pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **BARCLAY FRIENDS**
LEGAL ENTITY

To operate **BARCLAY FRIENDS**
NAME OF FACILITY OR AGENCY

Located at **700 NORTH FRANKLIN STREET, WEST CHESTER, PA 19380**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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 **75**
(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 23**

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 **May 31, 2023** until **May 31, 2024**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **146820**

ISSUING OFFICER

ACTING 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: May 31, 2023

[redacted]
Barclay Friends
700 North Franklin Street
West Chester, Pennsylvania 19380

RE: Barclay Friends
License #: 146820

Dear [redacted]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing (Department), licensing inspections on March 13, 2023 and May 4, 2023, 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

May 31, 2023

[redacted]
BARCLAY FRIENDS
700 NORTH FRANKLIN STREET
WEST CHESTER, PA, 19380

RE: BARCLAY FRIENDS
700 NORTH FRANKLIN STREET
WEST CHESTER, PA, 19380
LICENSE/COC#: 14682

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/13/2023 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: *BARCLAY FRIENDS* **Licen e #**: *14682* **Licen e Expiration**: *04/07/2023*

Address: *700 NORTH FRANKLIN STREET, WEST CHESTER, PA 19380*

County: *CHESTER* **Region**: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *BARCLAY FRIENDS*

Address: *700 NORTH FRANKLIN STREET, WEST CHESTER, PA, 19380*

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

Certificate(s) of Occupancy

Type: *I 1* **Date**: *05/29/2019* **I ued By**: *Borough of West Chester*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *75* **Waking Staff**: *56*

Inspection Information

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

Reason: *Renewal, Provisional* **Exit Conference Date**: *03/13/2023*

Inspection Dates and Department Representative

03/13/2023 On Site [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *75* **Residents Served**: *55*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *1st floor (Preston)* **Capacity**: *23* **Residents Served**: *19*

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *55*

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

Have Mobility Need: *20* **Have Physical Disability**: *0*

Inspections / Reviews

03/13/2023 - Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *04/07/2023*

03/31/2023 - POC Submission

Submitted By: [redacted] **Date Submitted**: *04/12/2023*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *04/05/2023*

Inspections / Reviews *(continued)*

04/06/2023 - POC Submission

Submitted By: [redacted] **Date Submitted:** *04/12/2023*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *04/30/2023*

05/31/2023 - Document Submission

Submitted By: [redacted] **Date Submitted:** *04/12/2023*

Reviewer: [redacted] [redacted] **Type:** *Not Required*

42c - Treatment of Residents

1. Requirements

2600.
42.c. A resident shall be treated with dignity and respect.

Description of Violation

On 3/13/23 at 5pm, resident #1 was talking loudly and cursing at others. Staff member A told to resident #1 not to use that language in the dining room. Resident #1 said something about sitting on the floor. Staff member A replied by saying "You do that".

Plan of Correction

Accept (- 04/06/2023)

During the survey process the surveyor observed a Certified Nursing Assistant (CNA) speaking with a resident. The Resident (Resident A) was using foul language and cursing at another resident (Resident B) who had sat in Resident A's seat at dinner time. Resident A became loud and was cursing at Resident B to get out of seat. The CNA ntervened by telling Resident A could not curse at another resident or in the dining room. During the interaction Resident A stated "fine, I'll just sit on the floor" and the CNA responded "you can do that if you want".

The surveyor immediately reported this to the Personal Care Home Administrator, Director of Culinary Services, and the Senior Director of Health Services/ NHA. The Director of Culinary Services immediately went to speak with the CNA while the PCHA and Senior Director of Health Services took the surveyor on the scheduled tour of the boiler room as per his request.

Statements were obtained by the CNA, Director of Culinary Services, and the Resident. The CNA did not recall telling the Resident could sit on the floor however apologized in the event was misheard or misunderstood. The resident stated that was not offended and stated "that is just how I talk". stated did not feel disrespected during the interaction with the CNA.

