

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

May 6, 2024

[REDACTED], COO
BARNES AID OPCO LLC
[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 03/06/2024 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]
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *BARNES PLACE* License #: *44488* License Expiration: *01/11/2025*
 Address: *2021 JAMES STREET, LATROBE, PA 15650*
 County: *WESTMORELAND* Region: *WESTERN*

Administrator

Name: [REDACTED]

Legal Entity

Name: *BARNES AID OPCO LLC*
 Address: [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: *78* Waking Staff: *59*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #: [REDACTED]
 Reason: *Renewal* Exit Conference Date: *03/06/2024*

Inspection Dates and Department Representative

03/06/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *68* Residents Served: *58*

Secured Dementia Care Unit
 In Home: *No* Area: [REDACTED] Capacity: [REDACTED] Residents Served: [REDACTED]

Hospice
 Current Residents: *10*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *58*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *20* Have Physical Disability: *1*

Inspections / Reviews

03/06/2024 Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/24/2024*

03/19/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *04/02/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/26/2024*

Inspections / Reviews *(continued)*

03/20/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/02/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 06/03/2024

05/06/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/02/2024

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

There were two unsecured bed enablers attached to resident #1's bed in bedroom [REDACTED]. The resident's bed was immediately adjacent to [REDACTED] bedroom's wall. The bedside enabler on the side of the bed facing away from the bedroom wall, had a open space of approximately 11 x 8.5 inches, creating a potential entrapment hazard. The bedside enabler against the wall moved back and forth approximately 12 inches away from the bedroom wall. The enabler could also be moved approximately 6 inches to the left and right from center producing an approximate aggregate range of travel of 12 inches.

Plan of Correction

Accept [REDACTED] - 03/19/2024)

Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited, and is also NOT to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan of Correction. In addition, preparation and submission of this Plan of Correction does NOT constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusion set forth in this allegation by the survey agency.

2600.81B

- On 03/06/2024, the bed enablers in room [REDACTED] were secured immediately by the Health Care Coordinator and covered by the Executive Director. (Exhibit A)
- On 03/07/2024 an audit of all resident rooms was completed by the Executive Director and no further violations of 2600.81B were identified.
- Current staff were re-educated by the Executive Director on the requirements of Regulation 2600.81B on 03/15/2024. (Exhibit M) Documentation of the education will be retained within the community.
- Starting 03/11/2024, the ED or designee will audit 5 resident room's/equipment weekly x 4 weeks, then 3 resident's rooms/equipment weekly x 4 weeks then 1 resident's room/equipment weekly x 4 weeks to ensure continued compliance with regulation 2600.81B (Exhibit B– Audit Tool). The findings of these Audits will be discussed monthly at the QA meeting. The QA committee will determine if continued auditing is necessary based on 3 months of compliance.
- Completion Date: 06/03/2024

Licensee's Proposed Overall Completion Date: 06/03/2024

Implemented [REDACTED] - 04/09/2024)

85a Sanitary Conditions

2. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

The common blue Embrace Pro glucometer on the Left Hallway medication cart was used to check multiple resident's blood glucose on multiple dates and times to include the following:

85a Sanitary Conditions (continued)

*Resident #2 on [redacted] at [redacted] [redacted]
[redacted] [redacted]

* Resident #4 on [redacted]

The common blue [redacted] on the Right Hallway medication cart was used to check Resident #2's blood glucose on [redacted].

The common blue [redacted] was used to check Resident #2's blood glucose on [redacted], and resident #4's blood glucose on [redacted]

Plan of Correction

Accept [redacted] - 03/20/2024)

2600.85A

- On 03/06/2024 the [redacted], the common blue [redacted] and the common blue [redacted] glucometer were discarded by the Director of health and Wellness and replaced with [redacted] at the Communities expense. (Exhibit C)
- On 03/06/2024 the Director of Health and Wellness notified the CRNP for Resident's 2,3, and 4 of the shared Glucometer findings. Order received to replace glucometers. (Exhibit D)
- On 03/07/2024 the Director of Health and Wellness notified the residents and their Responsible parties of the shared glucometer. (Exhibit E)
- On 03/14/2024, Current Med Techs were re educated on the proper use, disinfection, calibration, and the need for resident specific glucometers. by the Director of Health and Wellness and Health Care Coordinator. Documentation of this training will be retained within the community. (Exhibit F)
- Starting on 03/08/2024, The Health Care Coordinator or designee will audit all glucometer/libre checks 5X week X4 weeks, then 3 X a week X 4 weeks then 1X week for 4 x weeks to ensure continued compliance with regulation 2600.85A (Exhibit G) The findings of these Audits will be discussed monthly at the QA meeting. The QA committee will determine if continued auditing is necessary based on 3 months of compliance.
- Completion Date: 06/03/2024

Licensee's Proposed Overall Completion Date: 06/03/2024

Implemented [redacted] - 04/09/2024)

88a - Surfaces

3. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

88a Surfaces (continued)

Description of Violation

There were two 7 inch long gauges in the wall and a hole in a plexiglass partition measuring approximately 6 x 6 inches in the bathroom in bedroom #118. The broken plexiglass had several jagged edges creating a potential skin tear hazard.

