

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

June 17, 2026

[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 Service Licensing review on 04/20/2026 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: BARNES PLACE License #: 44488 License Expiration: 01/11/2027  
 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: 65 Waking Staff: 49

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal Exit Conference Date: 04/20/2026

**Inspection Dates and Department Representative**

04/20/2026 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: 68 Residents Served: 59

**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: 59  
 Diagnosed with Mental Illness: 10 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 6 Have Physical Disability: 0

**Inspections / Reviews**

04/20/2026 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/21/2026

06/05/2026 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 06/12/2026  
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 06/12/2026

Inspections / Reviews *(continued)*

06/17/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/12/2026

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

The bedside enabler bar attached to resident #1's bed was not properly secured and could be moved side to side approximately 3-4 inches, posing an entrapment hazard.

Repeat Violation: 4/29/25

Plan of Correction

Accept ( ) - 06/05/2026

- On 04/20/2026, the bed enabler for resident #1 was tightened by the Director of Facilities Operations.
- On 04/21/2026, an audit of resident rooms was completed by Director of Health and Wellness and no further violations of 2600.81b were identified.
- Current staff are to be re-educated on regulation 2600.81b on 05/22/2026 by the Director of Health and Wellness. Documentation of the education will be retained within the community.
- Starting the week of 05/25/2026, The Director of Facility OPs or designee will audit 5 resident's rooms/equipment weekly x 4 weeks, then 3 resident's rooms/equipment weekly x 4 weeks, then 1 resident's room/equipment weekly for 4 weeks to ensure continued compliance with regulation 2600.81b. 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.

Licensee's Proposed Overall Completion Date: 06/05/2026

Implemented ( ) - 06/17/2026

103g - Storing Food

2. Requirements

2600.

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

Description of Violation

At 10:00 a.m., there was an unsealed plastic bag containing sausage patties in freezer #2.

At 10:15 a.m., There was an unsealed plastic bag containing stuffed shells in freezer #3.

Repeat Violation: 4/29/25

Plan of Correction

Accept ( ) - 06/05/2026

- Both bags were sealed at the time of inspection.
- Current kitchen staff were in-serviced on regulation 2600.103g by the Executive Director on 04/21/2026.

103g - Storing Food (continued)

- Starting the week of 05/17/2026, 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: 06/05/2026

Implemented (█) - 06/17/2026)

103i - Outdated Food

3. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

At 10:15 a.m. there was an unlabeled/undated package of aluminum foil containing an unknown food substance in freezer #3.

Plan of Correction

Accept (█) - 06/05/2026)

- The unlabeled food item was discarded at time of inspection on 04/20/2026.
- The Executive Director and Executive Chef completed an audit of the freezers and coolers on 04/21/2026 and no further violations of 2600.103i were noted.
- Current Dietary staff were in-serviced on regulation 2600.103i by the Executive Director on 04/21/2026. Documentation of the training will be maintained at the community.
- Starting the week of 05/24/2026, the Executive Director or designee will complete an audit of 1 cooler and 1 freezer 3x a week for 4 weeks, then 1 cooler and 1 freezer 2x a week for 4 weeks and then 1 cooler and 1 freezer weekly for 4 weeks to ensure continued compliance. 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

Licensee's Proposed Overall Completion Date: 06/05/2026

Implemented (█) - 06/17/2026)

141a 1-10 Medical Evaluation Information

4. Requirements

2600.

141a 1 10 Medical Evaluation Information (continued)

- 141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
  2. Medical diagnosis including physical or mental disabilities of the resident, if any.
  3. Medical information pertinent to diagnosis and treatment in case of an emergency.
  4. Special health or dietary needs of the resident.
  5. Allergies.
  6. Immunization history.
  7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
  8. Body positioning and movement stimulation for residents, if appropriate.
  9. Health status.
  10. Mobility assessment, updated annually or at the Department’s request.

**Description of Violation**

Resident #2's initial medical evaluation, dated [REDACTED] does not indicate the needs of the resident can be met safely at a Personal Care Home.