The CNA immediately received re-education regarding communication with the residents and the residents' rights. The education with the CNA was completed on March 13, 2023 by the Personal Care Home Administrator. The event was also reported to DHS for violation of Residents Rights on March 14, 2023. Education regarding Resident Rights was completed with all of the home's CNAs, RAs, and Nurses, this was completed by March 23, 2023. Ongoing compliance will be achieved through continuing education. The 2023 Training plan for all team members including Nurses, CNAs, and RAs includes effective communication and Residents Rights. This training is conducted annually for all employees and monitored by the Human Resources Department for compliance.

UPDATE:
1. The CNA immediately received re-education regarding communication with the residents and the residents' rights. The education with the CNA was completed on March 13, 2023 by the Personal Care Home Administrator.
2. The Personal Care Home Administrator, Clinical Care Coordinator and the Quality Improvement Nurse completed the education for all nurses and CNAs. this was completed March 23, 2023.
3. Return Demonstration of the Resident Rights was included in the education that was provided. The Training completed by the PCHA, CCC and QIN included open dialogue and examples. On each team members first day of hire the Quality Improvement Nurse (QIN) completes education related to residents rights that includes role play, open dialogue, examples, and return verbal demonstration. The Annual Resident Rights Training is completed by the Quality Improvement Nurse and includes role play, open dialogue, examples, and return verbal demonstration. This started on March 22, 2023 and will continue with no stop date.

42c - Treatment of Residents *(continued)*

Licensee's Proposed Overall Completion Date: *04/05/2023*

Implemented ***- 05/31/2023)***

85a Sanitary Conditions

2. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On 03/06/23 at 6:52pm, resident #3's glucometer was used to check blood glucose on resident #2. Resident #3's glucometer reading 160 was updated on resident #2 s MAR.

On 03/09/23 at 7:57pm, resident #3's glucometer was used to check blood glucose on resident #2. Resident #3's glucometer reading 154 was updated on resident#2's MAR.

On 03/10/23 at 8:06pm, resident #3's glucometer was used to check blood glucose on resident #2. Resident #3's glucometer reading 190 was updated on resident #2 s MAR.

On 03/11/23 at 6:43pm, resident #3's glucometer was used to check blood glucose on resident #2. Resident #3's glucometer reading 172 was updated on resident #2 s MAR.

On 03/12/23 at 5:49pm, resident #3's glucometer was used to check blood glucose on resident #2. Resident#3's glucometer reading 135 was updated on resident #2 s MAR.

Plan of Correction ***Accept*** ***- 04/06/2023)***

During the survey process it was identified that glucometers were being shared between two residents. The Glucometer readings recorded in the device did not match the blood glucose recorded on the Residents' MARs. The home had previously self-identified through a cart audit that the glucometers were not properly labeled. The labels were added to the glucometers immediately upon finding.

Prior to the labels being applied it was identified that there was a risk for the nurses to inadvertently use the ncorrect glucometer when obtaining the blood sugars. As part of the homes standard practice, the glucometers were being disinfected between each use.

A root cause analysis was completed to investigate the transcription errors identified during the survey process. Through the root cause analysis it was determined that the nurse was recording the wrong residents blood sugar in the chart.

nitial compliance was achieved on March 13, 2023 following the labels being placed on the glucometers. Labels were placed on the outside of the case as well as on each glucometer.

Ongoing compliance will be achieved through weekly audits of the glucometer and MAR by the Clinical Care

85a - Sanitary Conditions (continued)

Coordinator or designee. The glucometers will be inspected for proper labels and the numbers recorded in the machine will be compared to those entered into each Resident's EMAR.

Reeducation on proper glucometer procedures will be conducted for all licensed staff no later than March 22, 2023. This will also be included in the orientation process for all new licensed staff.

UPDATE:
1. The Quality Improvement Nurse labeled the outside of the glucometer cases and the Clinical Care Coordinator abeled the glucometer machines.
2. The weekly glucometer audits started on March 17, 2023 and will continue weekly for at least 1 year.
3. The Quality Improvements Nurse and the Clinical Care Coordinator provided the education on glucometer procedures.

