

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 395605	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/06/2020
NAME OF PROVIDER OF SUPPLIER ST BARNABAS NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP 5827 MERIDIAN ROAD GIBSONIA, PA 15044	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0576 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure residents have reasonable access to and privacy in their use of communication methods. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, observations and residents and staff interview, it was determined that the facility failed to provide residents privacy on the telephone on one of one units (2 South). Findings include: A review of facility policy Resident Rights updated 10/14/19, indicated residents have the right to communicate privately with persons of their choice. A review of Resident's R194 clinical record indicated she was admitted on [DATE], with [DIAGNOSES REDACTED]. During an observation and interview on 3/4/20, at 1:38 p.m. Resident R194 was at the 2 South nurses station talking on the phone. Resident R194 stated she was not aware of where a private phone was located and would want privacy for some calls. During an observation on 3/4/20, at 1:45 p.m. the 2 South copy room had a sign that indicated it was for employees only and there was no phone in the room. During an interview on 3/4/20, at 1:45 p.m. the Director of Nursing (DON) indicated that the 2 South copy room was designated for resident private phone calls. The DON confirmed that the room had sign indicating it was for employees only, it did not have a phone and confirmed that the facility did not provide access to a telephone to use without being overheard on the 2 South Nursing Unit. 28 Pa. Code 201.29(j) Resident Rights. Previously cited: 4/26/19.		
F 0730 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Observe each nurse aide's job performance and give regular training. Based on review of facility policy and staff education records and staff interviews, it was determined that the facility failed to conduct at least 12 hours of in-service education, within 12 months of their hire date anniversary, for nurse aides as required for two of five nurse aides reviewed (Employee E2 and E3). Findings include: Review of Nurse Aide (NA) Employees Employee E1, E2's education records with hire date greater than 12 months revealed the following: NA Employee E2 had a hire date of 6/27/17, with 3.5 hours in-service education between 6/27/18, and 6/27/19. NA Employee E3 had a hire date of 5/16/11, with 6.5 hours in-service education between 5/16/18, and 5/16/19. During an on-site interview on 3/6/19, at 1:15 p.m. the Staff Educator confirmed that the facility failed to provide the required 12 hours annual in-service education within 12 months of their hire date anniversary for NA Employees E2 and E3. 28 Pa. Code: 201.14(a) Responsibility of Licensee. Previously cited: 3/16/18, 4/26/19 28 Pa. Code: 201.20(c) Staff Development.		
F 0842 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on review of facility policy, observations and staff interview, it was determined that the facility failed to safeguard resident clinical records on one of three units (2 South). Findings include: A review of facility policy Privacy of Resident Records updated 10/14/19, indicated the facility is required by law to maintain the privacy of protected health information. During an observation on 3/6/20, at 10:40 a.m. the 2 south copy room was observed unlocked and on an employee desk the following was noted: Two closed clinical records including physician discharge summaries and face sheets (contain last address, phone number, date of birth and social security numbers) for Residents CR52 and CR66, Aa manila folder marked on the outside for the physician to please sign and return contents to the social worker contained clinical information for residents R26 and R195. A second manilla folder contained therapy evaluations for residents R41, R63, R196 and R197. On a shelf on the desk was stack of resident face sheets each attached to clinical information for Residents R20, R32, R40, R70, R79, R80, R82, R84, R91, R93, R200, R201, R202, R203, R204, R205, R206, R207, R208, R209, R210, R211, R212, R213, R214, R215, R216, R217, R218, R219 and R220. During an interview on 3/6/20, at 11:14 a.m. the Nursing Home Administrator and Director of Nursing confirmed that the facility failed to safeguard resident clinical records. 28 Pa. Code 211.5(b) Clinical Records.		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.