

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

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

LEGAL ENTITY

To operate FRIENDS BOARDING HOME OF WESTERN QUARTERLY MEETING

NAME OF FACILITY OR AGENCY

Located at 147 WEST STATE STREET, KENNETT SQUARE, PA 19348

(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 68

68

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 February 22, 2011 until February 22, 2012,

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

No: 140020

*Robert E. Robinson*

ISSUING OFFICER

*R. C. King*

DIRECTOR

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 - 01/11



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

ADULT RESIDENTIAL LICENSING

FEB 22 2011

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

Mr. David B. Carter, NHA, Executive Director  
Friends Boarding Home of Western Quarterly Meeting  
147 West State Street  
Kennett Square, Pennsylvania 19348

Dear Mr. Carter:

As a result of the Department of Public Welfare's licensing inspection on November 20, 2010 and February 15, 2011 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,


  
Ronald Melusky  
Acting Director

Enclosures  
License  
Violation Report

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

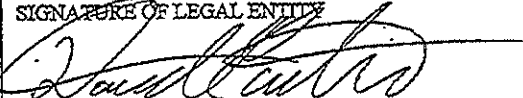
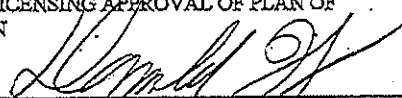
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NAME AND ADDRESS OF PERSONAL CARE HOME FRIENDS BOARDING HOME OF WESTERN QUARTERLY MEETING, 147 WEST STATE STREET KENNETT SQUARE, PA 19348		CURRENT LICENSE NUMBER 140020	
INSPECTION DATES (Include all dates of the inspection) 11/20/2010		REGIONAL REPRESENTATIVE Michelle Morton, Justin Trupp	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>DAVID CARTER FOR THE FRIENDS HOME IN KENNETT</i>			
SIGNATURE OF LEGAL ENTITY 	DATE 1/14/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 2/15/11

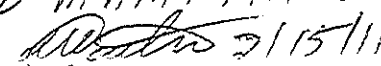
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
3c The personal care home shall post the current license, a copy of the current Violation Report (VR) issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.	On 11/20/10 the home's current violation report was not posted in a conspicuous and public place in the home.	1/13/11	Violation reports from the previous year will be kept under the mailboxes in the lobby of the Home.  This will be monitored and controlled by the Administrator.	2/15/11 

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

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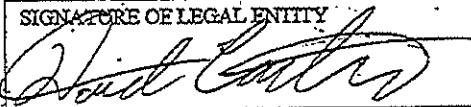

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REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
25c11 11) A list of personal care services to be provided to the resident based on the outcome of the resident's support plan, a list of the actual rates that the resident will be periodically charged for food, shelter and services and how, when and by whom payment is to be made.	The contracts for residents #1 and #3 do not include a copy of the residents' support plans.	1/4/11	Signed Support Plans for Residents #1 & #3 have been attached to the contract.  Support plans will be provided to Director of Admissions to be attached to the contract.  All existing contracts will be reviewed to make sure the cited items are in the contract. If they are not, new contracts will be drawn up including the item and signed.  All new contracts will have the item included.	2/15/11 


ADMINISTRATOR / DESIGNEE  
WILL CONDUCT MONTHLY  
TO MAINTAIN COMPLIANCE  
 2/15/11

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

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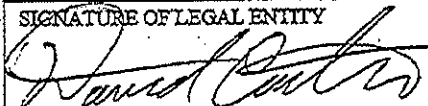

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25c13 (13) Written information on the resident's rights and complaint procedures as specified in § 2600.41 (relating to notification of rights and complaint procedures).	The contracts for residents #1 and #2 do not include complaint procedures.	1/4/11	Signed complaint procedures have been attached to the contracts of Residents #1 & #2.  This will be done by Director of Admissions.  All existing contracts will be reviewed to make sure the cited item is in the contract. If it is not, a new contract will be drawn up including the item and signed.  All new contracts will have the item included.	2/15/11 

