

Department of Human Services
Bureau of Human Service Licensing

November 19, 2021

[REDACTED], PRESIDENT & COO
[REDACTED]
[REDACTED]
[REDACTED]

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/02/2021, 11/03/2021 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**

Facility Information

Name: *BARNES PLACE* License #: *44488* License Expiration Date: *01/11/2022*
Address: *2021 JAMES STREET, LATROBE, PA 15650*
County: *WESTMORELAND* Region: *WESTERN*

Administrator

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

Legal Entity

[REDACTED]

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: *59* Waking Staff: *44*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *11/03/2021*

Inspection Dates and Department Representative

11/02/2021 - On-Site: [REDACTED]
11/03/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *68* Residents Served: *45*

Secured Dementia Care Unit

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

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *45*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *14* Have Physical Disability: *0*

Inspections / Reviews

11/02/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *11/18/2021*

11/18/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *11/21/2021*

11/19/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

82c - Locking Poisonous Materials

1. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

On 11/2/21 at approximately 11:46 a.m., under the sink of the common lounge area located next to the Sprinkler Riser room there was a 24 fluid ounce bottle of Ecolab Oasis 255 SF Industrial Strength Ammoniated Glass Clear with a warning label that indicates "For Industrial Use Only, Keep out of reach of children, do not drink No known significant effects or critical hazards, wash thoroughly after handling, Get medical attention if symptoms appear" that was found unlocked, unattended, and accessible to residents. Resident #1's medical evaluation dated 3/10/21 indicates the resident has been assessed as incapable of recognizing and using poisons safely.

Plan of Correction

Accept

2600.82(c)

- The bottle of Ecolab Oasis 255 Glass Cleaner was immediately placed in a locked closet on 11/02/2021.
- On 11/02/2021, CSM evaluated resident #1 with no adverse findings noted.
- On 11/03/2021, ED completed observational audit of community to ensure poisonous materials were kept locked and inaccessible to residents as required. No additional findings noted.
- Current Staff received training on proper identification and storage of poisonous materials by the Executive Director on 11/11/2021.
- The Executive Director and/or designee to complete a walkthrough of the community's common areas 3 x week for 4 weeks, then 2 x a week for 4 weeks, then weekly for 4 weeks to ensure that poisonous materials are kept locked and inaccessible to the residents.
- Audit results will be discussed in the monthly QI meetings. The QI committee will determine if continued auditing is necessary based on 3 consecutive months of compliance. Monitoring will be on going.

Completion Date: 11/18/2021

Document Submission

Implemented

See Attached

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

85a - Sanitary Conditions (continued)

Description of Violation

On 11/2/21 at approximately 10:35 a.m. in the home's kitchen, the Victory upright cooler has pieces of unidentifiable food debris and unidentifiable liquids that appear to be salad dressing varying in shapes and sizes coating the bottom of the cooler.

On 11/2/21 at approximately 10:35 a.m. in the home's kitchen, the entire interior of the microwave is caked with food debris that appears to be eggs and cheese to include the sides, top, bottom and door of microwave.

On 11/2/21 at approximately 12:19 p.m., the tweezers in the first aid kit located in the home's transportation van are heavily rusted to the point where pieces of rust are flaking away from the pincers of the tweezers.

Plan of Correction**Accept**

2600.85(a)

- Food debris and liquids in the bottom of the Victory upright cooler were cleaned upon identification on 11/02/2021 by the Chef
- The microwave in the home's kitchen was cleaned upon identification on 11/02/2021 by the Chef.
- The tweezers for the first aid kit located in the transportation van were replaced on 11/02/2021 by the Executive Director .
- On 11/03/2021 the Executive Director completed observational audit of community to ensure sanitary conditions were maintained. No additional findings noted.
- On 11/12/2021, The Executive Director provided re-education to the Dietary staff on maintaining sanitary conditions in the community.
- The Executive Director and/or designee to audit the community including kitchen coolers, microwave, and transportation van first aid kit 3 x week for 4 weeks, then 2 x week for 4 weeks, then weekly for 4 weeks to audit for sanitary conditions.
- Audit results will be discussed in the monthly QI meetings. The QI committee will determine if continued auditing is necessary based on 3 consecutive months of compliance. Monitoring will be on going.

Completion Date: 11/18/2021

Document Submission**Implemented**

See attached

103i - Outdated Food

1. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

On 11/2/21 at approximately 10:35 a.m. in the home's kitchen, inside the TRUE upright double door freezer there is an open plastic bag labeled "Grouper Burger" and dated "7/3/21 & 7/4/21" containing what appears to be a single frozen Grouper burger patty.

103i - Outdated Food (continued)

Plan of Correction

Accept

2600.103(i)

- The Grouper Burger that was located in the upright double door freezer was discarded on 11/2/2021 by the Executive Director.
- On 11/03/2021, the Executive Director conducted audit of food storage to ensure outdated or spoiled foods or dented cans were not in use. No additional findings noted.
- The Chef and Assistant chef were in-serviced on Safe food storage and regulation 2600.103i on 11/12/2021 by the Executive Director.
- The Executive Director and/or designee will audit the contents of the community's food storage 3 x week for 4 weeks, then 2 x a week for 4 weeks, then weekly for 4 weeks to ensure that the food is stored safely and that no outdated or spoiled food is present.
- Audit results will be discussed in the monthly QI meetings. The QI committee will determine if continued auditing is necessary based on 3 consecutive months of compliance. Monitoring will be on going.

Completion Date: 11/18/2021

Document Submission

Implemented

See attached

252 - Record Content

1. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

- 3. A photograph of the resident that is no more than 2 years old.

Description of Violation

The photograph in resident #3's record is dated [REDACTED]

Plan of Correction

Accept

2600.252(3)

- The photo for Resident # 3 was updated on 1 [REDACTED] by the Administrative Specialist and placed in the resident's record.
- An audit of current resident's records to ensure photographs are no older than 2 years, was completed on [REDACTED] by the Executive Director. Identified residents had an updated photograph taken and placed in residents record on [REDACTED] by the Administrative Specialist.
- On 11/16/2021, The Regional Director of Care Services provided re-education to the Executive Director on requirement to include a photograph of residents that is no more than 2 years old within their resident's records.
- The Care Service Manager and/or designee will audit 5 resident's photos a week for 4 weeks, 3 resident's photos a week for 4 weeks and then 1 resident photo a week for 4 weeks to ensure photos are current.
- Audit results will be discussed in the monthly QI meetings. The QI committee will determine if continued auditing is necessary based on 3 consecutive months of compliance. Monitoring will be on going.

Completion Date: 11/18/2021

Document Submission

Implemented

See attached