

Department of Human Services
Bureau of Human Service Licensing

February 4, 2022

[REDACTED], ADMINISTRATOR
[REDACTED]
[REDACTED]

RE: THE ARBORS AT ST. BARNABAS
85 CHARITY PLACE
VALENCIA, PA, 16059
LICENSE/COC#: 42309

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/25/2021, 08/26/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

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: *THE ARBORS AT ST. BARNABAS* License #: *42309* License Expiration: *11/10/2021*
Address: *85 CHARITY PLACE, VALENCIA, PA 16059*
County: *BUTLER* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *06/04/2010* Issued By: *Adams TWP*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *92* Waking Staff: *69*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *08/26/2021*

Inspection Dates and Department Representative

08/25/2021 - On-Site: [REDACTED]

08/26/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *229* Residents Served: *62*

Secured Dementia Care Unit

In Home: *Yes* Area: *Second Floor* Capacity: *47* Residents Served: *18*

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *62*
Diagnosed with Mental Illness: *4* Diagnosed with Intellectual Disability: *2*
Have Mobility Need: *30* Have Physical Disability: *0*

Inspections / Reviews

08/25/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/22/2021*

Inspections / Reviews (*continued*)

11/18/2021 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *11/22/2021*

08/25/2021 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *12/23/2021*

02/04/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

81b - Resident Personal Equipment

1. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

On 8/25/21, resident #1 had an enabler bar on the bed that had an approximate 3" gap between the enabler bar and mattress, posing a potential entrapment hazard.

Plan of Correction

Accept

The home shall ensure all wheelchairs, walkers, prosthetic devices and other apparatus used by residents will be clean, in good repair, and free of hazards. Resident #1 was found to have an enabler bar on the bed with an approximate 3" gap between the bar and mattress. Non removable straps were placed between mattress and bar immediately to ensure resident safety on 8/25/2021. Inspector reviewed site and approved on 8/25/2021. Maintenance Director inspected all resident's enabler bars to ensure no gap present. Nursing and Maintenance staff will be educated by Staff Development or designee on regulation 2600.81.b. All education will be completed by 11/5/2021. A quality assurance check will be implemented weekly for one month, bi-monthly for one month, and monthly thereafter of all enabler bars used by residents.

Document Submission

Implemented

Please see attached documentation previously submitted

100a - Exterior - Free of Hazards

1. Requirements

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

On 8/25/21, there was an approximate 8' by 7' water pond feature that measures approximately 2' deep in the enclosed courtyard on the Garden Level. There is only an approximate 2 1/2' wall enclosure around the pond that allows you to sit directly by the water, posing a potential drowning hazard.

Plan of Correction

Accept

The home shall ensure the exterior of the building and the building grounds or yard must be in good repair and free from hazards. On 8/25/2021, a water pond feature was observed with a 2 1/2" wall enclosure around the water that allows you to sit near the water. A temporary sign was placed that states "Seating Not Permitted on Water Feature Ledge." The water feature was turned off on 10/20/2021 and will remain empty through the winter. Hampton concrete visited the site on 10/13/2021 to provide possible options. Other options and quotes were obtained. A wooden planter box will be installed in front and around the water feature. This will provide a barrier between residents and the water. This project is expected to be completed in the Spring.

Document Submission

Implemented

See attached documentation previously submitted

101j7 - Lighting/Operable Lamp

1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

On 8/25/21, resident #2 did not have access to a source of light that can be turned on/off at bedside. The bedside lamp was approximate 3 1/2' from the bed and the overhead bed's lamp chain was approximate 4 1/2' from the bed.

Plan of Correction

Accept

The home must ensure each resident have an operable lamp or other source of lighting that can be turned on at bedside. On 8/25/2021, a lamp was immediately placed on the bedside table next to the bed with Resident #2. Housekeeping and Nursing staff will be educated by Staff Development or designee on regulation 2600.101.j. All education will be completed by 11/5/2021. A quality assurance check will be implemented on five (5) residents weekly for one month, bi-monthly for one month, and monthly thereafter to ensure each resident will have appropriate lighting at bedside.

Document Submission

Implemented

Please see attached documentation previously submitted

102d - Grab/Hand/Assist Bar/Slip-Resistant Surface

1. Requirements

2600.

102.d. Toilet and bath areas must have grab bars, hand rails or assist bars. Bathtubs and showers must have slip-resistant surfaces.

Description of Violation

There is no grab bar, hand rail or assist bar for the toilet in the common half bathroom in the sitting room area on the secured dementia care unit (SDCU).

Plan of Correction

Accept

The home shall ensure all toilet and bath areas will have grab bars, hand rails, or assist bars. Bathtubs and showers must have slip-resistant surfaces. On 08/25/2021, a grab bar was placed immediately by the Maintenance Director in the common half bathroom on the SDCU. All Nursing staff, Housekeeping and Maintenance staff will be educated on 2600.102.d by Staff Development or designee. All education will be completed by 11/05/2021.

