

Department of Human Services  
Bureau of Human Service Licensing

November 23, 2022

[REDACTED]

THE ARBORS AT ST BARNABAS INC  
85 CHARITY PLACE  
VALENCIA, PA, 16059

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 09/07/2022, 09/08/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]

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: *11/10/2022*  
Address: *85 CHARITY PLACE, VALENCIA, PA 16059*  
County: *BUTLER* Region: *WESTERN*

**Administrator**

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

**Legal Entity**

Name: *THE ARBORS AT ST BARNABAS INC*  
Address: *85 CHARITY PLACE, VALENCIA, PA, 16059*  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *I-1* Date: *06/04/2010* Issued By: *Adams Township*  
Type: *I-1* Date: *01/09/2020* Issued By: *Adams Township*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *85* Waking Staff: *64*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *09/08/2022*

**Inspection Dates and Department Representative**

09/07/2022 - On-Site: [REDACTED]  
09/08/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *229* Residents Served: *67*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *Secured Unit* Capacity: *47* Residents Served: *18*

**Hospice**

Current Residents: *9*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *67*  
Diagnosed with Mental Illness: *3* Diagnosed with Intellectual Disability: *2*  
Have Mobility Need: *18* Have Physical Disability: *0*

## Inspections / Reviews

## 09/07/2022 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *10/05/2022*

## 10/11/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: *11/23/2022*

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *10/18/2022*

## 10/17/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: *11/23/2022*

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *11/11/2022*

## 11/23/2022 - Document Submission

Submitted By: [REDACTED]

Date Submitted: *11/23/2022*

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 102h - Toilet Paper

## 1. Requirements

2600.

102.h. Toilet paper shall be provided for every toilet.

## Description of Violation

On 9/7/22, there was no toilet paper for the toilet in the second floor lounge bathroom.

## POC Submission

Accept [REDACTED] - 10/17/2022)

The home shall ensure the second floor lounge bathroom as well as all bathrooms have toilet paper present at all times. On 9/7/2022 a roll of toilet paper was placed by the housekeeping director immediately upon being notified it was needed. Housekeeping and Nursing staff will be educated on Regulation 2600.102.h by Staff Development or designee. All education will be completed by 10/12/2022. A quality assurance check started on 10/11/22 by our Housekeeping Director implemented on bathrooms weekly for one month, bi-monthly for one month, and monthly thereafter to ensure toilet paper is provided for each toilet.

Licensee's Plan Completion Date: 10/19/2022

Implemented [REDACTED] - 11/23/2022)

## 184a - Resident's Meds Labeled

## 2. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

4. The prescribed dosage and instructions for administration.

## Description of Violation

Resident #1 is prescribed Acetaminophen Suppository 650mg – [REDACTED]  
 [REDACTED] – Not to exceed 3mg APAP in 24 hours. However, the resident's medication label indicates  
 FEVERALL 325mg suppository – [REDACTED] – Not  
 to exceed 3gm APAP in 24 hours.

## POC Submission

Accept [REDACTED] - 10/14/2022)

The home shall ensure all original containers for prescription medications shall be labeled with a pharmacy label that includes the prescribed dosage and instructions for administration. On 9/8/2022 a "change sticker please refer to EMAR" was immediately placed on this medication by the Arbors LPN and the pharmacy was contacted. Education will be provided to all certified medication administrators by 10/19/2022 by the administrator or designee. A quality assurance check will be implemented by our staff development nurse beginning 10/13/2022 on five residents weekly for one month, bi-monthly for one month, and monthly thereafter to ensure all medications have the proper pharmacy label.

Licensee's Plan Completion Date: 10/19/2022

Implemented [REDACTED] - 11/23/2022)