



pennsylvania

DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: March 22, 2023

[REDACTED]
Southwest Behavioral Care, Inc.
[REDACTED]

RE: Barclay Place
320 West Pittsburgh Street
Greensburg, Pennsylvania 15601
License/COC #: 453871

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on November 9, 2022, December 5, 2022, and December 7, 2022, of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance (license number 453870) dated September 2, 2022 - September 2, 2023, and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026 (b)(1) and 55 Pa. Code § 20.71(a)(2); (3); (4) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from March 22, 2023 to September 22, 2023.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

[REDACTED]
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120
PH: 717-214-1304

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

Jamie F. Buchenauer

Jamie Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc:

[REDACTED]

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

Facility Information

Name: *BARCLAY PLACE* License #: *45387* License Expiration: *09/02/2023*
Address: *320 WEST PITTSBURGH STREET, GREENSBURG, PA 15601*
County: *WESTMORELAND* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *SOUTHWEST BEHAVIORAL CARE INC*
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *R-4* Date: *04/20/2022* Issued By: *City of Greensburg*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *13* Waking Staff: *10*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *11/09/2022*

Inspection Dates and Department Representative

11/09/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *14* Residents Served: *12*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *10* Are 60 Years of Age or Older: *10*
Diagnosed with Mental Illness: *12* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *1* Have Physical Disability: *0*

Inspections / Reviews

11/09/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/01/2022*

Inspections / Reviews (*continued*)

11/30/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: 01/11/2023
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/06/2022

12/12/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: 01/11/2023
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 01/12/2023

02/23/2023 - Document Submission

Submitted By: [REDACTED] Date Submitted: 01/11/2023
Reviewer: [REDACTED] Follow-Up Type: Enforcement

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 11/3/22 at approximately 6:30 PM, staff person B overheard staff person A yelling at resident #1 and threatening to report resident #1 to the administrator and send resident #1 back to ██████████ State Hospital. However, this incident was not reported to the local Area Agency on Aging until 11/4/22 at 2:28 PM.

On 11/3/22 at approximately 7:00 PM, staff person B heard a loud thump then observed a large goose egg on resident #1's forehead. Resident #1 reported being shoved in the elevator by a staff person. Resident #1 was transported by emergency services to the hospital for treatment. However, this incident was not reported to the local Area Agency on Aging until 11/4/22 at 2:28 PM.

Plan of Correction

Directed ██████████ - 12/09/2022)

Staff will be retrained by Director ██████████ on November 30th. This training provides an overview of the mandatory abuse reporting provisions of the Adult and Older Adult Protective Services Acts. This training will also emphasize that any type of suspected abuse must be reported to the Area Agency on Aging immediately, following suspected abuse. Any staff who cannot attend this training will meet with Supervisor ██████████ to receive the same training by December 2nd 2022. Barclay Place will host another APS training in 6 months from December 2nd to review the APS guidelines on mandatory abuse and reporting. Newly Hired staff will complete this training with the supervisor during their orientation. This will be documented through a new hire completion checklist. Documentation of education with staff will be kept.

DIRECTED: Within 72 hours of receipt of the plan of correction: A supervisor shall review all internal incidents daily to ensure all allegations of abuse/neglect are reported timely to the local Area Agency on Aging in accordance with 2600.15a. ██████████ 12/9/22

Directed Completion Date: 12/15/2022

Implemented (██████████ - 02/23/2023)

15b - Supervisor Plan

2. 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.

Description of Violation

On 11/3/22 at approximately 6:30 PM, staff person B overheard staff person A yelling at resident #1 and threatening to report resident #1 to the administrator and send resident #1 back to ██████████ State Hospital. However, staff person A continued to work unsupervised in the home and provide care to residents until the end of ██████████ shift at 12:00 AM on 11/4/22.

15b - Supervisor Plan (continued)

Plan of Correction

Accept [REDACTED] 12/09/2022)

Moving forward, if there is an incident or report of suspected abuse, staff will notify the supervisor on call. We will review these steps during the next quality management meeting in February to ensure we are following the regulations. This documentation will be kept in the QM book. The staff member involved will be suspended immediately and the supervisor on call will work on securing coverage. The staff member will be suspended without pay during the length of the investigation. Supervisor [REDACTED] will review this protocol with staff on 11/30/2022 during the staff meeting. Documentation of Staff meeting will be kept.