Plan of Correction

Accept () - 03/20/2024)

2600.88A

- On 03/06/2024, the wall and Plexiglass in the bathroom of room 118 was temporarily repaired by the Director of Facility Operations with a new piece of plexiglass. (Exhibit H)
- On 03/12/2024, the wall in room 118 was repaired with a stainless steel plate by the Director of Facility Operations. (Exhibit I)
- On 03/07/2023 an audit of all resident rooms was completed by the Executive Director and no further violations of 2600.88A were identified.
- Current staff were re educated by the Executive Director on the requirements of Regulation 2600.88A on 03/15/2024. Documentation of the education will be retained within the community.
- Starting 03/11/2024, the ED or designee will audit 5 resident room's weekly x 4 weeks, then 3 resident's rooms weekly x 4 weeks then 1 resident's room weekly x 4 weeks to ensure continued compliance with regulation 2600.88A (Exhibit J). The findings of these Audits will be discussed monthly at the QA meeting. The QA committee will determine if continued auditing is necessary based on 3 months of compliance.
- Completion Date: 06/03/2024

Licensee's Proposed Overall Completion Date: 06/03/2024

Implemented () - 04/09/2024)

183e - Storing Medications

4. 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's () was not labeled with the date opened.

Plan of Correction

Accept () - 03/20/2024)

2600.183e

- On () was discarded by the Health Care Coordinator and replaced at the community's expense.
- On 03/11/2024, a Med cart audit was completed by the Health Care Coordinator, and no further violations of 2600.183E were identified.
- On 03/14/2024, Current Med Techs were re educated on proper storage of medications to include labeling with dates opened by the Director of Health and Wellness and the Health Care Coordinator. (Exhibit F) Documentation of the education will be retained within the community.
- Starting the week of 03/18/2024, The Health Care Coordinator or designee will audit medications for 10 residents a week X4 weeks, then 5 residents a week X 4 weeks then 3 residents a week for 4 x weeks to ensure continued compliance with regulation 2600.183E. (Exhibit K) The findings of these Audits will be discussed monthly at the QA

183e Storing Medications (continued)

meeting. The QA committee will determine if continued auditing is necessary based on 3 months of compliance.

- Completion Date: 06/03/2024

Licensee's Proposed Overall Completion Date: 06/03/2024

Implemented [REDACTED] - 04/09/2024)

185a - Implement Storage Procedures

5. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #5's glucometer indicates a blood glucose reading of [REDACTED] at [REDACTED] on [REDACTED]. However, the resident's March 2024 Medication Administration Record (MAR) indicates a blood glucose reading of [REDACTED].

Plan of Correction

Accept [REDACTED] - 03/20/2024)

2600.185a

- On 03/06/2024 the Health Care Coordinator completed an audit of the glucometers, and no further discrepancies were found.
- On 03/14/2024, Current Med Techs were re educated on the proper use of the glucometer and the ability to recall readings for proper documentation by the Director of Health and Wellness and the Health Care Coordinator. Documentation of this training will be retained within the community. (Exhibit F)
- Starting on 03/08/2024, The Health Care Coordinator or designee will audit all glucometer/libre checks 5X week X4 weeks, then 3 X a week X 4 weeks then 1X week for 4 x weeks to ensure continued compliance with regulation 2600.185a (Exhibit G) The findings of these Audits will be discussed monthly at the QA meeting. The QA committee will determine if continued auditing is necessary based on 3 months of compliance.
- Completion Date: 06/03/2024

Licensee's Proposed Overall Completion Date: 06/03/2024

Implemented [REDACTED] - 04/09/2024)

187a - Medication Record

6. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident #6's March 2024 Medication Administration Record (MAR) indicates [REDACTED] give [REDACTED] by mouth or sublingually every two hours as needed for moderate pain or shortness of breath. However, this order was discontinued on [REDACTED].

187a - Medication Record (continued)**Plan of Correction****Accept** [REDACTED] - 03/20/2024)**2600.187a**

- On 03/06/2024, the Discontinue order for Resident #6's [REDACTED] was refaxed to the pharmacy by the Director of Health and Wellness, which removed it from the Electronic MAR.
- On 03/14/2024, Current Med Techs, Health Care Coordinator and Director of Health and Wellness were re-trained on regulation 2600.187a by the Executive Director. Documentation of the education will be retained within the community.
- On 03/11/2024, The Health Care Coordinator started an audit current resident's MARS to ensure compliance with regulation 2600.187a. Audit is on-going currently.
- Upon completion of the current resident MARS audit, the Health Care Coordinator, or designee will audit 10 resident's MARs weekly x 4 weeks then 5 resident's MARs weekly x 4 weeks the 3 resident's MARs weekly x 4 weeks. (Exhibit L) The findings of these Audits will be discussed monthly at the QA meeting. The QA committee will determine if continued auditing is necessary based on 3 months of compliance.
- Completion Date:06/03/2024

Licensee's Proposed Overall Completion Date: 06/03/2024**Implemented** [REDACTED] - 04/09/2024)