

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

August 12, 2024

[REDACTED], ADMINISTRATOR  
THE ARBORS AT ST BARNABAS INC  
[REDACTED]

RE: THE ARBORS AT ST BARNABAS -  
GIBSONIA  
5827 MERIDIAN ROAD  
GIBSONIA, PA, 15044  
LICENSE/COC#: 44159

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/29/2024 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]

cc: Pennsylvania Bureau of Human Service Licensing

## Facility Information

Name: *THE ARBORS AT ST BARNABAS - GIBSONIA* License #: *44159* License Expiration: *10/29/2024*  
 Address: *5827 MERIDIAN ROAD, GIBSONIA, PA 15044*  
 County: *ALLEGHENY* Region: *WESTERN*

## Administrator

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

## Legal Entity

Name: *THE ARBORS AT ST BARNABAS INC*  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

## Certificate(s) of Occupancy

Type: *I-2* Date: *05/19/2010* Issued By: *Richland Township*

## Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *26* Waking Staff: *20*

## Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal, Complaint, Incident* Exit Conference Date: *05/29/2024*

## Inspection Dates and Department Representative

*05/29/2024 - On-Site:* [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

License Capacity: *56* Residents Served: *21*

## 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: *21*  
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *5* Have Physical Disability: *0*

## Inspections / Reviews

## 05/29/2024 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/12/2024*

## 07/15/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: *07/30/2024*  
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *07/22/2024*

Inspections / Reviews *(continued)*

08/12/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/30/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 85a - Sanitary Conditions

## 1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

## Description of Violation

*At approximately 11:26 a.m. there was what appeared to be smeared feces on the back interior and seat surface of the raised toilet seat in resident room #14 on the Penthouse floor. There was also dried spattered drops of urine on the front of the raised toilet seat and the rim of the toilet bowl.*

## Plan of Correction

Accept ( ) - 07/15/2024

*~ On 5.29.24 it was noted during the physical site inspection that resident had feces on [REDACTED] toilet. The PCA staff immediately cleaned the toilet area.*

*~ On 5.29.24 the administrator notified the housekeeping director and resident's bathroom was cleaned and disinfected by the housekeeping team.*

*~ The administrator and/or designee will provide education on regulation 2600.85.a to all staff regarding sanitary conditions. This education will be completed by 7.30.24.*

*~ Audits on three resident bathrooms will be conducted weekly for four weeks, then bi-weekly for a month and then monthly thereafter.*

Licensee's Proposed Overall Completion Date: 07/30/2024

Implemented ( ) - 08/12/2024

## 86b - Bathroom

## 2. 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

*At approximately 11:26 a.m. the ventilation fan was inoperable in the bathroom of resident room #14 on the Penthouse Floor.*

*At approximately 12:45 p.m. the ventilation fan was inoperable in the bathroom of resident room #10 on the Courtyard Floor.*

## Plan of Correction

Accept ( ) - 07/15/2024

*~ On 5.29.24 it was noted during the exit conference that resident's bathroom exhaust fans were not operable. Immediately following the exit conference, the administrator notified the maintenance director.*

*~ On 5.31.24 the Maintenance director and team replaced the drive belt for units P14 and C10. Both fans were then operable again.*

*~ On 5.31.24 the maintenance team completed an inspection on all resident bathroom exhaust fans and confirmed all was working appropriately.*

*~ The administrator and/or designee will provide education on regulation 2600.86.b to all staff regarding operable ventilation systems. This education will be completed by 7.30.24.*

*~ The maintenance director and/or designee will complete monthly audits on all resident bathroom exhaust fans to ensure all equipment is in good working order.*

Licensee's Proposed Overall Completion Date: 07/30/2024

## 86b - Bathroom (continued)

Implemented (█) - 08/12/2024)

## 95 - Furniture and Equipment

## 3. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

**Description of Violation**

At approximately 11:26 a.m. there were three cracks in the toilet bowl of the toilet in resident room #14 on the Penthouse Floor. The first crack began at the top of the bowl edge and measured approximately 6 inches and split into two cracks, one continued vertically down the left side of the toilet and the other horizontal underneath the bowl portion of the toilet.

**Plan of Correction**

Accept (█) - 07/15/2024)

~ On 5.29.24 it was noted during the exit conference that resident had cracks in █ toilet. The administrator notified the maintenance director immediately after the exit conference.

~ On the morning of 5.30.24 the Maintenance director purchased a new toilet, and █ team installed it in Rm P14.

~ On 5.30.24 the maintenance team completed an inspection on all resident toilets to ensure no cracks were visible. No other toilets were damaged.