**Plan of Correction**

Accept ([REDACTED] - 06/05/2026)

- The Physician for resident #2 was contacted by the Director of Health and Wellness on 04/20/2026. The Documentation of Medical Evaluation was updated at that time to reflect that the needs of the resident can be met safely in a Personal Care Home.
- The Director of Health and Wellness and Health Care Coordinator were education by the Executive Director on 04/21/2026 on the requirements of regulation 2600.141a.
- An audit of current resident DMEs was completed on 04/21/2026 by the Director of Health and Wellness to ensure no further violations of 2600.141a were present.
- Starting the week of 05/24/2026, the Director of Health and Wellness and the Health Care Coordinator will both review any Documentation of Medical Evaluations received to ensure compliance with regulation 2600.141a.

Licensee's Proposed Overall Completion Date: 06/05/2026

Implemented ([REDACTED] - 06/17/2026)

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:

**Description of Violation**

The pharmacy labels for resident #3's Omeprazole 20mg, Multivitamin, Acidophilus capsules, Aspirin 81mg tablets, and Vitamin D3 1000 unit capsules were not labeled with the resident's name.

**Plan of Correction**

Accept ([REDACTED] - 06/05/2026)

- The Omeprazole, Multivitamin, Acidophilus, Aspirin and Vitamin D were labeled with Resident # 3's name by the Health Care Coordinator at the time of the inspection.
- On 04/21/2026, the Health Care Coordinator completed an audit of both med carts and any other violations of regulation 2600.184a were corrected at that time.
- Current Med Techs will receive additional training on regulation 2600.184a on 05/22/2026 by the Director

184a Resident's Meds Labeled (continued)

of Health and Wellness. The record of training will be maintained at the community.

- The Health Care Coordinator or designee will complete an audit of each med cart weekly for 12 weeks to ensure continued compliance with regulation 2600.184a. 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.

Licensee's Proposed Overall Completion Date: 06/05/2026

Implemented ( ) - 06/17/2026

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 #4 was prescribed Oxycodone 5mg, take 1 tablet by mouth every six hours as needed for pain. This medication was discontinued on 10/7/25; however, this medication order was on the resident's April 2025 medication administration record.

Plan of Correction

Accept ( ) - 06/05/2026

- On 04/20/2026, the Order for Oxycodone 5mg was removed from the Electronic MAR for resident #4 by the Executive Director.
- On 04/21/2026, The pharmacy was contacted in regard to the Oxycodone showing on the electronic MAR. The pharmacy shows that it was removed from the MAR on 10/7/2025. the system shows that it auto populated on 01/23/2026to the MAR. The pharmacist stated that it seems to have been a system re boot error.
- On 04/22/2026 a Med Cart/MAR audit was completed for each resident by the Director of Health and Wellness and Health Care Coordinator to ensure compliance with regulation 2600.187a.
- Starting the week of 04/27/2026, the Health Care Coordinator or designee will complete Med Cart/MAR audit for 5 residents weekly for 12 weeks to ensure continued compliance with regulation 2600.187a. 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.

Licensee's Proposed Overall Completion Date: 06/05/2026

Implemented ( ) - 06/17/2026

187c - Refusal of Medication

7. Requirements

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

187c - Refusal of Medication (continued)

Description of Violation

On 4/1/26, 4/3/26 and 4/5/26, resident #4 refused to take a scheduled doses of Senna. The home did not have documentation of reporting the refusal to the prescriber within 24 hours.

Plan of Correction

Accept ( ) - 06/05/2026)

- The physician for Resident #4 was notified of the refusals on 04/01/26, 04/03/26, and 04/05/26 by the Director of Health and Wellness on 04/21/2026.
- Current Med Techs are scheduled for training on regulation 187c with the Director of Health and Wellness on 05/22/2026. The record of training will be maintained at the community.
- The Health Care Coordinator is maintaining a record of resident refusals and notifications of the prescribers in a refusal binder.
- Starting the week of 05/25/2026, the Health Care Coordinator will cross reference the Medication Refusal Report in the Electronic MAR system (ECP) and the prescribers' notifications of refusals 3 x a week for 4 weeks, then 2x a week for 4 weeks and then weekly for 4 weeks to ensure continued compliance with regulation 187c. 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

Licensee's Proposed Overall Completion Date: 06/05/2026

Implemented ( ) - 06/17/2026)

187d - Follow Prescriber's Orders

8. Requirements

2600.  
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #5 is prescribed Humalog Kwik subcutaneous injection, administer before meals per sliding scale:  
150-200 = 2 units  
201-250 = 3 units  
251-300 = 4 units  
301-350 = 5 units  
351-400 = 6 units, and repeat reading in 2 hours.

