



SENT VIA EMAIL: mhice@enlivant.com

MAILING DATE: May 6, 2020

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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on March 6, 2020, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance 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
Licensing Inspection Summary

Violation Report

Facility Information

Name: *BARNES PLACE* License Number: *44488*
 Address: *2021 JAMES STREET, LATROBE, PA 15650*
 County: *WESTMORELAND* Region: *WESTERN*

Administrator

Name: *Mellissa Hice* Phone: *7245378005* Email: *ALCLICENSE@ENLIVANT.COM*

Legal Entity

Name: *BARNES AID OPCO LLC*
 Address: *2021 JAMES STREET, LATROBE, PA, 15650*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: Issued By:

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *79* Waking Staff: *59*

Inspection

Type: *Partial* BHA Docket #: Notice: *Unannounced*
 Reason: *Complaint*

Inspection Dates and Department Representative

03/06/2020 - On-Site: Desmond Grace

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *68* Residents Served: *57*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *56*
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *22* Have Physical Disability: *0*

225c - Additional Assessment

Regulations

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident #1's assessment, dated 8/27/19, does not include an assessment of the resident's need for physical/occupational therapy as prescribed on 1/28/20.

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 POC

See page 2a of 3 *[Signature]* 5/1/20

Legal Entity Representative

Melissa Hice ED
Signature

Melissa Hice ED
Printed Name and Title

4/9/2020
Date

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

The above plan of correction is approved as of 5/1/20
(Date)

Plan of correction implementation status as of 5/1/20
(Date)

The above plan of correction was approved by *[Signature]*
(Initials)

- Implemented
- 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.

2600.225c

- Rasp Addendum was completed on March 6, 2020 to address the resident's need for physical/occupational therapy.
- The Rasps for residents receiving Home health were audited to ensure that their need for the service was addressed on 04/15/2020.
- The Care Service Manager and Assistant Care Service Manager were educated by the Executive Director on completing additional assessments/addendums for changes in a resident's condition on March 6, 2020.
- The Executive Director and/or designee will audit 5 RASPS weekly for 4 weeks, 3 RASPS weekly for 4 weeks and 1 RASP weekly for 4 weeks to ensure that each RASP accurately assesses the resident's needs. 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.

Melissa Hice 4/17/20

227c - Support Plan Revision

Regulations

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

Resident #2's support plan, dated 12/2/19, indicates that the resident requires total physical assistance to ambulate; however, the responsible party and frequency sections of the form were blank.

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 POC.

See page 3a of 3 *[Signature]* 5/1/20

Legal Entity Representative

<i>[Signature]</i>	<i>Melissa Hice EP</i>	<i>4/9/2020</i>
Signature	Printed Name and Title	Date

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

The above plan of correction is approved as of	<u>5/1/20</u>	Plan of correction implementation status as of	<u>5/1/20</u>
	(Date)		(Date)

The above plan of correction was approved by	<i>[Signature]</i>	<input checked="" type="checkbox"/> Implemented
	(Initials)	<input type="checkbox"/> Not Implemented

2600.227c

- The Support plan was updated on 03/06/2020 to address the responsible party and frequency sections of the ambulation portion for Resident #2.
- The Care Service Manager and the Assistant Care Service Manager were educated by the Executive Director on 03/06/2020 on revisions needed for the Support Plan and completing the Support Plan in its entirety.
- The Executive Director and/or designee will audit 5 RASPS weekly for 4 weeks, 3 RASPS weekly for 4 weeks and 1 RASP weekly for 4 weeks to ensure that each RASP is complete and accurately reflects the needs of the resident. 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.

Melissa Hise 4/17/20