Licensee's Proposed Overall Completion Date: 02/28/2023

Implemented ([REDACTED] - 02/23/2023)

25c5 - Telephone Calls

3. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

- 5. The method for payment of charges for long distance telephone calls.

Description of Violation

Resident #1's resident-home contract, dated 10/11/22, does not include the method for payment of charges for long distance phone calls. This section of resident #1's resident-home contract is blank.

Plan of Correction

Directed ([REDACTED] - 12/09/2022)

Barclay Place does not require any charges for long distance phone calls. [REDACTED] - Team Lead - will complete an audit of all resident contracts to be sure that it is documented in each resident's contract that there are no charges for long distance phone calls. This audit will be completed by December 2nd 2022. Resident #1s contract was updated on 11/9/22 and was initialed by Resident #1 on 11/10/22. Entrance Checklist will be created and used upon admission of new residents. (DIRECTED: The new admission checklist shall be implemented within 72 hours of receipt of the plan of correction. Copies of the new admission checklists shall be kept in each newly-admitted resident's record. All staff persons involved in the admission process shall be educated on the new checklist by 12/20/22. Documentation of the education shall be kept. [REDACTED] 12/9/22). No new admitted since inspection.

Directed Completion Date: 12/20/2022

Not Implemented ([REDACTED] - 02/23/2023)

25c6 Refunds

4. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

- 6. The conditions under which refunds will be made, including the refund of admission fees and refunds upon a resident's death.

Description of Violation

Resident #1's resident-home contract, dated 10/11/22, does not specify the conditions under which refunds will be

25c6 - Refunds (continued)

made, including the refund of admissions fees and refunds upon the resident's death. This section of resident #1's resident-home contract is blank.

Plan of Correction

Directed [REDACTED] 12/09/2022)

The Resident Charges and Refund Policy was added to each resident contract and mailed to their rep-payees/guardians on 11/29/2022. Each resident shall receive a copy of the Policy no later than 12/02/2022. The contract shall be attached to each resident contract moving forward. Entrance Checklist will be created and used upon admission of new residents. (DIRECTED: The new admission checklist shall be implemented within 72 hours of receipt of the plan of correction. Copies of the new admission checklists shall be kept in each newly-admitted resident's record. All staff persons involved in the admission process shall be educated on the new checklist by 12/20/22. Documentation of the education shall be kept. [REDACTED] 12/9/22). No new admitted since inspection.

Directed Completion Date: 12/20/2022

Not Implemented [REDACTED] 02/23/2023)

42b - Abuse

5. 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 11/3/22 at approximately 6:30 PM, staff person B overheard staff person A yelling at resident #1 and threatening to report resident #1 to the administrator and send resident #1 back to [REDACTED] State Hospital. Staff person A was also overheard saying [REDACTED] does not want resident #1 in the home.

Plan of Correction

Directed [REDACTED] - 12/09/2022)

During the staff meeting an APS training is being held on November 30th, by Director [REDACTED] and Supervisor [REDACTED]. (DIRECTED: Documentation of the education shall be kept. [REDACTED] 12/9/22). where we will review PA Regulation 2600 42. We reviewed the regulations and what abuse meant and the different types. If anyone did not attend the meeting, it will be reviewed with Supervisor [REDACTED] no later than December 9th, 2022. Barclay Place will host another review/training in 6 months from December 2nd to review the regulations. Documentation of staff education will be kept.

Staff person B is currently suspended pending AAA's written notification of their investigation being completed. (DIRECTED: Staff person A shall not provide unsupervised ADL's services to any resident until staff person A has been re-educated on resident rights, which includes residents being free from abuse and neglect. Documentation of the education shall be kept. [REDACTED] 12/9/22).

