



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
SOUTHEAST REGIONAL FIELD OFFICE
NORRISTOWN STATE HOSPITAL
1001 STERIGERE STREET
BUILDING 2, ROOM 161
NORRISTOWN, PA 19401

ADULT RESIDENTIAL LICENSING

TELEPHONE: (610) 270-1137
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CERTIFIED MAIL – RETURN RECEIPT REQUESTED
DATE MAILED – September 24, 2010

Mr. John Schwab, President
The Hickman Friends Senior Community of West Chester
400 North Walnut Street
West Chester, Pennsylvania 19380

RE: The Hickman

Dear Mr. Schwab:

As a result of the Department of Public Welfare's licensing inspection on July 10, 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.

Sincerely,

Laura Helmuth
Regional Licensing Administrator

Enclosure

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

NAME AND ADDRESS OF PERSONAL CARE HOME The Hickman 400 North Walnut Street, West Chester, PA 19380		CURRENT LICENSE NUMBER 140930	
INSPECTION DATE(S) (Include all dates of the inspection) July 10, 2010		REGIONAL REPRESENTATIVE Jacob Herzing and Michelle Morton	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 	DATE 8-25-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 9/23/10

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
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.	The facility received the following reports of theft, but did not notify the Department of the reported thefts until 5/18/10: -Resident #1 reported the theft of personal items to the home on 2/22/10. -Resident #2 reported the theft of personal items to the home on 2/25/10. -Residents #3 and #4 reported the theft of personal	25 August 2010	A series of thefts were investigated by The Hickman and the police. The thief (not a staff member, but a visitor) was identified and caught by the police, and the situation was resolved. A DPW incident report was submitted at the time of resolution. Incidents will be reported to DPW within 24 hours. If the incident requires further investigation or action, the box indicating "Initial Report" will be checked. When the additional investigation and/or additional action is complete, a final report will be submitted at the conclusion, checking the box marked "Final Report". The department head responsible for the investigation will submit the required report(s) after consultation with Administrator or designee. All department heads have been instructed on this by the VP.	9/23/10 Initials (DPW) Date

Steps have been taken to correct violation; full compliance is not verifiable
 9/23/10
 Initials (DPW)
 Date

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PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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INSPECTION DATE(S) (Include all dates of the inspection) July 10, 2010	REGIONAL REPRESENTATIVE Jacob Herzing and Michelle Morton		
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>John T. Schwab</i>			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>J. T. Schwab</i>	DATE 8-25-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Lanale Hill</i>	DATE 9/23/10

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
	<p>items to the home on 3/1/10.</p> <p>-Resident #5 reported the theft of personal items to the home on 3/5/10.</p> <p>-Resident #6 reported the theft of personal items to the home on 3/11/10.</p> <p>-Resident #7 expired on 6/13/10 at 6:45AM. The report was submitted to the Department on 6/14/10 at 10:05AM, more than 24 hours later.</p>	25 August 2010	<p>Incident was reported 3 hours and 20 minutes late of the 24 hour reporting window.</p> <p>In the future, incidents will be reported within 24 hours by the appropriate department head.</p> <p>All department heads have been instructed on this by the VP.</p>	