

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

December 28, 2023

[REDACTED], PRESIDENT/CEO
BALL PAVILION INC
5416 EAST LAKE ROAD
ERIE, PA, 16511

RE: BARNABAS COURT AT BREVILLIER
VILLAGE
5416 EAST LAKE ROAD
ERIE, PA, 16511
LICENSE/COC#: 45306

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/19/2023, 10/20/2023 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

Facility Information

Name: BARNABAS COURT AT BREVILLIER VILLAGE **License #:** 45306 **License Expiration:** 12/08/2023
Address: 5416 EAST LAKE ROAD, ERIE, PA 16511
County: ERIE **Region:** WESTERN

Administrator

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

Legal Entity

Name: BALL PAVILION INC
Address: 5416 EAST LAKE ROAD, ERIE, PA, 16511
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 11/16/1989 **Issued By:** Dept. of Labor & Industry
Type: I-2 **Date:** 02/22/2018 **Issued By:** Harborcreek Township

Staffing Hours

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

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal, Incident **Exit Conference Date:** 10/20/2023

Inspection Dates and Department Representative

10/19/2023 - On-Site: [REDACTED]
10/20/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 120 **Residents Served:** 59

Secured Dementia Care Unit

In Home: Yes **Area:** Barnabus Court North **Capacity:** 60 **Residents Served:** 37

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 59
Diagnosed with Mental Illness: 3 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 33 **Have Physical Disability:** 1

Inspections / Reviews

10/19/2023 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 11/17/2023

Inspections / Reviews *(continued)*

11/30/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/22/2023

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 12/07/2023

12/15/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/22/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/22/2023

12/28/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/22/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

65d Initial Direct Care Training

1. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

- 2. Successful completion and passing the Department approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person A, hired on [REDACTED], did not complete and pass the Department-approved direct care training course and pass the competency test.

Plan of Correction

Accept ([REDACTED] - 12/15/2023)

Direct Care Staff Person A did complete and pass the training course and competency test when [REDACTED] was hired in July of 2022, however, the certificate was not kept in [REDACTED] Personnel File or with the previous Administrator. Thus we were unable to produce a copy of [REDACTED] certificate. Direct Care Staff Person A will retake the training course and competency test by 11/24/23, and a copy of [REDACTED] certificate will be kept with Human Resources and the PCHA.

As of 9/1/22, all newly hired Direct Care Staff take the training course and competency test before they provide any direct care to residents. Once the test is complete and the certificate is printed, PCA Trainer or Supervisor monitoring new hire testing will copy the certificate for HR Personnel File and for the Administrator. Effective 12/2/23, Certificate will also be uploaded to secure Paylocity Payroll/Employee software system. This process will be ongoing.

Director of Human Resources also added Direct Caregivers Test to their Checklist for all newly hired PCA's and Direct Caregivers as of 11/16/23.

Human Resource department will complete an audit of all Direct Care Givers Personnel Files to ensure compliance with the Direct Caregivers Training and Test by 12/31/23.

The Administrator also reviewed Personal Care Home Regulations with the new Director of Human Resources on 11/14/2023, as she has only been working for facility for 3 months.

UPDATE: The New Hire Process with the PCA Trainer went into effect on 9/1/2022. Staff Person A started prior to this process, and we were not able to produce her certificate from when she took the test in July of 2022. Staff Person A did retake the test on 11/22/23. Certificate is attached.

Licensee's Proposed Overall Completion Date: 12/06/2023

Implemented ([REDACTED] - 12/28/2023)

85e Trash Outside Home

2. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 10/19/23 at 11:55 a.m. there were 7 full bags of garbage on the ground next to the home's exterior dumpster.

85e - Trash Outside Home (continued)

Plan of Correction

Accepted (redacted) - 12/15/2023

UPDATE: Signs were posted by Administrator on 11/16/23 to remind all staff to place all garbage in the dumpster and not on the ground next to the dumpster. An email was also sent to ALL staff by Administrator on 11/17/23 with instructions for proper trash disposal. As of 11/29/23, Department Supervisors reviewed proper policies and procedures for trash removal with Dining Service, Housekeeping and Maintenance staff members per department communication logs and team meetings. Trash is scheduled to be picked up 3 times per week by garbage disposal company. Effective 11/17/23, in the event that the dumpster is full, staff are instructed to notify Director of Maintenance or building Administrator to schedule additional trash pick up. These procedures are ongoing.

Effective 12/1/23, Director of Maintenance and/or Maintenance staff will monitor dumpster areas daily.