ADMINISTRATOR / DESIGNEE  
WILL CONDUCT MONTHLY  
AUDITS TO MAINTAIN  
COMPLIANCE  2/15/11

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

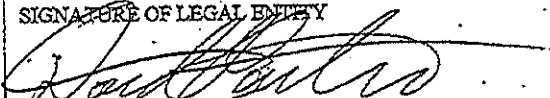
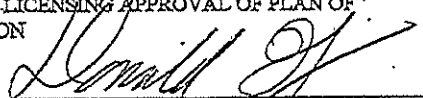
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25c3 (3) An explanation of the annual assessment, medical evaluation and support plan requirements and procedures, which shall be followed if either the assessment or the medical evaluation indicates the need of another and more appropriate level of care.	The contracts for residents #1 and #2 do not explain the annual assessment, medical evaluation and support plan requirements and the procedures to be followed if the assessment or medical evaluation indicates the need for another or more appropriate level of care.	1/4/11	Residents #1 & #2 will have the annual assessments, medical evaluations, support plans and level of care changed explained to them and documentation will be attached to their contracts.  This will be done by Director of Admissions.  All existing contracts will be reviewed to make sure the cited item is in the contract. If they are not, a new contract will be drawn up including these items and signed.	2/15/11 

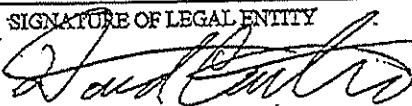

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600


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25c5 (5) The method for payment of charges for long distance telephone calls.	The contract for resident #2 does not specify the method of payment of charges for long distance phone calls.	1/7/11	<p>Signed explanation for method of payment for long distance phone calls will be added to contract for Resident #2.</p> <p>All existing contracts will be reviewed to make sure the cited item is in the contract. If it is not, a new contract will be drawn up including the item and signed.</p> <p>All new contracts will have the item included.</p> <p>Note: Friends Home will provide a phone and privacy and not charge for long distance phone calls.</p>	2/15/11 D
			SEE P. 5-6 OF CONTRACT	

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

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41e A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.	Resident #1's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.	1/7/11	A signed statement will be put in the record of resident #1 to indicate he received a copy of Resident Rights and the complaint procedures.  This will be done by the Director of Admissions.  All existing contracts will be reviewed to make sure the cited items are in the contract. If they are, a new contract will be drawn up including the items and signed.  All new contracts will have the items included.	2/15/11 

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600



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54a Direct care staff persons shall have the following qualifications: (1) Be 18 years of age or older, except as permitted in subsection (b). (2) Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry. (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care.	Direct care staff person A does not have a high school diploma from the United States, a GED diploma, or active registration status on the Pennsylvania nurse aide registry.	12/17/2010	The direct care staff member in question has successfully completed GED courses and received her GED.  See attached certificate  ADMINISTRATOR/ DESIGNEE WILL OVERSEE ALL HTAPES 2/15/11	2/15/11 

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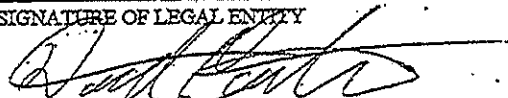
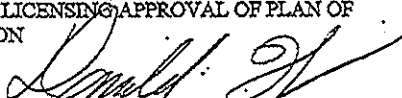
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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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services with reasonable skill and safety.				




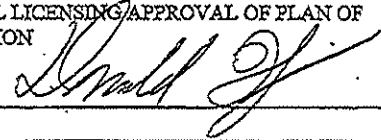
**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

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	<p>-Three bottles of Sally Hansen nail polish remover with a manufacturer's label indicating, "Contact Poison Control Center," were in the closet at the top of the ramp to the hallway leading to the Garden Court.</p> <p>-An aerosol can of Steriphine II disinfectant with a manufacturer's label indicating, "if swallowed: Call a poison control center or doctor immediately for treatment advice," was on a stand between the two sinks in the corner of the Beauty Shop. The door to the Beauty Shop was not locked and the room was unattended.</p> <p>-The home has a craft room in the basement with a door that leads to a storage area for poisons used by the home. The door was not locked and the room was unattended.</p> <p>None of the residents in the home have been assessed as safely able to use or avoid poisonous materials.</p> <p>Repeated Violation - 11/20/09</p>	11/20/2010	<p>The nail polish and Steriphine II were removed from the Activities closet and from the Beauty Shop until the door lock was installed on 11/30/10.</p> <p>See attached pictures</p> <p>Activity personnel and the Beautician have been instructed on proper storage of such items.</p> <p>A positive lock was installed on the poison storage area. See attached picture.</p> <p>The Director of Activities will be responsible for monitoring that the nail polish is locked up when not in use and the Director of Maintenance will be responsible for ensuring that the Beauty Salon is locked when the Salon is not open for business and that the poison storage area is locked.</p>	

