Pennsylvania
Department of Human Services

Sent via e-mail to: [redacted]

E-mailed on: 7/17/26

[redacted], ADMINISTRATOR
BARNES AID OPCO LLC
[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 Services Licensing, (Department) review on 11/4/25 of the above facility, we have determined that your submitted plan of correction is not fully implemented. Correction of these violations in accordance with the specified plan of correction is required. Continued compliance must be maintained.

Sincerely,

[redacted]

Enclosure
Licensing Inspection Summary

Facility Information

Name: *BARNES PLACE* **License #**: *44488* **License Expiration**: *01/11/2026*

Address: *2021 JAMES STREET, LATROBE, PA 15650*

County: *WESTMORELAND* **Region**: *WESTERN*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *BARNES AID OPCO LLC*

Address: [redacted]

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *09/26/1997* **Issued By**: *Dept L & I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *78* **Waking Staff**: *59*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Complaint, Incident* **Exit Conference Date**: *11/04/2025*

Inspection Dates and Department Representative

11/04/2025 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *68* **Residents Served**: *62*

Secured Dementia Care Unit

In Home: *No* **Area**: **Capacity**: **Residents Served**:

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *62*

Diagnosed with Mental Illness: *14* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *16* **Have Physical Disability**: *0*

Inspections / Reviews

11/04/2025 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *12/11/2025*

07/17/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *12/08/2025*

Reviewer: [redacted] **Follow-Up Type**: *Bypass Document Submission*

42b - Abuse

1. Requirements

2600.
42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [redacted] resident #1 reported to staff person A that [redacted] had been giving money to staff person B. The resident indicated staff person B would tell [redacted] things about [redacted] life and would ask for money for gas and food. During the month of August 2025, resident #1 gave staff person B approximately $300.00 cash to buy gas, and food and medication for the staff person's dog. The resident indicated that staff person A used [redacted] for money, and [redacted] felt taken advantage of for having such a big, caring heart.

Plan of Correction ***Accept ([redacted] - 12/17/2025)***

- *Staff Person B resigned from employment at the community on [redacted], prior to community knowledge of the financial exploitation.*
- *Residents in the community were interviewed by the Executive Director on 10/24/2025. No other reports of financial exploitation were made.*
- *PA State Police, AAA and family were notified of the financial exploitation on 10/23/2025 by the Executive Director.*
- *Current Staff will undergo training on Resident's Rights/Abuse on 12/19/2025.*
- *Starting the week of 12/8/2025, The Executive Director or Designee will interview 5 residents a week for 4 weeks, then 3 residents a week for 4 weeks and the 1 resident a week for 4 weeks in regard to financial exploitation/abuse. The findings of these interviews will be discussed with the QA committee monthly. The QA Committee will determine if continued interviews is necessary based on 3 months of compliance.*

Licensee's Proposed Overall Completion Date: *12/22/2025* ***Not Implemented ([redacted] - 07/17/2026)***

85d - Trash Receptacles

2. Requirements

2600.
85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

There were two 3/4 full, uncovered trash cans in the main kitchen.

Plan of Correction ***Accept ([redacted] - 12/17/2025)***

- *Trash cans were emptied at the time of the inspection.*
- *The lid from one trash can was located and applied. The other trash can was disposed of at the time of the inspection.*
- *A replacement trash receptacle with a step-open lid was ordered on 11/04/2025 and received on 11/07/2025.*
- *Kitchen staff were in-serviced on regulation 2600.85d by the Executive Director on 11/05/2025.*
- *Starting the week of 12/08/2025, The Executive Director or Designee will audit the kitchen trash cans for proper covering three times a week for 4 weeks, then two times a week for four weeks and then weekly for 4 weeks. The findings of these audits will be discussed with the QA committee members monthly. The QA Committee will determine if continued auditing is necessary based on the 3 months of compliance.*

Licensee's Proposed Overall Completion Date: *12/22/2025* ***Not Implemented ([redacted] - 07/17/2026)***

103g - Storing Food

3. Requirements

2600.
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

At 10:30 a.m., multiple fruit cups and lettuce were uncovered on the shelves inside cooler #3.

Plan of Correction ***Accept ([redacted] - 12/17/2025)***

- *Fruit cups and Salads had just been prepped for the lunch service at the time of the inspection.*
- *All items were covered at the time of inspection.*
- *Current kitchen staff were in-serviced on regulation 2600.103g by the Executive Director on 11/05/2025.*
- *Starting the week of 12/08/2025, The Executive Director or Designee will audit the kitchen coolers for proper food storage three times a week for 4 weeks, then two times a week for four weeks and then weekly for 4 weeks. The findings of these audits will be discussed with the QA committee members monthly. The QA Committee will determine if continued auditing is necessary based on the 3 months of compliance.*

Licensee's Proposed Overall Completion Date: *12/22/2025* ***Not Implemented ([redacted] - 07/17/2026)***

144c1 - Smoking Area Guidelines

4. Requirements

2600.
144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:
1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

The home does not permit smoking in any part of the community. On 11/4/25, multiple staff were observed smoking immediately outside the dining room, next to the grill and cigarette disposal stand.

Plan of Correction ***Accept ([redacted] - 12/17/2025)***

- *The Smokers Outpost was relocated back to the edge of the community property at the time of the inspection.*
- *Current staff were re-educated on the community non-smoking policy on 11/05/2025 by the Executive Director.*
- *Staff noted to be in violation of the community non-smoking policy moving forward, will face disciplinary action.*
- *Starting the week of 12/08/2025, the Executive Director or designee will do a walk of the community property 3 times a week for 4 weeks on varying days and times, then 2 times a week for 4 weeks and then once a week for 4 weeks to ensure continued compliance with regulation 2600.144c1. The findings of this walk will be discussed monthly with the QA Committee. The QA Committee will determine if continued audits are necessary based on 3 months of compliance.*

Licensee's Proposed Overall Completion Date: *12/22/2025* ***Not Implemented ([redacted] - 07/17/2026)***