will be re-educated at next staffing meeting on 10/15/19 of need to check to insure all medication labels, including medications kept bed side are complete and legible. A copy of this policy will be given to all BC nurses to review-must sign that policy was reviewed. All insulin pens come in individual zip lock plastic bags. Since the pharmacy label for resident #2's Humalog KwikPen does not include the prescribed sliding scale dosage instructions a copy of the actual phone order from the resident's physician was placed inside the zip lock bag for all nurses to reference before administrating insulin, this was done on 10/7/19. This order will be kept with the KwikPen at all times unless there is a change in the actual physician's order. If a change is made, the new order will be copied and will replace the old order in the bag. Nurse taking new order will be responsible for changing out the order within the pen's storage bag. Vantage Care Apothecary has been contacted to determine if there is a better way to make sure that the orders are kept with the pens. If they come up with an alternative that can be produced and the KwikPens labeled directly from pharmacy we will institute these procedures. The LPNs assigned to check and calibrate the glucometers will also check any KwikPens used for sliding scale injections to insure that the dosage instructions are with the pen. The LPN who does monthly medication reviews will also be instructed to check the pen and dosage instructions.

4 Attachments - 5 pages

Legal Entity Representative

Jan L. Lura JEAN LAFURIA *Adm VP Residential Sv* 10/9/19
 Signature Printed Name and Title Date

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The above plan of correction is approved as of	10/11/19 (Date)	Plan of correction implementation status as of	10/11/19 (Date)
The above plan of correction was approved by	<i>JM</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	