Licensee's Proposed Overall Completion Date: *04/05/2023*

Implemented [redacted] - 05/31/2023)

183f - Discontinued Medications

3. Requirements

2600.
183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

On 03/13/23 at 3pm, the following medications Acetaminophen 325mg Tab with expiration 12/15/22 and Loperamide Cap 2mg with expiration 01/31/23 belonging to resident #3 were in the medication's cart. This is not an approved method of destroying medications according to the Department of Environmental Protection and Federal and State regulation.

Plan of Correction ***Accept ([redacted] - 04/06/2023)***

During the survey one resident was found to have two expired medications in the cart. These medications were mmediately disposed of and new orders were placed for the medication and they were delivered on March 13, 2023 during the evening pharmacy delivery.

A complete medication Cart Audit was completed for all residents by March 23, 2023. The initial medication cart audit was conducted by the Charge Nurses with the assistance of Pharmacy Staff and Nursing Clinical Care Coordinator to ensure it was completed timely.

The audit will be completed by reviewing the expiration date on the medications in the cart. Any medications found to be expiring in the next week, or that have already expired, will be reordered from the Residents Pharmacy of choice. The soon to be expired medication will be noted on the audit and upon arrival of the new medication, the old one will be destroyed. The medication will be disposed of using the Drug Buster chemical and disposed of according to the Drug Buster directions.

Ongoing Compliance will be achieved through weekly audits completed by the charge nurse on night shift. The

183f - Discontinued Medications (continued)

nurse will check the medication carts to ensure that all medications are present, labeled appropriately, and within the expiration date. This audit will be monitored by the Clinical Care Coordinator.

Reeducation of the cart audit process was completed for all nurses by March 22, 2023. This process will also be ncluded in the orientation process for all new licensed staff.

UPDATE:
1. The Charge nurse disposed of the medication and ordered the new medication on March 13, 2023.
2. The weekly audits were started on March 23, 2023 by the night shift charge nurse. When the night shift charge nurse is unable to complete the audit, it is completed by the Clinical Care Coordinator or her designee.
3. On March 23, 2023 the Clinical care Coordinator started monitoring the audits. [redacted] checks the audit to ensure that it is completed in its entirety and on time. The Audit consists of printing out each Resident's EMAR --> Go to the Med cart --> compare the label on each blister pack to the order on the EMAR --> If a discrepancy is found, verify the order and dispose of the medication --> order new medication as needed --> Check all labels in the cart and update as needed.
4. The Quality Improvement Nurse and the Clinical Care Coordinator completed the reeducation of the staff.

Licensee's Proposed Overall Completion Date: *04/05/2023*

Implemented ([redacted] - 05/31/2023)

185a Implement Storage Procedures

4. 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 Imodium A-D 2mg tablet as needed. On 03/13/23 this medication(s) was not available in the home.

Resident #4 is prescribed Acetaminophen 325mg tablet as needed. On 03/13/23 this medication(s) was not available in the home.

Plan of Correction ***Accept [redacted] 04/06/2023)***

During the survey it was identified that the resident had PRN Tylenol that was not present in the medication cart. The medication was immediately ordered from the pharmacy and delivered on March 13, 2023 during the evening pharmacy delivery. This was completed on March 13, 2023.

A complete medication Cart Audit was completed for all residents by March 23, 2023. The initial medication cart audit was conducted by the Charge Nurses with the assistance of Pharmacy Staff and Nursing Administration to ensure it was completed timely.

The audit was completed by comparing the MAR for each resident to the medications in the cart. The labels on the medication were then compared to the MAR. Any missing medications found were immediately ordered from the Resident's Pharmacy of choice.

185a - Implement Storage Procedures (continued)

Ongoing Compliance will be achieved through weekly audits completed by the charge nurse on night shift. The nurse will check the medication carts to ensure that all medications are present, labeled appropriately, and within the expiration date. This audit will be monitored by the Clinical Care Coordinator.

Reeducation of the cart audit process was completed for all nurses by March 23, 2023. This process will also be included in the orientation process for all new licensed staff.