DIRECT CARE STAFF WILL INSPECT DAILY - IF SITUATION FOUND - CORRECT IMMEDIATELY - & REPORT TO ADMINISTRATION OR DIRECTOR  2/15/11

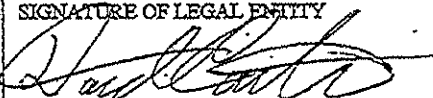
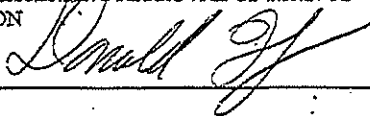
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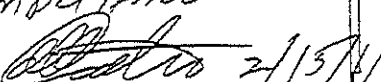

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93a Each ramp, interior stairway and outside steps shall have a well-secured handrail.	The ramp leading from the exit in the ground floor activities room does not have a handrail that extends the length of the ramp. The handrail extends along approximately 1/3 of the ramp.	12/28/2010	Handrail was installed.  See attached picture.  ADMINISTRATIVE / DESIGNER WILL DO FULL FACILITY WALK THRU TO ENSURE COMPLIANCE  2/15/11	2/15/11 

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


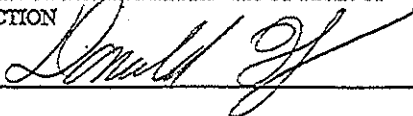
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
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101j1 Each resident shall have the following in the bedroom: A bed with a solid foundation and fire retardant mattress that is in good repair, clean and supports the resident.	The foundation for the bed in room 205 was stained and ripped, with stuffing coming out of the foundation. The mattress hung 6" over the foundation.	1/11/2011	The foundation for the bed in room 205 has been replaced. The mattress fits squarely on the foundation.  See Attachment  ADMINISTRATOR / OR DESIGNEE WILL DO FULL FACILITY WALK THRU TO ENSURE COMPLIANCE  2/15/11	2/15/11 

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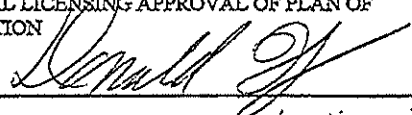
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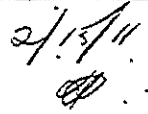
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101j3 Each resident shall have the following in the bedroom: Pillows, bed linens and blankets that are clean and in good repair.	The contract for resident #3 states; "L. B. Linens are not provided."	1/4/11	<p>The contract for Resident #3 has been rewritten to state that a pillow, bed linen and blankets are available to each resident. Facility will maintain an adequate amount of pillows, bed linens, and blankets and make them available to all residents.</p> <p>All existing contracts have been reviewed to make sure the cited item in the contract. If it is not, a new contract will be drawn up including the item and signed. All new contracts will have the item included. This will be done by Director of Admissions.</p>	2/15/11 

*SEE CONTRACT P. 1 #11*

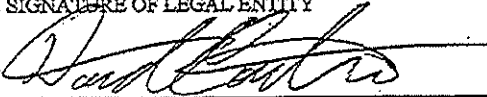
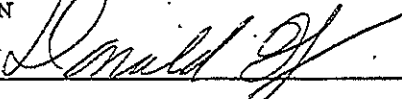
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103f Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers shall be required in refrigerators and freezers.	On 11/20/10, there was no thermometers in the refrigerator in the hallway by the Linden Street Fire Tower, in the refrigerator by the State Street Exit, and the freezer in the bottom level of the fire tower in the garden area.	12/17/2010	<p>Only one refrigerator remains in the building. All others have been removed.</p> <p>The refrigerator will have thermometers in the refrigerator and freezer.</p> <p>Please note: We had been using laser thermometers to track the temperatures in the refrigerators. This method was approved by the DPW inspector during the 2009 inspection.</p>	2/15/11 

