

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to FRIENDS BOARDING HOME OF BUCKS QUARTERLY MEETING

LEGAL ENTITY

To operate FRIENDS BOARDING HOME

NAME OF FACILITY OR AGENCY

Located at 50 SOUTH CONGRESS STREET, NEWTOWN, PA 18940

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

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 25
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare 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 August 13, 2010 until August 13, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 126690

Robert E. Robinson

ISSUING OFFICER

Kim T. Casey

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.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

AUG 13 2010

PHONE: (717) 783-3670
FAX: (717) 783-5662

Ms. Carol Richardson, President
Friends Boarding Home of Bucks Quarterly Meeting
Friends Boarding Home
50 South Congress Street
Newtown, Pennsylvania 18940

Dear Mr. Bowers:

As a result of the Department of Public Welfare's licensing inspection on June 2, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

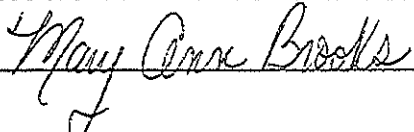
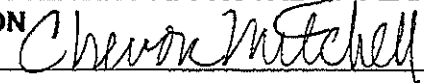
Sincerely,

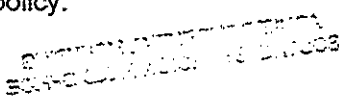

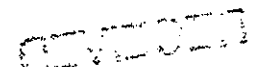
A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey
Deputy Secretary

Enclosures
License
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

| | | | |
|---|------------------------|---|------------------------|
| NAME AND ADDRESS OF PERSONAL CARE HOME Friends Boarding Home 50 South Congress Street, Newtown, PA 18940 | | CURRENT LICENSE NUMBER 126690 | |
| INSPECTION DATE(S) (Include all dates of the inspection) June 2, 2010 | | REGIONAL REPRESENTATIVE James Jesse Hummel, Christine McHale | |
| PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Mary Ann Brooks, Executive Director (Administrator) | | | |
| SIGNATURE OF LEGAL ENTITY REPRESENTATIVE  | DATE 7/16/10 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION  | DATE 7/22/10 |

| 1 REGULATION 55 Pa.Code § 2600. | 2 VIOLATION | 3 DATE BY WHICH CORRECTION WILL BE COMPLETED | 4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur) | 5 DATE COMPLIANCE VERIFIED BY DPW |
|--|---|--|---|---|
| 16b The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions. | The home does not have a written reportable incidents policy.    | 6/2/10 | See attached. Item # 8 was part of original Policy and Procedure Manual in 2005. Removed mistakenly when policy updated. The written reportable incidents policy has been returned to the policy. Director and/or Exec. Director will verify during Quality Management review annually. | 7/22/10 CEM |

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

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| | | DATE | |

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| <p>16c The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow 15 (relating to abuse reporting covered by law).</p> | <p>On 4/22/10, the home did a routine medication audit and recognized that resident #1's prescription for Tylenol with codeine was short and not all the pills were accounted for. The home contacted the local police department and conducted an internal investigation. The home did not report the incident to the Department until 4/26/10.</p> | <p><i>6/2/10</i></p> | <p><i>Director of Resident Services hesitated to contact the Department while Executive Director was away over the weekend of 4/22 to 4/26. Director of Resident Services and Executive Director have reviewed this requirement and established that either one of us will be responsible for this reporting in the future.</i></p> | <p>Steps have been taken to correct violation; full compliance is not verifiable <i>Wesley</i> Date Initials (DPW)</p> |

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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| SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Mary Ann Brooks</i> | | DATE 7/16/10 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Chevon Mitchell</i> |
| | | DATE 7/22/10 | |

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|--|--|--|---|---|
| 51,52 51 Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (protective services for older adults). 52 Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective | The home utilizes an outside nursing agency called Bayada Nurses. The home did not have criminal history checks for any of the agency employees. | 6/2/10 | See attached from Bayada. Friends Home has also instituted this policy for all Home Health Agencies providing services to our residents. The Director of Resident Services will be responsible for this practice. The Executive Director will monitor during monthly Directors' meetings. | Steps have been taken to correct violation; full compliance is not verifiable Date <u>7/22/10</u> Initials (DPW) <u>DM</u> |

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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| Services Act (35 P.S. §§ 10225.101—10225.5102) and 6 Pa.Code Chapter 15 (protective services for older adults) and other applicable regulations. | | 6/2/10 | See page # 3. | |

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

(FAX) 1 215 968 1049
 P. 002/002
 FRIENDS BOARDING HOME
 JUL-29-2010(THU) 16:05

NAME AND ADDRESS OF PERSONAL CARE HOME
 Friends Boarding Home
 50 South Congress Street, Newtown, PA 18940

CURRENT LICENSE NUMBER
 126690

INSPECTION DATE(S) (Include all dates of the inspection)
 June 2, 2010

REGIONAL REPRESENTATIVE
 James Jesse Hummel, Christine McHale

PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)

Marv Ann Brooks Executive Director (Administrator)

| | | | |
|---|-------------------------------|---|-------------------------------|
| SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Marv Ann Brooks</i> | DATE <i>7/28/10</i> | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherron Mitchell</i> | DATE <i>7/29/10</i> |
|---|-------------------------------|---|-------------------------------|