~ The administrator and/or designee will provide education on regulation 2600.95. to all staff regarding furniture and equipment. This education will be completed by 7.30.24.

~ The maintenance director and/or designee will complete monthly audits on all resident bathrooms to ensure all equipment is in good working order.

Licensee's Proposed Overall Completion Date: 07/30/2024

Implemented (█) - 08/12/2024)

## 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.

**Description of Violation**

On 5/29/24 at approximately 11:55 a.m., there was no operable source of light at the bedside of resident #1.

**Plan of Correction**

Accept (█) - 07/15/2024)

~ On 5.29.24 it was noted during the exit conference that resident in P1 did not have a bedside light. Following the exit conference, the administrator immediately provided a lamp to the resident and placed at █ bedside.

~ On 5.30.24 the Arbors nurse checked all resident rooms to ensure a lamp was at bedside. There was no other missing bedside lighting.

█ will perform audits on each resident room to ensure a bedside light is within reach.

~ The administrator and/or designee will provide education on regulation 2600.101.j. to all staff regarding operable lighting. This education will be completed by 7.30.24.

~ The Administrator and/or designee will complete audits weekly for four weeks, then every two weeks for a month and then monthly thereafter.

Licensee's Proposed Overall Completion Date: 07/30/2024

101j7 - Lighting/Operable Lamp (*continued*)

Implemented ( ) - 08/12/2024)

## 184a - Resident's Meds Labeled

**5. 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 #2 is prescribed Gabapentin 100mg Capsule, take 2 capsules three times daily. However, the pharmacy label indicates Gabapentin 100mg, take 3 capsules in the morning, 2 capsules in the afternoon, and 2 capsules at bedtime.*

*The pharmacy label for resident #3's Humalog Kwikpen (Insulin Lispro) indicates inject per sliding scale as directed. The sliding scale orders: 0 – 200 = 0 units; 201 – 250 = 4 units; 251 – 300 = 6 units; 301+ = 8 units, subcutaneously one time a day, were not indicated on the label.*

**Plan of Correction**

Accept ( ) - 07/15/2024)

*~ On 5.29.24 it was noted during the exit conference that resident #2 Gabapentin order did not match the label. Following the exit conference the administrator placed a "change of directions please see Emar" sticker on the Gabapentin bottle.*

*~ On 5.30.24 the Administrator reached out to pharmacy about the label on resident #3 Humalog. A new label was sent with the sliding scale indicated on it.*

*~ The administrator and/or designee will provide education to all staff on regulation 2600.184.a regarding resident's med labels. This education will be completed by 4.30.24.*

*~ The Arbors nurse will complete audits on 3 residents' medications per week for one month, then bi-weekly for one month and then monthly thereafter to ensure accuracy.*

**Licensee's Proposed Overall Completion Date:** 07/30/2024

Implemented ( ) - 08/12/2024)

## 185a - Implement Storage Procedures

**6. 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 #4 is prescribed Ondansetron ODT 4 mg tablet, dissolve 1 tablet orally 3 times a day as needed for nausea/vomiting. However, on 5/29/24 at approximately 4:00 p.m., the medication was not available in the home.*

**Plan of Correction**

Accept ( ) - 07/15/2024)

*~ On 5.29.24 it was noted during the exit conference that resident #4 Ondansetron was not present. Following the exit conference the administrator found the medication but noted the label stated for diarrhea instead of nausea/vomiting. A change sticker was placed and "refer to EMAR" noted on the prescription.*

185a - Implement Storage Procedures (continued)

- ~ On 5.30.24 the Administrator reached out to pharmacy about the medication.
- ~ The administrator and/or designee will provide education to all staff on regulation 2600.185.a regarding proper storage procedures. This education will be completed by 4.30.24.
- ~ The Arbors nurse will complete audits on 3 residents' medications per week for one month, then bi-weekly for one month and then monthly thereafter to ensure all medications are present and accurate.

Licensee's Proposed Overall Completion Date: 07/30/2024

Implemented (█) - 08/12/2024)

252 - Record Content

7. 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 most current photograph in resident #2's resident record was dated █

Plan of Correction

Accept (█) - 07/15/2024)

- ~ On 7.8.24 the Arbors nurse obtained a current picture of resident #2 for the records. █ completed an audit on all residents to ensure their picture was current.
- ~ The administrator will provide education on regulation 2600.252. to all staff regarding content of records. This education will be completed by 7.30.24.
- ~ The administrator and/or designee will complete audits on resident records monthly to ensure all resident pictures are current and within the allotted time frame.

Licensee's Proposed Overall Completion Date: 07/30/2024

Implemented (█) - 08/12/2024)