UPDATE:
1. The Charge Nurse reordered the Tylenol on March 13, 2023
2. The audits were started on March 23, 2023 and will continue ongoing with no stop date
3. On March 23, 2023 the Clinical care Coordinator started monitoring the audits. [redacted] checks the audit to ensure that it is completed in its entirety and on time. The Audit consists of printing out each Resident's EMAR --> Go to the Med cart --> compare the label on each blister pack to the order on the EMAR --> If a discrepancy is found, verify the order and dispose of the medication --> order new medication as needed --> Check all labels in the cart and update as needed --> if a medication is missing it will be ordered
4. The Clinical care Coordinator and the Quality Improvement Nurse completed the education for all staff.

Licensee's Proposed Overall Completion Date: *04/05/2023*

Implemented [redacted] - 05/31/2023)

5. 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 #2 is prescribed Glucose checks once daily, scheduled at 8:30pm. On the following dates the glucometer reading did not match the resident's MAR:

- *03/01/23 at 8:30pm glucometer reading was 146, MAR reading was 147.*
- *03/04/23 at 8:30pm glucometer reading was 134, MAR reading was 135.*
- *03/06/23 at 8:30pm glucometer reading was 0, MAR reading was 160.*
- *03/09/23 at 8:30pm glucometer reading was 0, MAR reading was 154.*
- *03/10/23 at 8:30pm glucometer reading was 0, MAR reading was 190.*
- *03/11/23 at 8:30pm glucometer reading was 0, MAR reading was 172.*
- *03/12/23 at 8:30pm glucometer reading was 0, MAR reading was 135.*

Resident #3 is prescribed Glucose checks three times a week, scheduled at 7:30am. On the following dates the glucometer reading did not match the resident's MAR:

- *03/01/23 at 7:30am glucometer reading was 0, MAR reading was 73.*
- *03/03/23 at 7:30am glucometer reading was 236, MAR reading was 164.*
- *03/13/23 at 7:30am glucometer reading was 278, MAR reading was 146.*

Plan of Correction ***Accept [redacted] 04/06/2023)***

During the survey process it was identified that glucometers were being shared between two residents. The

185a - Implement Storage Procedures (continued)

Glucometer readings recorded in the device did not match the blood glucose recorded on the Residents' MARs. The home had previously self-identified through a cart audit that the glucometers were not properly labeled. The labels were added to the glucometers immediately upon finding.

Prior to the labels being applied it was identified that there was a risk for the nurses to inadvertently use the ncorrect glucometer when obtaining the blood sugars.

A root cause analysis was completed to investigate the transcription errors identified during the survey process. Through the root cause analysis it was determined that the nurse was recording the wrong residents blood sugar in the chart. Some nurses were also found to be clearing the glucometer after taking the blood sugars resulting in a 0 being stored in the glucometer.

nitial compliance was achieved on March 13, 2023 following the labels being placed on the glucometers. Labels were placed on the outside of the case as well as on each glucometer.

Ongoing compliance will be achieved through weekly audits of the glucometer and MAR by the Clinical Care Coordinator or designee. The glucometers will be inspected for proper labels and the numbers recorded in the machine will be compared to those entered into each Resident's EMAR.

Reeducation on proper glucometer procedures including not clearing the data, was conducted for all licensed staff no later than March 22, 2023. This will also be included in the orientation process for all new licensed staff.

UPDATE:
1. The Quality Improvement Nurse labeled the outside of the glucometer cases and the Clinical Care Coordinator abeled the glucometer machines.
2. The weekly glucometer audits started on March 17, 2023 and will continue weekly for at least 1 year.
3. The Quality Improvements Nurse and the Clinical Care Coordinator provided the education on glucometer procedures.

Licensee's Proposed Overall Completion Date: *04/05/2023*

Implemented [redacted] ***- 05/31/2023)***

187b Date/Time of Medication Admin.

6. Requirements

2600.
187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #4 is prescribed Levothyroxine 88mcg tablet. Resident #1's March 2023 medication administration record does not include the initials of the staff person who administered Levothyroxine 88mcg tablet on 03/10/23 at 6:30am.

