

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

December 15, 2025

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

RE: THE ARBORS AT ST. BARNABAS
85 CHARITY PLACE
VALENCIA, PA, 16059
LICENSE/COC#: 42309

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/07/2025 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* License #: *42309* License Expiration: *11/10/2025*
 Address: *85 CHARITY PLACE, VALENCIA, PA 16059*
 County: *BUTLER* 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-1* Date: *06/04/2010* Issued By: *Adams TWP*
 Type: *I-1* Date: *01/09/2020* Issued By: *Adams TWP*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *87* Waking Staff: *65*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *10/07/2025*

Inspection Dates and Department Representative

10/07/2025 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *229* Residents Served: *62*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Gate Community* Capacity: *47* Residents Served: *13*

Hospice
 Current Residents: *16*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *62*
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *25* Have Physical Disability: *0*

Inspections / Reviews

10/07/2025 Full
 Lead Inspector: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *11/06/2025*

11/20/2025 - POC Submission
 Submitted By: [Redacted] Date Submitted: *11/21/2025*
 Reviewer: [Redacted] Follow-Up Type: *Document Submission* Follow-Up Date: *11/26/2025*

Inspections / Reviews *(continued)*

12/15/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/21/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

65f - Training Topics

1. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person A did not receive training in any of the required training topics as indicated in 2600.65(f) during the [REDACTED] to [REDACTED] training year.

Plan of Correction

Accept [REDACTED] - 11/20/2025)

~ 11.3.25 Arbors administrator completed an audit of all current staff to ensure education is completed.

~ prn college students will be required to complete the annual education upon their return to work.

~ education on regulation 2600 65.f will be provided to all staff by the administrator and/or designee. This education will be completed by 11.21.25

~ an audit will be conducted by the administrator and/or designee to ensure all training is completed. Monthly audits will be completed to check on the completion status of the annual education. Audits will begin on 11.21.25.

Licensee's Proposed Overall Completion Date: 11/21/2025

Implemented [REDACTED] - 12/15/2025)

65g - Annual Training Content

2. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff person A did not receive training in any of the required training topics as indicated in 2600.65(g) during the [REDACTED] to [REDACTED] training year.

Staff person did not receive training in fire safety by a fire safety expert or staff person trained by fire safety expert during the [REDACTED] to [REDACTED] training year.

65g Annual Training Content (continued)

Plan of Correction

Accept [REDACTED] - 11/20/2025)

~ 11.3.25 Arbors administrator completed an audit of all current staff to ensure education is completed.

~ prn college students will be required to complete the education upon their return to work.

~ education on regulation 2600 65.g will be provided to all staff by the administrator and/or designee. This education will be completed by 11.21.25

~ an audit will be conducted by the administrator and/or designee to ensure all to ensure all staff receive training in fire safety. Monthly audits will begin on 11.21.25.

Licensee's Proposed Overall Completion Date: 11/21/2025

Implemented [REDACTED] - 12/15/2025)

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 private bathroom in bedroom [REDACTED] does not have an operable window or ventilation fan.

Plan of Correction

Accept [REDACTED] 11/20/2025)

~ 10.8.25 Arbors administrator contacted the maintenance director to complete a check on the bathroom exhaust fan for rm 127. It appeared to be in working order at that time and not experiencing any issues.

~ education on regulation 2600 86.b will be provided to all staff by the administrator and/or designee. This education will be completed by 11.21.25

~ audits will be completed by the maintenance director and/or designee to ensure all exhaust fans are working efficiently. Monthly audits will begin on 11.21.25.

Licensee's Proposed Overall Completion Date: 11/21/2025

Implemented [REDACTED] - 12/15/2025)

88a - Surfaces

4. Requirements

2600.

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

Description of Violation

At 2:55 PM, there were large, stained areas in the carpet in bedroom [REDACTED]

Plan of Correction

Accept [REDACTED] - 11/20/2025)

~ 10.8.25 Administrator emailed housekeeping director about carpet stains

~ 10.9.25 Housekeeping team scrubbed carpeting. Carpet was also cleaned by the housekeeping team in the months of September, July and May.

~ education on regulation 2600 88.a will be provided to all staff by the administrator and/or designee. This education will be completed by 11.21.25

88a Surfaces (continued)

~ an audit will be conducted by the administrator and/or housekeeping director to ensure rooms are in good repair and free of hazards. Six resident rooms will be checked weekly for one month, biweekly for one month and monthly thereafter. Audits will begin on 11.21.25.

