

Department of Human Services
Bureau of Human Service Licensing

December 2, 2020

KIM FICCO, ADMINISTRATOR
BARNES AID OPCO LLC
2021 JAMES STREET
LATROBE, PA 15650

RE: BARNES PLACE
2021 JAMES STREET
LATROBE, PA, 15650
LICENSE/COC#: 44488

Dear Ms. Ficco,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/21/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Larry Mazza

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC**

Facility Information

Name: *BARNES PLACE* License #: *44488* License Expiration Date: *01/11/2021*
 Address: *2021 JAMES STREET, LATROBE, PA 15650*
 County: *WESTMORELAND* Region: *WESTERN*

Administrator

Name: *Kim Ficco* Phone: *7245378005* Email: *kficco@enlivant.com*

Legal Entity

Name: *BARNES AID OPCO LLC*
 Address: *2021 JAMES STREET, LATROBE, PA, 15650*
 Phone: *7245378005* Email: *LEGALHELP@ENLIVANT.COM*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *09/26/1997* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *68* Waking Staff: *51*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *09/21/2020*

Inspection Dates and Department Representative

09/21/2020 - On-Site: Michael Marini

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *68* Residents Served: *48*

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: *48*
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *20* Have Physical Disability: *0*

Inspections / Reviews

09/21/2020 - Partial

Lead Inspector: *Michael Marini* Follow-Up Type: *POC Submission* Follow-Up Date: *10/04/2020*

Inspections / Reviews *(continued)*

10/14/2020 - POC Submission

Lead Reviewer: *Larry Mazza*Follow-Up Type: *POC Submission*Follow-Up Date: *10/20/2020*

10/20/2020 - POC Submission

Lead Reviewer: *Larry Mazza*Follow-Up Type: *Document Submission*Follow-Up Date: *11/30/2020*

12/2/2020 - Document Submission

Lead Reviewer: *Larry Mazza*Follow-Up Type: *Not Required*

15a - Resident Abuse Report

1. Requirements

2600.

- 15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On 9/16/20 at approximately 6:30 AM, staff person A was in another resident's bedroom when she heard staff person B yelling at resident #1, "Fuck you! Shut the fuck up!" When staff person A entered resident #1's bedroom, staff person B told resident #1 to, "Sit the fuck down and shut the hell up"! However, this incident was not reported to the Area Agency on Aging until 2:15 PM.

Plan of Correction

Accept

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.

2600.15.a

- Resident #1 was immediately assessed by CSM. MD and family notified.*
- Incident Reports for last 90 days were reviewed to ensure incident was reported as required.*
- Ongoing audits of incident reports to be completed by ED or designee to ensure compliance of reporting. 5 incident reports audited weekly for 4 weeks, 3 reports for 4 weeks and 1 report for 4 weeks.*
- Staff member A was educated by the ED on the reporting requirements for suspected abuse allegations and in accordance with the Older Adult Protective Service Act on 09/16/2020 and Regulation 2600.15.a to ensure timely reporting of suspected resident abuse to the Area Agency on Aging. Staff member B is no longer an employee as of 10/7/2020 following results of investigation and guidance from Human Resources.*
- Employees will be educated by 10/15/2020 by the ED and CSM to contact the supervisor immediately of any allegations of abuse 24 hours a day 7 days a week and the reporting requirements for suspected abuse allegations and in accordance with the Older Adult Protective Service Act and Regulation 2600.15.a*
- Resident Council attendees will be educated by 10/21/2020 by ED or designee on abusive type behaviors and reporting those type behaviors immediately.*
- Incident reports will be reviewed at the monthly QI meetings to determine any ongoing concerns regarding timely reporting.*

Completion Date: 12/31/2020

Document Submission

Implemented

See attached Training Documents

15b - Supervisor Plan

1. Requirements

2600.

- 15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

15b - Supervisor Plan (continued)

Description of Violation

On 9/16/20 at approximately 6:30 AM, staff person A was in another resident's bedroom when she heard staff person B yelling at resident #1, "Fuck you! Shut the fuck up!" When staff person A entered resident #1's bedroom, staff person B told resident #1 to, "Sit the fuck down and shut the hell up"! However, staff person B continued to work in the home unsupervised until 1:40 PM on 9/16/20.

Plan of Correction

Accept

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2600.15.b

- The incident regarding resident #1 occurred on 9/16/2020 at 6:30am and was reported to the Department at 1:30pm. Staff member B was immediately suspended by ED at 1:40pm pending findings of investigation related to allegation of abuse.
- CSM/ED trained staff on immediate reporting and handling of abuse allegations
- ED and CSM reviewed incident reports completed in the last 90 days to ensure employees involved in allegations of abuse were suspended or supervised immediately following alleged incident
- ED and CSM educated by Regional Director of Care Services on 10/14/2020 on regulations 2600.15b including the immediate development and implementation of a plan of supervision or suspension of the staff person involved in the alleged incident of abuse.
- Current employees educated by ED and Care Service Manager on 10/01/2020 on immediate reporting of allegation of abuse to their supervisor.

Completion Date: 12/31/2020

Document Submission

Implemented

Ongoing

42b - Abuse

1. Requirements

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 9/16/20 at approximately 6:30 AM, staff person A was in another resident's bedroom when she heard staff person B yelling at resident #1, "Fuck you! Shut the fuck up!" When staff person A entered resident #1's bedroom, staff person B told resident #1 to, "Sit the fuck down and shut the hell up"!

42b - Abuse (continued)

Plan of Correction

Accept

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2600.42.b

- *Staff member B was terminated on 10/07/2020 following completion of investigation.*
- *Resident #1 was immediately assessed by Care Services Manager and interviewed by ED.*
- *Resident interviews were conducted to verify no other incidents that have not been reported.*
- *Current staff to complete Understanding Resident's Rights provided by Relias Training by 11/30/2020.*
- *During monthly staff meetings, 5 resident's rights will be discussed at length with the staff by the Executive Director or designee for the next 6 months.*
- *Executive Director or designee will interview 5 staff members weekly for 4 weeks, 3 staff members weekly for 4 weeks and 1 staff member weekly for 4 weeks to verbalize understanding of Elder Abuse/Resident's Rights and reporting.*
- *Audit results will be discussed in QI meetings. The QI committee will determine if continued auditing is necessary based on 3 consecutive months of compliance.*

Completion Date: 12/31/2020

Document Submission

Implemented

Ongoing