Plan of Correction ***Accept*** [redacted] ***- 04/06/2023)***

The resident identified in the survey had a medication that could not be confirmed as administered on March 10, 2023 due to no electronic signature on the EMAR. Investigation into the missed dose found that it was not documented by an agency nurse. The agency nurse was contacted and confirmed that she did give the medication. The EMAR was updated to reflect the administered dose on March 17, 2023.

187b - Date/Time of Medication Admin. (continued)

The Quality Improvement Nurse created a "Before you Leave" checklist for all nurses including agency nurses. This checklist includes directions as to how to run a missed medication report at the end of the shift. The nurses will run the missed medication report at the end of the shift to ensure all medication that was administered has been signed out by the nurse.

This check list will be signed by the nurse and given to the Clinical Care Coordinator for review. The Clinical Care Coordinator or designee will run daily missed medication reports to ensure there are no missed medications or treatments.

The checklist and missed Medication reports were implemented by March 23, 2023. Reeducation of all licensed nurses was conducted by March 23. 2023 regarding the new process. The process will also be incorporated into the orientation packet for all agency nurses as well as new hires.

Ongoing Compliance will be achieved through the daily reports ran by the Clinical Care Coordinator or designee. If follow up is needed by the Clinical Care Coordinator or designee, the follow up will be documented on the audit. The audit will then be reviewed by the Personal Care Administrator. This will also be tracked through the Home's QAPI program.

UPDATE:
1. The agency LPN who worked on March 10, 2023 was contacted and able to recall the medication being administered. The same agency LPN who administered the medication returned to the home on March 17, 2023 and signed out the medication tat she had administered.
2. The Missed Medication report and checklist started on March 23, 2023 and will continue ongoing with no stop date.

Licensee's Proposed Overall Completion Date: *04/05/2023*

Implemented **- 05/31/2023)**

187d - Follow Prescriber's Orders

7. Requirements

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

Description of Violation

Resident #3 is prescribed Digoxin 125mg to be administered by mouth once a day with special instructions hold for heart rate less than 60. On 03/02/23, a heart rate reading was not taken, and the medication was administered.

Resident #3 is prescribed Metoprolol Succinate ER 50mg to be administered by mouth once a day with special instructions hold for heart rate less than 50. On 03/01, 03/02, and 03/10/23 a heart rate reading was not taken, and the medication was administered.

Resident #4 is prescribed Vitamin D3 125mcg to be administered every Monday. However, resident #4 was administered Vitamin D 125mg on Tuesday, 3/7/23 at 8am.

187d - Follow Prescriber's Orders *(continued)*

Plan of Correction ***Accept (█ - 04/06/2023)***

The resident identified in the survey had an order for medication to be administered on Mondays and was being given the medication on Tuesdays. The order was immediately changed to be given on Tuesdays. This was completed on March 13, 2023 and went into effect on March 14, 2023 with the next administered dose.

A complete audit of all resident records was completed by March 23, 2023. The audit will be completed by printing each residents orders and comparing them to the medication in the carts. The charge nurses on the units completed this by March 23, 2023.

Ongoing compliance with 187D will be achieved through daily medication order reviews completed by the night shift nurse. The nurse will run a report to see all new orders written that day. The orders will then be compared to the medication label sent to the home by the pharmacy. These daily audits will be monitored by the Personal Care Administrator to ensure completion of the audits.

A root cause analysis was completed and found the error to be a result of transcription. Re-education was completed with all licensed nurses by March 23, 2023 regarding order entry and transcription.

Resident #3 had heart rate and blood pressure parameters for Digoxin and Metoprolol. The heart rates and blood pressures were not recorded in the EMAR with the administration of the medication. Investigation into the survey findings found that one nurse was responsible for not documenting the vital sign stats. Reeducation with the nurse will occur no later than March 31, 2023 regarding how to input vital signs into the EMAR.

The missed Medication Reports that are ran by the Clinical Care Coordinator designee will include "Missing Additional Data" to capture parameters on medications that were not docuemtned. This report will be ran from the date of the survey to current to identify any missing documentation.