On the following dates and times, no Insulin was administered to resident #5:

Date	Time	Blood Glucose Reading:
4/4/26	5:00 p.m.	197
4/6/26	5:00 p.m.	174
4/8/26	5:00 p.m.	154
4/13/26	5:00 p.m.	191
4/13/26	5:00 p.m.	346
4/16/26	5:00 p.m.	260
4/18/26	5:00 p.m.	163
4/19/26	8:00 p.m.	156

187d - Follow Prescriber's Orders (continued)

Repeat Violation: 4/29/25

Plan of Correction

Accept ( ) - 06/05/2026

- Resident #5's Physician and POA were notified on 05/20/206 of the non-administration of insulin being administered on 04/04/26, 04/06/26, 04/08/26, 04/13/26, 04/16/26, 04/18/26, and 04/19/26.
- Reportable Incident reporting form completed and submitted to the Bureau of Human Services on 05/21/26.
- Resident # 5 evaluated by the Director of Health and Wellness on 04/21/2026, and no ill effects noted from the incorrect insulin dosage administrations.
- Current Med Techs will be receiving training on following the prescriber's orders in regard to Insulin Administration by the Director of Health and Wellness and Health Care Coordinator on 05/22/2026.
- The Electronic MAR has been updated to include prompted documentation for the Units of Insulin administered in regard to the Sliding Scale Insulin.
- Starting the week of 05/24/2026, The Health Care Coordinator or Designee will audit the Blood sugar and insulin administration results for 3 residents 3x week x 4 weeks, then 3 residents 2 x week for 4 weeks, then 3 resident's weekly for 4 weeks to ensure continued compliance with Regulation 2600.187d. 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.

Licensee's Proposed Overall Completion Date: 06/05/2026

Implemented ( ) - 06/17/2026

190c - Record of Training

9. 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 home's medication administration training records for staff person A and staff person B do not indicate the original qualification date, the completion date, remediation dates, does not indicate if the staff person requalified or failed to requalify, the student's signature and date, the trainer's signature and date and the provider name.

Plan of Correction

Accept ( ) - 06/05/2026

- Staff member A completed ( ) Initial training in 2023 with the paper exam. Staff member A completed the on-line medication administration course on 04/22/2026 at the request of the surveyor.
- Staff Member B completed the on-line Medication Administration course on 04/19/2024 as ( ) Initial Training.
- On 04/22/2026, The Director of Health and Wellness (Practicum Observer) completed 2 supervised med passes and 2 MAR audits of Staff member B.
- On 04/21/2026, the Director of Health and Wellness received additional training by the Executive Director (Train the Trainer) in regard to regulation 2600.190c.

190c Record of Training (continued)

- On 04/22/2026, The Director of Health and Wellness completed an audit of the required training for the Medication Technicians to ensure compliance with regulation 2600.190c.
- Starting the week of 05/24/2026, the Executive Director will audit the training of 2 med techs weekly x 12 weeks to ensure continued compliance. 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 continued compliance.

Licensee's Proposed Overall Completion Date: 06/05/2026

Implemented (█) - 06/17/2026)

251c - Standardized Forms

10. Requirements

2600.

251.c. The home shall use standardized forms to record information in the resident's record.

Description of Violation

Resident #3 initial medical evaluation completed (█) was not completed on the department current standardized form.

Plan of Correction

Accept (█) - 06/05/2026)

- The Initial Medical Evaluation for Resident # 3 was completed on the departments form that was current through 06/30/25 and cannot be corrected.
- The Director of Health and Wellness was educated on ensuring the use of the most current department form by the Executive Director on 04/21/2026.
- All blank copies of the previous department form were discarded on 04/21/2026.
- An audit of current resident charts was completed on 04/21/26 by the Executive Director and Director of Health and Wellness, and no other violations of regulation 2600.251c were noted.
- Starting on 04/21/206, for 12 weeks, all initial medical evaluations will be reviewed by both the Executive Director and the Director of Health and Wellness to ensure continued compliance of regulation 2600.251c.

Licensee's Proposed Overall Completion Date: 06/05/2026

Implemented (█) - 06/17/2026)