pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **THE ARBORS AT ST BARNABAS INC**
LEGAL ENTITY

To operate **THE ARBORS AT ST BARNABAS**
NAME OF FACILITY OR AGENCY

Located at **85 CHARITY PLACE, VALENCIA, PA 16059**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **229**
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: **Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 47**

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **July 26,** **2026** until **July 26,** **2027**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **423090**

ISSUING OFFICER

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628 – 04/23

Pennsylvania
Department of Human Services

Emailing Date: August 19, 2026

[redacted]
The Arbors at St. Barnabas, Inc.
85 Charity Place
Valencia, Pennsylvania 16059

RE: The Arbors at St. Barnabas.
License #: 42309

Dear [redacted]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspection on May 11, 2026, and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

Juliet Marsala

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

Facility Information

Name: *THE ARBORS AT ST. BARNABAS* **License #:** *42309* **License Expiration:** *07/26/2026*

Address: *85 CHARITY PLACE, VALENCIA, PA 16059*

County: *BUTLER* **Region:** *WESTERN*

Administrator

Name: [redacted]

Legal Entity

Name: *THE ARBORS AT ST BARNABAS INC*

Address: *85 CHARITY PLACE, VALENCIA, PA, 16059*

Phone: [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:** *117* **Waking Staff:** *88*

Inspection Information

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

Reason: *Renewal, Provisional* **Exit Conference Date:** *05/11/2026*

Inspection Dates and Department Representative

05/11/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *229* **Residents Served:** *80*

Secured Dementia Care Unit

In Home: *Yes* **Area:** *SDCU* **Capacity:** *47* **Residents Served:** *18*

Hospice

Current Residents: *11*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *79*

Diagnosed with Mental Illness: *2*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *37*

Have Physical Disability: *0*

Inspections / Reviews

05/11/2026 - Full

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *05/24/2026*

05/26/2026 - POC Submission

Submitted By: [redacted] **Date Submitted:** *06/08/2026*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *06/12/2026*

07/23/2026 - Document Submission

Submitted By: [redacted] **Date Submitted:** *06/08/2026*

Reviewer: [redacted] **Follow-Up Type:** *Exception*

20b1 - Financial Records

1. Requirements

2600.
20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:
1. The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

Description of Violation

The home manages the finances for resident #1. The financial record indicates the resident had a balance of $116.15, however, the resident's actual balance was $566.62.

The home manages the finances for resident #2. The financial record indicates the resident had a balance of $20.53, however, the resident's actual balance was $141.09.

Plan of Correction ***Accept ([redacted] - 05/26/2026)***

In response to the deficiency noted under 2600.20b1 the following corrective action plan has been developed to ensure compliance with the regulation.
Resident #1 The financial record indicates the resident had a balance of $116.15, however the residents actual balance was $566.62.
The recreation coordinator made the receipts readily available to the surveyor, however the ledger was not up to date. After review the receipts did match and the ledger was balanced at the time of survey.
Resident #2 The financial record indicates the resident had a balance of $20.53, however the resident's actual balance was $141.09.
The recreation coordinator made the receipts readily available to the surveyor, however the ledger was not up to date. After review the receipts did match and the ledger was balanced at the time of survey.
The recreational coordinator will immediately implement a financial log that is completed daily with each transaction. This log will keep record of every deposit and withdrawal with dates, amounts and balances and the Recreational Coordinator or designee will verify the accuracy daily.
The Recreational Coordinator and the assistant have been educated to the regulation 2600.20b1and the process on 5/15/2026.
Audits began 5/15/26 of the financial records and will occur by the administrator or designee weekly for the next three months and then monthly to ensure compliance.

Licensee's Proposed Overall Completion Date: *05/22/2026*

Implemented [redacted] - 07/23/2026)

185a - Implement Storage Procedures

2. 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 #3 is prescribed Quetiapine fumarate 25mg – take one tab by mouth every evening. However, this medication was not available in the home.

185a - Implement Storage Procedures *(continued)*

Plan of Correction ***Accept [redacted] - 05/26/2026)***

In response to the deficiency noted under 185a the following corrective action plan has been developed to ensure compliance with the regulation
Resident #3 had Quetiapine fumarate 25mg-take one tab by mouth every evening. However, this medication was not available.
The medication was scheduled for 6pm that evening and was on order from the pharmacy.
The medication was received on 5/11/2026 before the 6pm dose was due, and the medication was given on time.
Education on regulation 2600.185a will be provided to all Med Techs by the administrator/designee. This education will be completed by June 5, 2026
Audits were begun by the Wellness Director on 5/14/2026. The audit addresses medication availability from pharmacy and the pharmacy notification process for receiving it. The audit will consist of six residents weekly for one month, bi-monthly for one month and monthly thereafter. The audits will be performed by the Wellness Director or designee.