Document Submission

Implemented

Please see attached documentation previously submitted

141b1 - Annual Medical Evaluation

1. Requirements

2600.

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

Description of Violation

On 8/25/21, resident #3's medical evaluation, dated [REDACTED] did not include the medication regimen. The medical evaluation indicated "see attached medication list", however, no attachment was available.

141b1 - Annual Medical Evaluation (continued)**Plan of Correction****Accept**

The home shall ensure each resident will have a medical evaluation at least annually. On 08/25/2021, Resident #3 did have an annual medical evaluation but did not have a medication list attached. The Nurses and Office Coordinator will be educated by Staff Development or designee on regulation 2600.141.b.1. All education will be completed by 11/05/2021. A quality assurance check will be implemented on five (5) residents weekly for one month, bi-monthly for one month, and monthly thereafter to ensure each resident has an annual DME with an attached medication list.

Document Submission**Implemented**

Please see attached documentation previously submitted

181c - Self-administration Assessment**1. Requirements**

2600.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

Resident #4 self-administers the medication [REDACTED]; however, resident #4 has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding ability to self-administer and the need for reminders to take medications. Resident #4's medical evaluation, dated [REDACTED] indicates the resident cannot self-administer medications.

Plan of Correction**Accept**

The home shall ensure a self-administration assessment shall identify if the resident is able to self-administer medications as specified in 2600.227(e). On 08/25/2021, the [REDACTED] medication that was present was immediately removed. Nursing staff will be educated by Staff Development or designee on regulation 2600.227(e) and 2600.181.c. All education will be completed by 11/05/2021. A quality assurance check will be implemented on five (5) residents weekly for one month, bi-monthly for one month, and monthly thereafter to ensure all residents who are determined unable to self-administer will not have medications accessible in their room.

Document Submission**Implemented**

Please see attached documentation previously submitted

181d - Storing Medication**1. Requirements**

2600.

181.d. If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

181d - Storing Medication (continued)**Description of Violation**

Resident #3 self-administers medications and stores medications in his/her bedroom. On 8/25/21, there were several unlocked, unattended medications to include [REDACTED] and [REDACTED] in the resident's bathroom medicine cabinet and [REDACTED] and [REDACTED] in a cabinet by the bathroom sink.

On 8/25/21, the prescribed medication [REDACTED], was unlocked, unattended, and accessible on top of a cabinet in the bathroom of resident #4's unlocked bedroom.

Plan of Correction**Accept**

The home shall ensure if a resident does not need assistance with medication, the medication may be stored and locked in a resident's room for self-administration. Nursing staff will be educated by Staff Development or designee on regulation 2600.181.d. All education will be completed by 11/05/2021. A quality assurance check will be implemented on five (5) residents weekly for one month, bi-monthly for one month, and monthly thereafter to ensure that residents who self-administer have the medications locked and secured. Residents who do not self-administer will not have medications in their room.

Document Submission**Implemented**

Please see attached documentation previously submitted

183e - Storing Medications**1. Requirements**

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

Resident #5 is prescribed [REDACTED] 1 drop right eye one time a day. On 8/26/21, resident #5's [REDACTED] was in the medication cart and dated as opened on 1/9/21. The manufacturer's instructions indicate to dispose of the medication 6 weeks/42 days after opening.

Plan of Correction**Accept**

The home shall ensure that all medications will be stored in an organized manner under proper conditions and in accordance with the manufacturer's instructions. The outdated [REDACTED] was immediately removed. A new box of Latanoprost was available and present in the medication cart as well. Staff opened the current box to begin using and dated appropriately. Nursing staff will be educated by Staff Development or designee on regulation 2600.183.e. All education will be completed by 11/05/2021. A quality assurance check will be implemented on five (5) residents weekly for one month, bi-monthly for one month, and monthly thereafter to ensure no expired eye medications are present in the medication cart.

Document Submission**Implemented**

Please see attached documentation previously submitted

225a - Assessment 15 Days**1. Requirements**

2600.

225a - Assessment 15 Days (continued)

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

On 8/25/21, resident 3's assessment, dated [REDACTED] did not include the resident's use/need for an enabler bar.

Plan of Correction**Accept**

The home shall ensure that a resident will have a written initial assessment within 15 days of admission and should have an enabler bar present on the assessment if appropriate. The Resident assessment and support plan of all current residents using an enabler bar was verified by the office coordinator to have documentation of an enabler bar present. The Nurses and Office Coordinator was educated by Staff Development or designee on regulation 2600.225.a by 11/5/21. Moving forward all nursing staff will be educated on regulation 2600.225.a. A quality assurance check will be implemented on five (5) residents. Resident Assessment and Support Plans weekly for one month, bi-monthly for one month, and monthly thereafter to ensure enabler bars are present if appropriate.

Document Submission**Implemented**

Please see attached documentation previously submitted