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| 54a Direct care staff persons shall have the following qualifications: (2) Have a high school diploma, GED diploma or active registry status on the Pennsylvania nurse aide registry. | Direct care staff person A was hired on 4/25/08. Staff person A has a high school diploma from West Africa. The staff person does not have a high school diploma, GED diploma or active registry status on the Pennsylvania nurse aide registry in the United States. | <i>7/31/10 + on-going</i> | <i>I applied for a waiver of regulation 55 Pa Code 2600.19 on 6/10/10. My request was returned for more information. Per the recommendation from Director of Policy Kara Pude, the employee was contacted, her school in Liberia for her transcript information. (See attached.) If the waiver is denied, staff person A will be reassigned to non direct care work while proper qualifications are pursued and a resolution is achieved.</i> | <i>Steps have been taken to correct violation; full compliance is not verifiable 7/29/10 Date Initials (DPW) <i>MM</i></i> |

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

Page ⁶ 7 of ¹² 12

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| SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Marv Ann Brooks</i> | | DATE <i>7/16/10</i> | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherron Mitchell</i> |
| | | | DATE <i>7/22/10</i> |

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| 82c Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials. | <p>-On the third floor the attic access doorway was unlocked. Inside was a can of contact cement. The label states, "Ingestion: Do not induce vomiting. Immediately contact a physician or poison control center for additional treatment." None of the residents in the home have been assessed to safely use or avoid poisonous materials.</p> <p>-The following items were found on the bathroom shelf in resident room #38:</p> <ul style="list-style-type: none"> •Antiseptic mouth rinse labeled, "In case of accidental ingestion, | <i>6/2/10 - on going</i> | <p>The contact cement was removed and disposed of on 6/2/10. All residents now have updated support plans & assessments. They have been assessed to safely use or avoid poisonous materials. This order will be standard for all admissions to Friends Home. Director of Resident Services will be responsible for this assessment + documentation. Executive Director will monitor at monthly Directors meetings.</p> | <i>8/4/10 BRM</i> |

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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| | seek professional assistance or contact a Poison Control Center immediately. • Arm & Hammer 2x concentrated laundry detergent labeled, "If swallowed drink a glass of water. Contact a physician immediately." • A bottle of Enhanced Healing Lotion labeled, "If swallowed get medical help or contact a Poison Control Center immediately. None of the residents in the home have been assessed to safely use or avoid poisonous materials. | <i>6/2/10 and ongoing</i> | <i>See page 7.</i> | |

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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| | -The following items were found in resident room #42: •A bottle of Goo Gone was found sitting on the desk. The label reads, "If swallowed do not induce vomiting, Call a physician or contact a Poison Control Center immediately." •A bottle of witch hazel was on the bathroom sink. The label reads, "If swallowed, get medical help or contact a Poison Control Center right away." None of the residents in the home have been assessed to safely use or avoid poisonous materials. | <i>6/2/10 and on-going</i> | <i>See page # 7</i> | |

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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| | | | DATE 7/22/10 |

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| 91 Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control center, municipal emergency management agency and personal care home complaint hotline shall be posted on or by each telephone with an outside line. | -Resident room #38 did not have the emergency telephone numbers posted on the telephone in the living room or the telephone next to the bed. -Resident room #42 did not have the emergency telephone numbers posted on the telephone next to the bed. | 6/2/10 | Emergency stickers were posted on all phones in Room # 38 and #42. Health Aides and Housekeepers will check all rooms of Friends Home bi-weekly to ensure that stickers are still in place. New stickers will be posted if needed. | 7/29/10 Uem |

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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| 103f Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers shall be required in refrigerators and freezers. | The home provides a refrigerator and freezer for resident use on the third floor across the hall from resident room #43. Neither the refrigerator nor the freezer has a thermometer to determine if the food is being stored at the proper temperatures. | 6/8/10 | A thermometer has been provided for both the refrigerator and freezer on the third floor. Health Aide STAFF will ensure that both are still in place during their weekly refrigerator checks. | 7/29/10 CMA |

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

P. 003/007
215 968 1049
FRIENDS BOARDING HOME
JUL-29-2010 (THU) 12:34

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|---|---|
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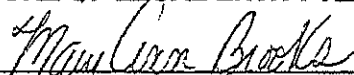

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MARY ANN BROOKS, Executive Director (Administrator)

| | | | |
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| 181c A resident who desires to self-administer his medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders. | Resident #2 self-administers the medication Nitrostat. Resident #3 self-administers the medication Nitroquick. These residents were assessed by a physician, and the physician determined that the residents could not self-administer medications. | <i>6/9/10 + on-going</i> | <i>Physician's Orders were obtained for Resident # 2 and # 3 to self administer the identified medications. (See attached) In the future physician's orders will be obtained for all self-administered medications. The Director of Resident Services will monitor this practice and renew MR's monthly to ensure continued compliance.</i> | <div style="text-align: right;"> Steps have been taken to correct violation; full compliance is not verifiable <i>8/2/10</i> Date <i>MM</i> Initials (DPW) </div> |

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| 252 Each resident's record shall include the following information: (2) Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks. | Resident # 4's record does not include race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks. | 6/4/10 | See attached. An additional sheet has been added to the Emergency transfer form to include all required information. The Director of Resident Services will obtain this information upon admission of all residents and update annually. | Steps have been taken to correct violation; full compliance is not verifiable  Date 6/4/10 Initials (DPW) |