



October 27, 2014

Traci Gardner, Director
Barber National Institute - Community Endeavors
Two Falls Center
3300 Henry Avenue, Suite 901
Philadelphia, PA 19129

RE: Barber National Institute - Community Endeavors
License # 314580 - Regular

Dear Ms. Gardner:

As a result of the Department of Aging's licensing inspection of the above named facility on 08/19/2014, two areas of non-compliance were identified. The legal entity submitted an acceptable written plan to correct each area of non-compliance. Therefore, the Department issued a Regular License, indicating compliance with applicable statutes, ordinances and regulations.

Thank you for your continued effort to provide quality older adult daily living services. If you have questions, please contact me at (717) 214-6716.

Sincerely,

A handwritten signature in black ink, appearing to read "Kevin Longenecker", is written over a horizontal line.

Kevin Longenecker
Director

Enclosures

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF AGING

LICENSE

This license is hereby granted to DR. GERTRUDE A. BARBER CENTER, INC.

LEGAL ENTITY

To operate BARBER NATIONAL INSTITUTE - COMMUNITY ENDEAVORS

(NAME OF CENTER)

Located at TWO FALLS CENTER PHILADELPHIA, PA 19129

(COMPLETE ADDRESS OF CENTER)

To provide older adult daily living services.

The total number of persons which may be served at one time may not exceed 100

(MAXIMUM CAPACITY)

Restrictions: _____

This license is granted in accordance with the Act of July 11, 1990 (P.L. 499, No. 118) and Regulations.

TITLE 6. PA CODE. CHAP. 11. OLDER ADULT DAILY LIVING CENTER Dated July 03, 1993

(NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from November 30, 2014 until October 31, 2015

unless sooner revoked for non-compliance with applicable laws and regulations.

No: 314580 - Regular



ISSUING OFFICER

NOTE: This license is issued for the above address only and is not transferable. This license should be posted in a conspicuous place in the center.

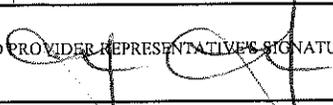
Issued On: October 27, 2014

AGL01

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER LICENSE NUMBER: 314580	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/20/2014
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NAME OF PROVIDER OR SUPPLIER Barber National Institute - Community Endeavors	STREET ADDRESS, CITY, STATE, ZIP CODE TWO FALLS CENTER PHILADELPHIA, PA 19129
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
1 000	Initial Comments A State licensure visit was completed on 8/19/2014 and it was determined that Barber National Institute-Community Endeavors was not in compliance with the following requirements of 6 PA Code, Chapter 11, Older Adult Daily Living Centers regulations:	1 000		
1 850	11.53(a) Poisons Poisonous materials shall be kept in a cabinet, closet, cupboard or container that is locked or placed in a location, which is inaccessible to clients. This STANDARD is not met as evidenced by: Findings: Based on direct observation, it was discovered that a poisonous material was not kept in a locked closet, cabinet or cupboard. A 7.5 ounce bottle of "Soft Soap" was found in an unlocked shower room. The label stated, "If swallowed get medical help or contact a poison control center right away."	1 850	Plan of Correction is required	
11873	11.123(2) Core Services - Nursing Services The following essential, core services shall be offered or arranged in center programs: personal care, nursing, social services, therapeutic activities, nutrition and	11873	The Manager of Day Services will train the Day Program Assistant/Program Specialists that poisonous materials shall be kept locked or inaccessible when not in use. Hand soap has been removed from the changing room. Agency will purchase nonpoisonous hand soap or wall soap dispensers as recommended. Program specialists will monitor during hours of operation by walking through the facility to ensure that all poisonous materials are kept locked or made inaccessible to individuals. Day Program Assistant/Manager of Day Services will monitor that all poisonous materials are kept locked and document on the facility checklist. The facility checklist will be completed weekly and submitted to the Director. Training will be completed by 9/5/14. Training documentation will be submitted to the Department upon completion. Completion date: 9/5/14	