Ongoing Compliance will be achieved through the daily reports ran by the Clinical Care Coordinator or designee. If follow up is needed by the Clinical Care Coordinator or designee, the follow up will be documented on the audit.

UPDATE:
1. The LPN Charge Nurse updated the medication order on March 13, 2023.
2. The Clinical care Coordinator and Quality Improvement Nurse completed the re-education of licensed nurses regarding order entry and transcription.
3. The Quality Improvement Nurse completed the education of the nurse who did not document the vital signs.
4. The Missed Medication Report with Additional Missing Information was started on March 13, 2023 and is ongoing daily with no stop date.

Licensee's Proposed Overall Completion Date: *04/05/2023*

Implemented (█ - 05/31/2023)

Department of Human Services
Bureau of Human Service Licensing

LICENSING INSPECTION SUMMARY - PUBLIC

May 31, 2023

[redacted]
BARCLAY FRIENDS
700 NORTH FRANKLIN STREET
WEST CHESTER, PA, 19380

RE: BARCLAY FRIENDS
700 NORTH FRANKLIN STREET
WEST CHESTER, PA, 19380
LICENSE/COC#: 14682

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/04/2023 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: *BARCLAY FRIENDS* **Licen e #**: *14682* **Licen e Expiration**: *04/07/2023*

Address: *700 NORTH FRANKLIN STREET, WEST CHESTER, PA 19380*

County: *CHESTER* **Region**: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *BARCLAY FRIENDS*

Address: *700 NORTH FRANKLIN STREET, WEST CHESTER, PA, 19380*

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

Certificate(s) of Occupancy

Type: *I 1* **Date**: *05/29/2019* **I ued By**: *Borough of West Chester*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *76* **Waking Staff**: *57*

Inspection Information

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

Reason: *POC Verification* **Exit Conference Date**: *05/04/2023*

Inspection Dates and Department Representative

05/04/2023 On Site [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *75* **Residents Served**: *56*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Bartram Way* **Capacity**: *20* **Residents Served**: *20*

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *56*

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

Have Mobility Need: *20* **Have Physical Disability**: *0*

Inspections / Reviews

05/04/2023 - Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *05/19/2023*

05/12/2023 - POC Submission

Submitted By: [redacted] **Date Submitted**: *05/30/2023*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *05/17/2023*

Inspections / Reviews *(continued)*

05/16/2023 - POC Submission

Submitted By: [redacted] **Date Submitted:** *05/30/2023*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *05/31/2023*

05/31/2023 - Document Submission

Submitted By: [redacted] **Date Submitted:** *05/30/2023*

Reviewer: [redacted] **Follow-Up Type:** *Not Required*

186b - Medication Used by Resident

1. Requirements

2600.
186.b. Prescription medications shall be used only by the resident for whom the prescription was prescribed.

Description of Violation

On 5/4/23 at 10:45 A.M. , a container of fish oil pills was observed on the medication cart for Resident #1. Resident #1 does not have a prescription for this supplement.

Plan of Correction ***Accept (█ - 05/16/2023)***

• 5/4/2023 charge nurse immediately removed fish oil medication from medication cart.
• 5/10/2023 Notification sent to residents and responsible parties regarding OTC medications can have appropriate physician order prior to being stored in medication carts by Executive Director. OTC medications given to Clinical Care Manager. (See Attachment A)
• 5/12/2023 Medication carts audited to verify no additional OTC medications on cart are without physician order.
• 5/12-5/15- Staff education completed by Clinical Care Manager and Personal Care Home Administrator on not storing OTC medications on medication cart without physician's order. If medication received from family or resident, medication will be stored in medication room until physician order can be obtained.
• Ongoing: Medication carts to be audited by Clinical Care Manager or charge nurse weekly for 4 weeks, monthly for 3 months.
• Ongoing: Nursing staff will be educated on proper OTC medication management during orientation by training nurse.
• Ongoing: OTC medication directions included in new resident handbook.

Licensee's Proposed Overall Completion Date: *05/17/2023*

Implemented (█ - 05/31/2023)