Within 30 calendar days of receipt of the plan of correction: The home will conduct a quality management plan review and evaluation. The Administrator will place an increased emphasis on these plans of correction and take action to improve the quality of its resident rights and Older Adult Protective Services Act (OAPSA) training for all newly hired staff within 40 scheduled working hours in accordance with §2600.65(b)(1) and §2600.65(b)(3) and annually in accordance with §2600.65(g)(3) and §2600.65(g)(4). Documentation of the quality management

42b - Abuse (continued)

review shall be kept. LM 12/9/22).

DIRECTED: Within 5 calendar days of receipt of the plan of correction: The administrator shall interview at least 5 residents a month for 6 months to ensure residents are free from abuse and neglect and to ensure resident rights are protected. The resident interviews shall be conducted in private. Documentation of the resident interviews shall be kept. [REDACTED] 12/9/22

Directed Completion Date: 01/12/2023

Not Implemented ([REDACTED] - 02/23/2023)

42c - Treatment of Residents

6. Requirements

2600.

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

Description of Violation

On 11/3/22 at approximately 7:00 PM, resident #1 entered the home's kitchen and asked for a cup of coffee. Staff person A took the coffee pot and emptied the remainder of the coffee down the sink drain in front of resident #1.

Plan of Correction

Directed ([REDACTED] - 12/09/2022)

During the staff meeting and APS training that is being held on November 30th, (DIRECTED: Documentation of the education shall be kept. [REDACTED] 12/9/22). Director [REDACTED] and Supervisor [REDACTED] will review PA Regulation 2600 42. If anyone cannot attend the meeting, it will be reviewed with Supervisor [REDACTED] no later than December 2nd, 2022. Barclay Place will host another review/training in 6 months from December 2nd to review the regulations. Documentation of staff education will be kept. Newly Hired staff will complete this training with the supervisor during their orientation. This will be documented through a new hire completion checklist. Staff person B is currently suspended without pay pending AAA's written notification of their investigation being completed. (DIRECTED: Staff person A shall not provide unsupervised ADL's services to any resident until staff person A has been re-educated on resident rights, which includes residents being free from abuse and neglect. Documentation of the education shall be kept. [REDACTED] 12/9/22).

Within 30 calendar days of receipt of the plan of correction: The home will conduct a quality management plan review and evaluation. The Administrator will place an increased emphasis on these plans of correction and take action to improve the quality of its resident rights and Older Adult Protective Services Act (OAPSA) training for all newly hired staff within 40 scheduled working hours in accordance with §2600.65(b)(1) and §2600.65(b)(3) and annually in accordance with §2600.65(g)(3) and §2600.65(g)(4). Documentation of the quality management review shall be kept. [REDACTED]/9/22).

DIRECTED: Within 5 calendar days of receipt of the plan of correction: The administrator shall interview at least 5 residents a month for 6 months to ensure residents are free from abuse and neglect and to ensure resident rights are protected. The resident interviews shall be conducted in private. Documentation of the resident interviews shall be kept. [REDACTED] 12/9/22

Directed Completion Date: 01/12/2023

Not Implemented ([REDACTED] - 02/23/2023)

141a 1-10 Medical Evaluation Information

7. Requirements

2600.

- 141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
 - 1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
 - 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
 - 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
 - 4. Special health or dietary needs of the resident.
 - 5. Allergies.
 - 6. Immunization history.
 - 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
 - 8. Body positioning and movement stimulation for residents, if appropriate.
 - 9. Health status.
 - 10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

Resident #1’s medical evaluation, dated [REDACTED], indicates “see MARs” under the medication addendum section; however, nothing is attached.

Plan of Correction

Directed [REDACTED] - 12/09/2022)

On 11/09/22, Supervisor attached the MARs that was sent from TSH when resident was admitted to Barclay Place. It was located in the MARS section of the resident chart. On 11/29/22, Supervisor completed an audit of all resident charts and ensured all MARs from TSH were attached to the resident's DME. Moving forward, Supervisor and Team Lead will ensure the MARs are attached to DMEs upon resident admission. This will be checked off on the new resident admission checklist. (DIRECTED: The new admission checklist shall be implemented within 72 hours of receipt of the plan of correction. Copies of the new admission checklists shall be kept in each newly-admitted resident's record. All staff persons involved in the admission process shall be educated on the new checklist by 12/20/22. Documentation of the education shall be kept. [REDACTED] 12/9/22).

