



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

SENT VIA EMAIL: [kficco@enlivant.com](mailto:kficco@enlivant.com)

MAILING DATE: October 5, 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 May 13, 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, appearing to read "Suzy Quinn".

Suzy Quinn  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

**RECEIVED**

7/10/20

Western Region Field Office  
Bureau of Human Services Licensing

### Violation Report

#### Facility Information

Name: *BARNES PLACE*

License Number: *44488*

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

County: *WESTMORELAND*

Region: *WESTERN*

#### Administrator

Name: *KIM FICCO*

Phone: *7245378005*

Email:

#### Legal Entity

Name: *BARNES AID OPCO LLC*

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

#### Certificate(s) of Occupancy

#### Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *69*

Waking Staff: *52*

#### Inspection

Type: *Partial*

BHA Docket #:

Notice: *Unannounced*

Reason: *Complaint, Incident*

#### Inspection Dates and Department Representative

*05/13/2020 - On-Site: Joe Eveges*

*05/14/2020 - Off-Site: Joe Eveges*

*05/15/2020 - Off-Site: Joe Eveges*

#### 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: *3*

##### Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *50*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *19*

Have Physical Disability: *0*

23a - Activities of Daily Living Assistance

Regulations

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

Resident #1's most recent assessment and support plan (RASP), dated 11/5/19, indicates she requires some physical assistance with managing healthcare. The home's plan to meet this need indicates she will need assistance from family to schedule and keep physician appointments. In the event family cannot make appointments, she will ask the Care Service Manager (CSM) for help. Her RASP also indicates she needs some physical assistance with securing healthcare. The home's plan to meet this need indicates family will schedule specialty physicians. In the event that family/resident needs assistance, they will ask the CSM for assistance. On or about 5/3/20, resident #1 asked direct care staff A, the home's CSM, for assistance with her eye which was bothering her. Direct care staff A told resident #1 "You're a self medicating resident I don't have anything to do with that. You have to do that on your own!" in a dismissive, condescending tone of voice. Resident #1 said this made her feel "like a second rate human being."

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 4

Legal Entity Representative

Signature *Kim Ficco, ED*

Printed Name and Title *Kim Ficco, ED*

Date *7/2/2020*

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

The above plan of correction is approved as of 7/10/20  
(Date)

Plan of correction implementation status as of 10/5/20  
(Date)

The above plan of correction was approved by *SE*  
(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 employee, agents, or other individuals who drafted or may be discussed in the response of 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.

2600.23a

- Audit of a current resident RASP's was completed on June 10<sup>th</sup> to ensure their need for services was addressed.
- Staff member A was put on suspension on May 6<sup>th</sup> 2020 when the incident was made known to the Executive Director.
- Staff member A was terminated on May 20<sup>th</sup> 2020 following the results of the investigation.
- Current self-medicated residents were interviewed by Regional Care Specialist.
- The Executive Director or designee will interview 4 self-medicated residents weekly x 1 month, then 4 residents bi-weekly x 1 month and 4 residents monthly x 1 month.
- In on RASP to be completed by 7/30/2020.
- Results of audit will be reviewed in monthly QI. Continued monitoring will be based on sustained compliance for 3 months. Monitoring will be ongoing

Kim Fucio 7/2/20

42c - Treatment of Residents

Regulations

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On or about 5/3/20, resident #1 asked direct care staff A, the home's CSM, for assistance with her eye which was bothering her. Direct care staff A told resident #1 "You're a self medicating resident. I don't have anything to do with that. You have to do that on your own!" in a dismissive, condescending tone of voice. Resident #1 said this made her feel "like a second rate human being."

Plan of Correction (POC)

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See attached POC

See page 3a of 4

Legal Entity Representative

*Kim Ficco*  
Signature

Kim Ficco, ED 7/2/2020  
Printed Name and Title Date

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2600.42.c

- Staff member A was suspended impending an investigation on May 6<sup>th</sup> 2020 after incident was made known to Executive Director
- Staff member A was terminated on May 20<sup>th</sup> 2020 following results of investigation.
- Current staff training to be conducted on Resident's Rights by Executive Director to be completed by July 16<sup>th</sup> 2020.
- Executive Director or designee will interview staff members asking them to state 1 resident right and completely explain it. 5 staff members weekly x 4 weeks, 3 staff members weekly x 4 weeks, 1 staff member weekly x 1 week.
- Results of audit will be reviewed in monthly QI. Continued monitoring will be based on sustained compliance for 3 months. Monitoring will be ongoing

*Kim J. Fico, ED*  
*7-2-20*



225c - Additional Assessment

Regulations

2600.

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

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

Description of Violation

Resident #2's RASP, dated 10/22/19, indicates his supervision needs are moderate, he has minimal problems with irritability, and no problems with agitation and aggression. However, on 11/25/19 and 11/26/19 he had several incidents of verbally and physically aggressive behavior directed at staff and another resident, for which the local police were call and the resident was hospitalized. His RASP was not updated to include this significant change.

Resident #2 was diagnosed with generalized pruritus and ordered skin moisturizer twice a day on 2/27/20, then diagnosed with a rash and ordered Hydrocortisone Cream 0.5%, four times daily on 3/27/20. However, his RASP was not updated to include this significant change.

Plan of Correction (POC)

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*See attached POC*

See page 4a of 4

Legal Entity Representative

*Kim Ficeo*  
Signature

*Kim Ficeo, ED 7/2/2020*  
Printed Name and Title Date

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2600.225.c

- Resident 2 was discharged from facility on May 6<sup>th</sup> 2020.
- In house audit of current RASPs was completed on June 10, 2020 to verify they are updated with each significant change.
- 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 any changes in resident's status.
- Results of audit will be reviewed in monthly QI. Continued monitoring will be based on sustained compliance for 3 months. Monitoring will be ongoing.

7-2-20 Kim [Signature], ED