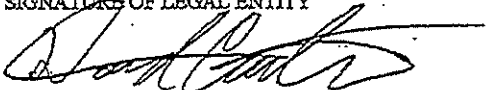
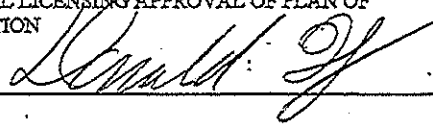
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103g Food shall be stored in closed or sealed containers.	<p>-On 11/20/10, the following foods were opened and unsealed in the refrigerator by the State Street exit:</p> <ul style="list-style-type: none"> <li>• An unidentified item wrapped in tin foil</li> <li>• Cooked bacon wrapped in tissue</li> <li>• A browned salad from "Produce Place" in a Styrofoam bowl with a Styrofoam plate sitting on top of it</li> <li>• Half of a sandwich</li> <li>• A zip lock bag of unidentified food</li> <li>• A bag of corn on the cob</li> </ul> <p>-On 11/20/10, the following foods were opened and unsealed in the refrigerator in the bottom level of the fire tower in the garden area:</p> <ul style="list-style-type: none"> <li>• A bottle of milk</li> <li>• A paper cup with 1/4 inch of a red liquid</li> <li>• Two peeled bananas and two brown bananas</li> <li>• A plastic bowl of ham, string beans and potatoes</li> <li>• A container of Breyer's ice cream</li> </ul>	12/17/2010	<p>Only one refrigerator remains in the building. All others have been removed.</p> <p>The food in that refrigerator and freezer will be monitored by staff on a routine basis. Any food which is open and unsealed will be discarded.</p> <p>Environmental staff has been trained to follow these procedures.</p> <p>These procedures will be monitored by the Director of Environmental Services.</p>	2/15/11 DJD

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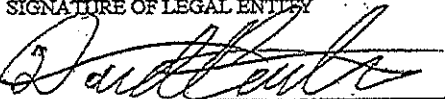
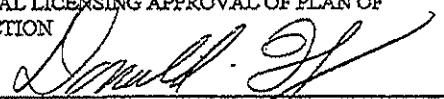
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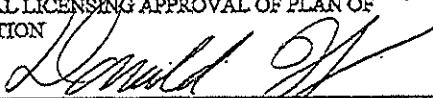
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105i Outdated or spoiled food or dented cans may not be used.	-On 11/20/10, the refrigerator by the State Street exit contained a container of Dannon Peach yogurt that expired on 10/14/10.  -On 11/20/10, the refrigerator in the bottom level of the fire tower in the garden area contained a bottle of milk that expired on 11/16/10.	12/17/2010	Only one refrigerator remains in the building. All others have been removed.  The food in that refrigerator and freezer will be monitored by staff on a routine basis. Any food which is expired will be discarded.  Environmental staff has been trained to follow these procedures.  These procedures will be monitored by the Director of Environmental Services.	2/15/11 

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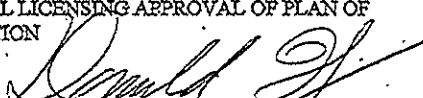
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123b Copies of the emergency procedures 107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.	On 11/20/10, the home's emergency procedures were not posted in a conspicuous and public place in the home.	11/22/2010	Emergency procedures will be kept under the mailboxes in the lobby of the Home.  This will be monitored and controlled by the Administrator.	2/15/11 