Directed Completion Date: 12/20/2022

Implemented [REDACTED] - 02/23/2023)

224a - Preadmission Screen Form

8. Requirements

2600.

- 224.a. A determination shall be made within 30 days prior to admission and documented on the Department’s preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #1’s preadmission screening form, dated 10/9/22, does not include a determination that the needs of the resident can be met by the services provided by the home. This section of the form is blank.

Plan of Correction

Directed [REDACTED] - 12/09/2022)

On 11/9/2022, Supervisor [REDACTED] signed residents' pre-admission screening, after missing a section to make the determination that the residents needs could be met. On 11/29/22, [REDACTED] and [REDACTED] completed an audit on all other pre-admission forms and found no errors. Moving forward, Supervisor and Team Lead will ensure all Pre-Admission Screenings are completed accurately and entirely by reviewing during the completion of the new resident admission checklist. (DIRECTED: The new admission checklist shall be implemented

224a - Preadmission Screen Form (continued)

within 72 hours of receipt of the plan of correction. Copies of the new admission checklists shall be kept in each newly-admitted resident's record. All staff persons involved in the admission process shall be educated on the new checklist by 12/20/22. Documentation of the education shall be kept. [REDACTED] 12/9/22).

Directed Completion Date: 12/20/2022

Implemented [REDACTED] 02/23/2023)

225a - Assessment 15 Days

9. Requirements

2600.

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

Resident #1 was admitted to the home on [REDACTED]; however, resident #1's initial assessment indicates resident #1 was admitted to the home on 9/20/22 and that resident #1's assessment was completed on 10/5/22.

Plan of Correction

Directed [REDACTED] - 12/09/2022)

[REDACTED] and [REDACTED] updated Resident #1's rasp to reflect accurate dates as well as her significant change on 11/10/2022. [REDACTED] and [REDACTED] completed an audit on 11/29/2022 to ensure all dates were accurate on the residents initial RASP. Moving forward, Supervisor and Team Lead will check RASPs for accuracy and ensure there are no errors prior to the initial assessment being completed. On the admission checklist, we will document what date the RASP is to be completed and this will allow us to review on that date and sign off on the date it is reviewed to ensure we are checking all RASPS for accuracy and completeness. (DIRECTED: The new admission checklist shall be implemented within 72 hours of receipt of the plan of correction. Copies of the new admission checklists shall be kept in each newly-admitted resident's record. All staff persons involved in the admission process shall be educated on the new checklist by 12/20/22. Documentation of the education shall be kept. [REDACTED] 12/9/22).

Directed Completion Date: 12/20/2022

Not Implemented [REDACTED] - 02/23/2023)

227g -Support Plan Signatures

10. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #1's initial support plan, dated 11/7/22, is not signed by the assessor or resident #1, and does not indicate if resident #1 was unable to participate, declined to participate, refused to sign or was unable to sign.

Plan of Correction

Directed [REDACTED] - 12/09/2022)

Resident signed updated Rasp on 11/10/2022 after review with [REDACTED] and [REDACTED] and [REDACTED] completed an audit on 11/29/2022, and all other RASPs are signed or marked accurately. Moving forward,

227g -Support Plan Signatures (continued)

██████████ and ██████████ will ensure the RASPs are signed and dated, or marked unable to participate, declined to participate, refused to sign, or was unable to sign. On the admission checklist, we will document what date the RASP is to be completed and this will allow us to review on that date and ensure the RASPs are being signed off the day they are completed. (DIRECTED: The new admission checklist shall be implemented within 72 hours of receipt of the plan of correction. Copies of the new admission checklists shall be kept in each newly-admitted resident's record. All staff persons involved in the admission process shall be educated on the new checklist by 12/20/22. Documentation of the education shall be kept. ██████████ 12/9/22).

Directed Completion Date: 12/20/2022

Implemented ██████████ - 02/23/2023)