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

Implemented [redacted] - 07/23/2026)

187a - Medication Record

3. Requirements

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:
8. Frequency of administration.

Description of Violation

Resident #4 is prescribed Holoperidol 2mg/ml – take 0.5ml by mouth every 2 hours as needed. However, the resident's May 2026 medication administration record (MAR) indicates – Haloperidol 2mg/ml – take 0.5ml by mouth every 4 hours as needed.

Plan of Correction ***Accept [redacted] - 05/26/2026)***

In response to the deficiency noted under 187a the following corrective action plan has been developed to ensure compliance with the regulation
Resident #4 is prescribed Haloperidol 2mg/ml-take 0.5ml by mouth every 2 hours as needed. However, the resident's May 2026 medication administration record (MAR) indicates Haloperidol 2mg/ml-take 0.5ml by mouth every 4 hours as needed.
Immediate intervention during the survey occurred, the Wellness Director put a change of direction sticker on the label of the bag housing the syringes.
Education on regulation 2600.187a will be provided to all Med Techs by the administrator/designee. This education will be completed by June 5, 2026.
Audits were begun by the Wellness Director on 5/14/2026. The audit will address all medication labels match the emar, if there is an order change, a change of direction sticker has been placed on the label. The audits will consist of six residents weekly for one month, bi-monthly for one month and monthly thereafter. The audits will be performed by the Wellness Director or Designee.

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

187a - Medication Record *(continued)*

Implemented [redacted] - 07/23/2026)

225a - Assessment 15 Days

4. Requirements

2600.
225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #4's initial medical evaluation, dated [redacted]25, indicates the resident has short and long term memory deficits, needs assistance with high and low level decision making and a dementia diagnosis. However, the resident's initial assessment and support plan, dated [redacted]/26, did not address these needs.

Resident #5's initial medical evaluation, [redacted]/26, indicates the resident has sgait disturbance, impaired ambulation, weakness, falls, and thoracic kyphosis. However, the resident's initial assessment and support plan, dated [redacted]/26, indicates the resident requires minimal assist to evacuate and does not address fall prevention or mobility interventions.

Plan of Correction ***Accept ([redacted] - 05/26/2026)***

In response to the deficiency noted under 2600.225a the following corrective action plan has been developed to ensure compliance with the regulation
Resident #4 Initial medical evaluation, dated [redacted]/2025, indicates the resident has short- and long-term memory deficits, needs assistance with high- and low-level decision making and a dementia diagnosis. However, the residents' initial assessment and support plan, dated [redacted]/26, did not address these needs.
An addendum was placed in the resident RASP 3/29/2026 by the Wellness Director identifying Alzheimer's, agitation and anxiety as topic of cognitive function. The use of psychotic medications was also added 4/6/2026 in the addendum to address cognitive function.
Education on regulation 2600.225a and the RASP will be provided to nursing staff involved in completion of the initial assessment. The Administrator or designee will provide the education, and it will be completed by 5/25/2026.
An audit was completed immediately by the Wellness Director on all resident charts on 5/14/2026 for cognitive functioning needs. Each applicable RASP was updated to match the DME status.
Ongoing, with each new admission the cognitive functioning section will be addressed at time of admission to ensure all elements of the cognitive section are addressed by the Wellness Director or designee.
Monthly audits will be completed by the Administrator or Designee on the cognitive section to ensure compliance with the regulation.
Resident #5 initial medical evaluation [redacted]/26, indicates the resident has gait disturbance, impaired ambulation, weakness, falls and thoracic kyphosis. However, the resident's initial assessment and support plan, dated 4/7/26, indicates the resident requires minimal assistance to evacuate and does not address fall prevention or mobility interventions.
On the resident RASP it is indicated the resident has PT/OT following the resident
Education on regulation 2600.225a and the RASP will be provided to nursing staff involved in completion of the initial assessment. The Administrator or Designee will provide the education and will have it completed by 5/25/2026
An audit was completed immediately by the Wellness Director on all resident charts on 5/14/2026 for residents

225a - Assessment 15 Days (continued)

with gait disturbance. Each applicable RASP was updated to match the DME status.
Ongoing, with each new admission the ambulation section will be addressed at the time of admission to ensure all elements of the ambulation criteria are met on the RASP by the Wellness Director or designee.
Monthly audits will be completed by the Administrator or Designee on the ambulation section to ensure compliance with the regulation.

Licensee's Proposed Overall Completion Date: *05/22/2026*

Implemented [redacted] - 07/23/2026)