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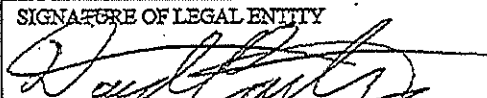
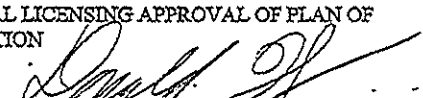
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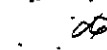
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125b Combustible materials shall be inaccessible to residents.	<p>-On 11/20/10, aerosol cans of Steriphene II brand disinfectants with a manufacturer's label indicating "Physical or chemical hazard. Extremely flammable" were unlocked and accessible to residents in the following locations:</p> <ul style="list-style-type: none"> <li>• in the private bathroom for room 205</li> <li>• in the bathroom in the ground floor recreation room</li> <li>• on a stand between the two sinks in the corner of the Beauty Shop</li> </ul> <p>-On 11/20/10, three bottles of Sally Hansen nail polish remover with a manufacturer's label indicating, "Flammable" were unlocked and accessible to residents in the closet at the top of the ramp leading to the Garden Court.</p> <p>-On 11/20/10, there was a can of Aussie Mega Hair Spray with a manufacturer's label indication "flammable" in the unlocked and unattended Beauty Shop.</p>	<p>11/20/2010</p> <p>1/21/2011</p> <p>11/20/2010</p>	<p>The can of Steriphene II was removed from Private Bathroom 205 and from all public bathrooms.</p> <p>A cabinet with a lock will be provided for the resident so that [redacted] can store such items in [redacted] own bathroom.</p> <p>Resident will be instructed on the proper use of the lockable cabinet and the proper storage of such items.</p> <p>Housekeeping and Nursing staff will monitor the bathrooms on a daily basis to make sure the resident is using the locked cabinet.</p> <p>The nail polish, Steriphene II and can of hairspray were removed from the Activities closet and Beauty shop until a proper lock was installed on 11/30/2010. See attached pictures</p> <p>Activity personnel and the beautician have been instructed on the proper storage of such items.</p> <p>The Director of Activities will be responsible for locking up the nail polish. The Director of Maintenance will be responsible for ensuring that the beauty shop is locked when not open for business.</p>	<p>2/15/11</p> <p>///</p>

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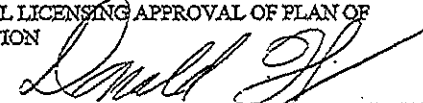
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130h The home's emergency procedures shall indicate the procedures that will be immediately implemented until the smoke detector or fire alarms are operable.	The home's emergency procedures do not indicate what procedures will be implemented when a smoke detector or fire alarm is inoperable.	1/11/2011	There is a policy in the facility's Emergency Preparedness Manual and the Facility Policy Manual which addresses Fire Panel Failure. Wording in the policy addresses smoke detectors and fire alarms.  The words "smoke alarms and fire alarms" will be reiterated in the procedure even though it is implicit and a function of the fire panel that it will go into failure if either the smoke detectors or fire alarms are inoperable.  See Attached Policy	2/15/11 


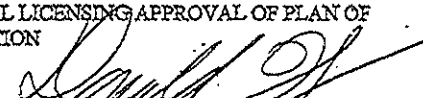
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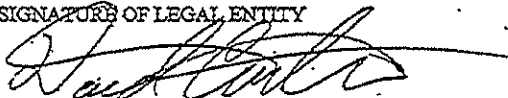
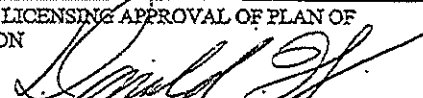
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132a An unannounced fire drill shall be held at least once a month.	<p>-The home's policies include a memo that states, "1. To prepare for fire drill: b. Maintenance notifies nursing of drill so they will simulate 911 emergency call. N.B.: Only key personnel should be notified of fire drill: Maintenance Director, Nursing Personnel."</p> <p>-The fire drill records include a "scheduled drill" on 8/31/10.</p>	11/22/2010	<p>No other person except the Director of Maintenance and the person who actually runs the fire drill shall know the date or time or location of the fire drill. This is the policy of the Home.</p> <p>This policy and corresponding procedure will be reinforced to Maintenance personnel.</p> <p>The Director of Maintenance will be responsible for the following of this policy and procedure.</p>	2/13/11 