Licensee's Proposed Overall Completion Date: 12/06/2023

Implemented (redacted) - 12/28/2023

86b - Bathroom

3. Requirements

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

The bathroom in bedroom #304 does not have an operable ventilation fan.

The bathroom in bedroom #409 does not have an operable ventilation fan.

Plan of Correction

Accepted (redacted) - 12/15/2023

Director of Maintenance had his staff check the roof unit ventilation system on 10/20/23, and it was found to be working but not functioning properly in the bathrooms inside the building. Director of Maintenance called the vendor (Rabe) on 10/20/23, who came in on 10/23/23 and found the louvers were stuck shut. Vendor freed them up and made sure they could open and close again.

UPDATE: As of 11/17/23, Director of Maintenance added to the Preventative Maintenance (PM) checklist that the units are to be checked in rooms as well as on roof. A Maintenance staff person will check exhaust system for proper fan operation every month. This procedure will be ongoing.

Licensee's Proposed Overall Completion Date: 12/06/2023

Implemented (redacted) - 12/28/2023

101j7 - Lighting/Operable Lamp

4. 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.

101j7 Lighting/Operable Lamp (continued)

Description of Violation

Resident #1 does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept (█ - 12/15/2023)

UPDATE: During the Physical Site tour on 10/19/2023 the lightbulb was replaced by the Director of Maintenance immediately when found to be burnt out.

The Administrator reminded Nursing Staff to inform Maintenance or Social Worker if a light is burnt out or not working. Reviewed at Personal Care Aide meeting on 11/16/23. A meeting agenda, handout, and attendance sheet is attached.

UPDATE: An Environmental Audit checklist will be completed monthly by PCA Trainer position, and every 6 months by Social Worker or Administrator. The audit checklist has several items that will be checked for compliance, and now includes checking that all resident's have operational bedside lighting. The building Social Worker and Administrator will also complete a room audit twice a year to ensure compliance with regulations. This will be ongoing.

Licensee's Proposed Overall Completion Date: 12/06/2023

Implemented (█ - 12/28/2023)

105g - Lint Removal and Duct Cleaning

5. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 10/19/23 at 10:55a.m. the lint trap in the left commercial dryer was full.

Plan of Correction

Accept (█ - 12/15/2023)

The Director of Environmental Services reviewed policy with all laundry staff as of 11/17/23. List with signatures is attached. Signs were posted (also attached) by the Director of Environmental Services on 10/20/23 to help remind staff of policy to ensure building safety. All laundry staff members must fill out the Dryer Lint Cleaning Log after each use. The log was also reviewed with all laundry staff as of 11/17/23.

UPDATE: Effective 11/17/23, the Director of Environmental Services will complete routine weekly checks to ensure compliance with the Lint Cleaning Log. Also effective 11/17/23, The Director of Environmental Services will use disciplinary action if staff are found to be out of compliance with this policy. These checks will be ongoing as the dryers are used so frequently.

Licensee's Proposed Overall Completion Date: 12/06/2023

Implemented (█ 12/28/2023)

132a - Monthly Fire Drill

6. Requirements

2600.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

An unannounced fire drill was not held during the month of April 2023.

Plan of Correction

Accept ([redacted]) - 12/15/2023)

UPDATE: Administrator reviewed Regulation 132a with Director of Maintenance, Gabriel Charles, on 10/19/23. As of 10/19/23, a private Monthly Fire Drill calendar was created by the Director of Maintenance in Outlook Calendar for himself and the Administrator to keep track of the scheduled weeks the drills will be held. This calendar was created to generate reminder notifications to the Director of Maintenance, who will continue to be responsible to run the drills each month. This calendar is not visible to any other staff. This will be used ongoing.

Licensee's Proposed Overall Completion Date: 12/06/2023

Implemented ([redacted]) - 12/28/2023)

141b2 - Medical Evaluation Changes

7. Requirements

2600.

141.b.2. A resident shall have a medical evaluation: If the medical condition of the resident changes prior to the annual medical evaluation.

Description of Violation

Resident #2's status change medical evaluation, dated [redacted], did not include height, weight, pulse rate, blood pressure and temperature.

Plan of Correction

Accept ([redacted]) - 12/15/2023)

Resident #2's Medical Evaluation was updated by the Social Worker and signed by the doctor on [redacted]

Administrator reviewed proper documentation on Medical Evaluations with the Social Worker and the Doctor on 11/2/23.

