

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

January 7, 2025

[REDACTED]
BALL PAVILION INC
[REDACTED]
[REDACTED]

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

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/30/2024, 10/31/2024 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: BARNABAS COURT AT BREVILLIER VILLAGE License #: 45306 License Expiration: 12/08/2024
 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: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 11/16/1989 Issued By: L&I
 Type: I-2 Date: 02/22/2018 Issued By: Harborcreek Township

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 97 Waking Staff: 73

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal, Complaint Exit Conference Date: 10/31/2024

Inspection Dates and Department Representative

10/30/2024 - On-Site: [REDACTED]
 10/31/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 120 Residents Served: 56
 Secured Dementia Care Unit
 In Home: Yes Area: SDCU Capacity: 60 Residents Served: 39
 Hospice
 Current Residents: 2
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 39
 Diagnosed with Mental Illness: 2 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 41 Have Physical Disability: 1

Inspections / Reviews

10/30/2024 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/30/2024

Inspections / Reviews *(continued)*

12/11/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/30/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/31/2024

01/07/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/30/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

25a - Written Contract and Review

1. Requirements

2600.

25.a. Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident’s designated person if any, prior to signature.

Description of Violation

Resident [redacted] was admitted in the home on [redacted] however the resident did not sign the resident-home contract until [redacted]

Plan of Correction

Accept [redacted] - 12/11/2024)

PCHA reviewed regulation 25a with Social Workers on [redacted] as they are responsible for completing Admission Paperwork with new residents. On [redacted], PCHA updated an Admission Packet Checklist that includes a list of all necessary documents.

See attached examples for PCH (Barnabas Court South) and PCH SDCU (Barnabas Court North) buildings. PCHA reviewed checklists with Social Workers in each building on 11/26/24, and the checklists will be used going forward as of 11/26/24.

Social Workers will complete a Social Service File audit by 12/15/24 to ensure that every resident has a signed copy of their resident home contract (lease agreement). Bi-Annual Chart Audits will be completed by Social Workers and/or PCHA by 12/15/24 to ensure compliance with regulations, and will be ongoing as of 12/15/24.

Licensee's Proposed Overall Completion Date: 11/26/2024

Implemented [redacted] - 01/07/2025)

65b - Rights/Abuse 40 Hours

2. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

Description of Violation

Ancillary staff person A was hired [redacted] and had worked in the home since however the staff person did not receive training in reporting of reportable incidents or procedure and mandatory reporting of abuse and neglect under the Older Adult Protective Service Act prior to the completion of the first 40 hours of work

Plan of Correction

Accept [redacted] 12/11/2024)

On [redacted], PCHA reviewed regulation 65b with Director of Environmental Services, who completes New Employee Orientation with her staff. Staff Person A was hired prior to the facility using an updated Orientation Checklist. A copy of the updated checklist is attached. PCH has been using this form for all new employees since November 2023. Director of Environmental services now uses this form with New Employees (attachment included for another Housekeeper who started in May 2024).

Human Resource Manager also produced copies of pages from the Personnel Policy Handbook to show that Staff Person A was trained during New Hire Process on the Older Adult Protective Services Act. This was completed by Human Resources on 9/27/23.

65b - Rights/Abuse 40 Hours (continued)

OAPSA is also covered as a topic during New Employee Orientation. New Employee Orientation is self-guided by each new employee, and monitored by all department supervisors. This form, which is also attached, has been in effect for several years and will continue to be ongoing with PCH and all new employees as of 11/26/24.

Human Resource Manager has completed a Personnel File Audit to ensure compliance with training of 65b topics. This was completed as of 11/26/24.

Human Resource Manager and Department Supervisors will work together to ensure compliance of training topics are clearly documented for all new employees. All of the attached documents and checklists will be used on an ongoing basis as of 11/26/24.

Licensee's Proposed Overall Completion Date: 11/27/2024

Implemented [redacted] - 01/07/2025)

171b5 - First Aid Kit

3. Requirements

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

On [redacted], the first aid kit in the van used to transport residents did not include a breathing shield.

Plan of Correction

Accept [redacted] - 12/11/2024)

A breathing shield was added to the Van First Aid Kit on [redacted] by the Director of Maintenance. This was completed while Lead Inspector was still present for Annual Inspection.