AUTHORIZED PROVIDER REPRESENTATIVE'S SIGNATURE
 8-27-14

DEPARTMENT OF AGING APPROVAL
 10/27/14

Chief of Licensing

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11873	Continued From page 1 emergency care. The intensity of the services shall be modified to meet the functional needs of the clients. It is anticipated that the services will be on a continuum to meet the range of client needs, with appropriate staff persons to supply or arrange these services. Each essential core service shall be addressed during the care planning process. The center shall provide and maintain the essential space, materials and equipment necessary to provide these services and to protect the privacy of the clients receiving the services. Core services are as follows: (2) Nursing services. The center shall provide, contract for or otherwise arrange for nursing services. The number of services provided by the nurse, the manner in which a center obtains nursing services (which may range from formal to informal), and the amount of time spent by the nurse in a center (which may, for example, range from the daily services of a registered nurse staff person to a monthly or quarterly visit by a practical nurse) depend upon the needs of the center's clients. Nursing service includes the following: (i) Centers shall carry out the following standard nursing functions at least quarterly: (A) A review of the client's health status, including dietary needs. (B) Review of medication procedures, if necessary. (C) Review of policies and procedures for personal care. (D) Training and education of staff persons regarding the needs of clients in centers, including infection control.	11873	The Manager of Health Services will retrain the nurses regarding the need to complete quarterly reviews for all clients in the older adult program. The Manager of Health Services will create a tracking sheet of due dates for quarterly reviews and will monitor monthly to ensure they are completed on time. The tracking sheet will be submitted to the Director monthly. . Training will be completed by 9/5/14. Training documentation will be submitted to the Department upon completion. Completion date: 9/5/14	

  8-27-14

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11873	<p>Continued From page 2</p> <p>(ii) The following nursing functions may be added to subparagraph (i) if they are consistent with the goals of the center and the characteristics of persons admitted to the center, as determined through intake screening and client physical examination and medical reports:</p> <p>(A) Provision or supervision of modified and therapeutic diets and supplemental feedings.</p> <p>(B) Provision or supervision of observation, monitoring and intervention for unstable medical episodes.</p> <p>(C) Preparation of the client for self-administration of medications.</p> <p>(D) Provision of restorative or rehabilitative nursing.</p> <p>(E) Provision of maintenance of respiratory aids, colostomy and ileostomy, urinary drainage devices, dressings, skin care, foot and nail care and routine care of incontinent clients.</p> <p>(F) Response to emergencies.</p> <p>(G) Administration of parenteral treatments.</p> <p>(H) Provision of other skilled nursing care, which can be safely done in the older adult daily living center.</p> <p>This STANDARD is not met as evidenced by:</p> <p>Findings: Based on a review of five of seventeen client records and a discussion with the center Program Manager and Nurse, it was determined that the center's nurse did not provide a quarterly review of the client's health status, including dietary needs for two clients. A review of the records of Client #1 revealed that a quarterly review had not been completed since 2/10/2014. A review of the records of</p>	11873	<p>The Director will retrain the Manager of Health Services regarding the need to complete quarterly training on infection control procedures for all staff working within the older adult program. Based on the list of staff provided by the Manager of Day Services, the Manager of Health Services will create a tracking sheet for the year of when each staff is due for training. The tracking sheet will be submitted to the Director to ensure timely completion of training with staff. The documented tracking sheet and a copy of the training sheets will be submitted to the Director and Training Coordinator as training is completed. Training will be completed by 9/5/14. Training documentation will be submitted to the Department upon completion.</p> <p>Completion date: 9/5/14</p>	

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11873	Continued From page 3 Client #2 revealed that a quarterly review had not been completed since 9/12/2013. Findings: Based on a review of six of twenty-nine staff training records and interview with the center Program Manager and Nurse, it was determined that two center staff did not receive a quarterly review of the needs of clients in centers, including infection control. A review of the infection control training record for Staff #1 revealed that the last training occurred during new employee orientation on 1/27/2014. A review of the infection control training records for Staff #2 revealed that the last training occurred during new employee orientation on 1/06/2014.	11873		

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If continuation sheet 4 of 4

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