Administrator will review proper documentation at the next Social Service Department Meeting scheduled on 12/8/23.

UPDATE: Social Worker will review all Medical Evaluations of current residents to ensure proper documentation of vital statistics by 12/31/23.

All resident's Medical Evaluations will be audited by Administrator and/or Social Worker every 6 months, starting in January 2024.

Licensee's Proposed Overall Completion Date: 12/06/2023

Implemented ([redacted]) - 12/28/2023)

171b5 - First Aid Kit

8. Requirements

171b5 First Aid Kit (continued)

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

Description of Violation

The first aid kit in the home's van used to transport residents does not include a breathing shield.

Plan of Correction

Accept () - 11/30/2023

The breathing shield was added to the first aid kit on 10/23/23 by the Administrator. On 11/17/23 the Administrator provided a memo with a list of items required for 2600.96 to the Van Driver's with instructions to notify the Director of Purchasing if any items are used and need to be replaced. The Director of Purchasing will perform an audit to make sure all items are in place. This will begin in December 2023, and will be ongoing quarterly.

Licensee's Proposed Overall Completion Date: 11/17/2023

Implemented () - 12/28/2023

227d Support Plan Medical/Dental

9. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment for resident #1, dated (), does not document the use of the () Guard the resident is currently using for Supervision needs.

The assessment for resident #3, dated () refers to the resident as (), which is not () name, under two areas in Section 4 for Social & Recreational Needs.

Plan of Correction

Accept () - 12/15/2023

The RASP for Resident #1 was updated by the Social Worker on (). UPDATE: All resident's who use a Roam Alerts had their RASP updated by the Social Worker as of ().

The RASP for Resident #3 was updated by the Director of Recreation on (). Director of Recreation checked all current RASP's to ensure accuracy with names. This was completed by ().

The Administrator met with each of the Social Workers on 10/23/23 to review proper documentation for residents with a Roam Alert bracelet. The Administrator also met with the Director of Recreation on 10/23/23 to discuss the importance of not copying and pasting while working on an individual's RASP.

The Administrator will schedule Social Workers for additional training on the RASP. This training will be held by

227d - Support Plan Medical/Dental (continued)

December 31, 2023. UPDATE: The PCHA will conduct the training by 12/31/23. The PCHA will also schedule Social Workers for additional training from Penn State Beaver in the Spring of 2024. A class is being offered on "Writing, Completing and Implementing Initial Assessments, Annual Assessments and Support Plans" on 3/2/2024. PCHA will enroll the Social Workers once the registration is open.

Beginning December 1, 2023, the Administrator will audit all new and 3 randomly selected RASP's to check for accuracy.

UPDATE: All current RASP's will be reviewed by Social Workers for accuracy by 12/31/23. RASP's will also be audited every 6 months by Social Workers.

Licensee's Proposed Overall Completion Date: 12/07/2023

Implemented [redacted] - 12/28/2023)

236 - Staff Training

10. Requirements

2600.

236. Training - Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training specified in § 2600.65 (relating to direct care staff person training and orientation).

Description of Violation

Direct care staff person B, who works in the Secure Dementia Care Unit (SDCU) has no documented hours of training in dementia care during the 2022 training year.

Plan of Correction

Accept ([redacted] - 12/15/2023)

The Director of Nursing will make sure that Staff Person B will complete required dementia training by [redacted]

UPDATE: Effective 11/17/23, all staff working in SDCU will complete 6 hours of annual training related to dementia care and services.

Effective June 1, 2023, a new training plan was put into place by our Speech Pathologist and Memory Support Committee. Annual dementia related hours will be achieved by using an educational bulletin board and quiz system each month. Topics will change each month and there will be a related quiz direct care workers need to submit. Starting 6/1/2023, PCA Trainer will keep completed quizzes in a binder.

Effective 12/6/23, PCA Trainer will notify DON and/or PCHA by the end of each month if a direct care worker is not completing required training hours in a timely manner. Also effective 12/6/23, DON and/or PCHA will follow up with disciplinary coaching to ensure PCA's and Direct caregivers are in compliance for training hours.

Additional training hours also happen monthly at PCA meetings, which are held on the 3rd Thursday of each month. These meetings are led by the DON and PCHA, with guest speakers at each meeting.

By 12/31/23, the PCA Trainer will review all Direct Caregivers files to ensure they are on track to complete 6 hours

236 *Staff Training (continued)*

annually from their hire date.

Licensee's Proposed Overall Completion Date: 12/07/2023

Implemented ([REDACTED] - 12/28/2023)