On [redacted], PCHA reviewed regulation 171b5 and 96a with Director of Recreation, who is the direct supervisor for the Van Drivers. An audit checklist was created by the PCHA and is attached. Van Driver will complete a monthly audit during routine cleaning procedure to ensure compliance for the future. Monthly Audits will be recorded by the Van Driver and turned into Director of Recreation. Monthly audits will begin in December 2024 and will be ongoing.

If any items are used, or found missing during the monthly, Van Driver will notify the Director of Recreation (Direct Supervisor) or the Director of Purchasing to obtain replacement first-aid kit items.

PCHA sent a memo to Van Drivers and Director of Recreation on 11/27/24 to review list of required items for First Aid Kits.

Licensee's Proposed Overall Completion Date: 11/27/2024

Implemented [redacted] - 01/07/2025)

184a - Resident's Meds Labeled

4. Requirements

2600.

184a - Resident's Meds Labeled (continued)

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 [REDACTED] is prescribed [REDACTED] capsule by mouth every 8 hour for anxiety; however the pharmacy label indicates every 6 hour as needed

Plan of Correction

Accept [REDACTED] - 12/11/2024)

Director of Nursing (DON) addressed discrepancy with pharmacy label on [REDACTED] with LPN on duty, who notified pharmacy of incorrect label on [REDACTED]. A red sticker was placed on label by LPN per policy to indicate the change on [REDACTED].

DON will provide education and reminders to all Nursing staff who administer medications to check orders and labels for accuracy via nurse meeting scheduled to be held on 12/5/24. Policies that will be reviewed are attached, and will be in effect on an ongoing basis as of 11/27/24.

A Pharmacy Consultant Contract is already in place for quarterly medication reviews at PCH. This will be completed by a Pharmacy Consultant from Vantage Care Apothecary (Pharmacy) on a quarterly basis and will be ongoing to ensure compliance.

Licensee's Proposed Overall Completion Date: 11/27/2024

Implemented [REDACTED] - 01/07/2025)

225c - Additional Assessment

5. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 1. Annually.
- 2. If the condition of the resident significantly changes prior to the annual assessment.
- 3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident [REDACTED] assessment, dated [REDACTED], does not address the resident's care need for an enabler bar attached to the resident's bed.

Plan of Correction

Accept [REDACTED] - 12/11/2024)

On [REDACTED], Social Worker updated Resident [REDACTED] RASP to indicate the need for her to use a bed enabler bar, which is attached.

Additional training and education provided by PCHA to Social Workers, who complete assessments, on the RASP process on 11/4/24. Additional training is scheduled for 12/5/24 and will include nursing staff. PCHA will provide this training.

225c - Additional Assessment (continued)

PCHA will complete an audit of RASP's during the month of December 2024. This will be completed by 12/31/24 to ensure compliance. Effective 1/1/25, PCHA and/or DON will perform bi-annual audits of RASP's to ensure enough details are included about the resident's care needs. This audit will be ongoing.

Licensee's Proposed Overall Completion Date: 11/27/2024

Implemented [redacted] 01/07/2025)

227c - Support Plan Revision

6. Requirements

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

Resident [redacted] assessment of care needs completed [redacted] does not have a support plan to address the resident care need for hospice services to include medication management, nursing services, care aide, and chaplain.

Resident [redacted] support plan completed 7/22/24 indicates the resident is unable to self administer medication. On 8/28/24 the resident was prescribed [redacted] tablet by mouth X 1 tablet in the morning and X 2 tablet in the evening and [redacted] tablet by mouth in the evening with special instructions for the resident to self-administer at bedside. However, the home did not update the resident support plan to address the resident's need to self-administer medication.

Plan of Correction

Accept [redacted] - 12/11/2024)

On [redacted], Social Worker updated Resident [redacted]'s RASP to indicate what type of Hospice Services are needed, and it is attached.

On [redacted], PCHA updated Resident [redacted] RASP to include that she is able to safely self-administer her evening medications at bedside as ordered by PCP, and it is attached.

Additional training and education provided by PCHA to Social Workers, who complete assessments, on the RASP process on 11/4/24. Additional training is scheduled for 12/5/24 and will include nursing staff. PCHA will provide this training.

PCHA will complete an audit of RASP's during the month of December 2024. This will be completed by 12/31/24 to ensure compliance. Effective 1/1/25, PCHA and/or DON will perform bi-annual audits of RASP's to ensure enough details are included about the resident's care needs. This audit will be ongoing.

Licensee's Proposed Overall Completion Date: 11/27/2024

Implemented [redacted] - 01/07/2025)