Licensee's Proposed Overall Completion Date: 11/21/2025

Implemented [redacted] - 12/15/2025)

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 [redacted] glucometer was not set to the current date and time.

Resident [redacted] was prescribed [redacted], take 0.25 ml sublingually every 2 hours as needed for anxiety and shortness of breath. However, on [redacted] at 12:00 PM, this medication was not available in the home.

Repeat Violation: [redacted]

Plan of Correction

Accept [redacted] - 11/20/2025)

~ 10.8.25 Arbors nurse calibrated the glucometer for resident [redacted] to ensure the correct date and time was present.

The arbors nurse also called pharmacy to order the missing [redacted] for resident [redacted]

~ 10.9.25 Arbors nurse checked all glucometers to ensure correct date and time was accurate.

~ education on regulation 2600 185.a will be provided to all medication certified staff by the administrator and/or designee. This education will be completed by 11.21.25

~ an audit will be conducted by the administrator and/or arbors nurse to ensure glucometers are calibrated correctly. Another audit will take place on medication carts by the administrator and or designee to ensure all medication is available by the prescriber. Six residents will be checked weekly for one month, biweekly for one month and monthly thereafter. Audits will start on 11.21.25.

Licensee's Proposed Overall Completion Date: 11/21/2025

Implemented [redacted] - 12/15/2025)

187d - Follow Prescriber's Orders

6. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [redacted] is prescribed [redacted], inject subcutaneously per sliding scale before meals and at bedtime per sliding scale:

[redacted]

187d - Follow Prescriber's Orders (continued)



units and call MD.

On [REDACTED] at 7:30 AM, resident [REDACTED] blood glucose reading was [REDACTED] and [REDACTED] of [REDACTED] were administered. However, there was no documentation the medical doctor was called, nor was there documentation of the doctor's response.

Repeat Violation: [REDACTED]

Plan of Correction

Accept [REDACTED] - 11/20/2025)

- ~ 10.8.25 Arbors administrator spoke to the med tech caring for resident [REDACTED] on 10.5.25 to provide verbal education regarding documentation.
- ~ education on regulation 2600 187.d will be provided to all medication certified staff by the administrator and/or designee. to ensure the prescriber is notified when specified on the orders. Also, documentation in the resident's permanent record needs to be completed. This education will be completed by 11.21.25
- ~ an audit will be conducted by the administrator and/or arbors nurse to ensure the home follows the directions of the prescribers. Six residents blood glucose orders will be checked weekly for one month, biweekly for one month and monthly thereafter. Audits will start on 11.21.25.

Licensee's Proposed Overall Completion Date: 11/21/2025

Implemented [REDACTED] - 12/15/2025)

190c - Record of Training

7. Requirements

2600.

190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

Description of Violation

The documentation of staff person B's annual medication observation and medication administration record practicum, dated [REDACTED], does not indicate if the staff person requalified or failed to requalify, nor does it contain the trainer's signature or date.

Plan of Correction

Accept [REDACTED] - 11/20/2025)

- ~ 10.8.25 Administrator contacted the medication trainer to rectify
- ~ education on regulation 2600 190.c will be provided to all staff by the administrator and/or designee. This education will be completed by 11.21.25
- ~ an audit will be conducted by the administrator and/or medication trainer to ensure all records of training are complete. Six staff records will be audits per week for one month, biweekly for one month and monthly thereafter. Audits will begin on 11.21.25.

Licensee's Proposed Overall Completion Date: 11/21/2025

Implemented [REDACTED] - 12/15/2025)

225c Additional Assessment

8. 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] requires the assistance of 2 staff persons for transfers, and uses a Broda chair and Hoyer lift. However, the resident's assessment, dated [REDACTED], does not indicate these needs.

Plan of Correction

Accepted [REDACTED] 11/20/2025)

~ 10.8.25 Arbors nurse updated the resident assessment support plan to show resident [REDACTED] requires an assist of 2 staff persons, uses a Broda chair and Hoyer lift.

~ education on regulation 2600 225.c will be provided to all staff by the administrator and/or designee. This education will be completed by 11.21.25

~ an audit will be conducted by the administrator and/or arbors nurse to ensure all resident assessment support plans indicate all resident needs. Six residents will be checked weekly for one month, biweekly for one month and monthly thereafter. Audits will start on 11.21.25.

Licensee's Proposed Overall Completion Date: 11/21/2025

Implemented [REDACTED] - 12/15/2025)