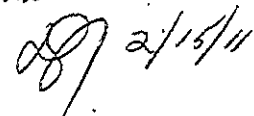
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	<table border="1"> <thead> <tr> <th>Month</th> <th>Date</th> <th>Time</th> <th>Evac. Time</th> <th>ESE</th> </tr> </thead> <tbody> <tr><td>Jan</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Feb</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Mar</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Apr</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>May</td><td>05/27/2010</td><td>08:30 PM</td><td>1 min 30 min</td><td>No</td></tr> <tr><td>Jun</td><td>06/30/2010</td><td>06:20 AM</td><td>3 min 11 sec</td><td>No</td></tr> <tr><td>Jul</td><td>07/03/2010</td><td>11:35 AM</td><td>no time listed</td><td>No</td></tr> <tr><td>Aug</td><td>10/31/2010</td><td>07:10 PM</td><td>2 min</td><td>No</td></tr> <tr><td>Sep</td><td>09/03/2010</td><td>06:05 AM</td><td>2 min 30 sec</td><td>No</td></tr> <tr><td>Oct</td><td>10/27/2010</td><td>12:00 PM</td><td>3 min 10 sec</td><td>No</td></tr> <tr><td>Nov</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Dec</td><td></td><td></td><td></td><td>No</td></tr> </tbody> </table>	Month	Date	Time	Evac. Time	ESE	Jan				No	Feb				No	Mar				No	Apr				No	May	05/27/2010	08:30 PM	1 min 30 min	No	Jun	06/30/2010	06:20 AM	3 min 11 sec	No	Jul	07/03/2010	11:35 AM	no time listed	No	Aug	10/31/2010	07:10 PM	2 min	No	Sep	09/03/2010	06:05 AM	2 min 30 sec	No	Oct	10/27/2010	12:00 PM	3 min 10 sec	No	Nov				No	Dec				No		<p>The fire record indicating a "scheduled Fire Drill" was a notation in the Maintenance Director's Fire Log book, in ink, noting when the annual scheduled conducted fire drill was to be held.</p> <p>Unfortunately, the fire drill was rescheduled and the notation was not removed from the annual schedule of fire drills noting which month and which shift each fire drill was to be held.</p>	
Month	Date	Time	Evac. Time	ESE																																																																	
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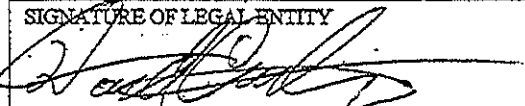

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132d Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.	The home's fire drill records indicate that residents did not evacuate the home during drills held on the following dates: <ul style="list-style-type: none"> <li>6/30/10: # evacuated: NA; exits: NA</li> <li>7/27/10: # evacuated and exits blank</li> <li>8/31/10: evacuation route used: NA</li> <li>9/3/10: # evacuated: NA; exits: NA</li> <li>10/27/10: # evacuated: NA; exits: NA</li> </ul> <p><i>Violations withdrawn</i>  2/15/11</p>	11/22/2010	The calendar on Pages 23 & 25 was copied from the Fire Log Book which indicates both fire drills in the Personal Care Home (Friends Home) and the Nursing Home (Linden Hall) of the facility. This was approved by the DPW inspector during the 2009 inspection, at which time he indicated it was a good way to keep records.  The notations that residents did not evacuate during the drill reflect residents of the Nursing Home which falls under the Department of Health regulations, and this is the procedure which the local fire authority (local fire department) has instructed us to follow in the one story Nursing Home.	

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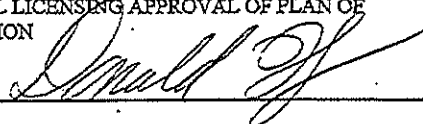
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SIGNATURE OF LEGAL ENTITY 	DATE 11/19/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 2/15/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY																																																																	
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Mont</th> <th>Date</th> <th>Time</th> <th>Evac. Time</th> <th>FSE</th> </tr> </thead> <tbody> <tr><td>Jan</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Feb</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Mar</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Apr</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>May</td><td>05/27/2010</td><td>08:30 PM</td><td>1 min 30 min</td><td>No</td></tr> <tr><td>Jun</td><td>06/30/2010</td><td>08:20 AM</td><td>3 min 11 sec</td><td>No</td></tr> <tr><td>Jul</td><td>07/03/2010</td><td>11:35 AM</td><td>no time listed</td><td>No</td></tr> <tr><td>Aug</td><td>10/31/2010</td><td>07:10 PM</td><td>2 min</td><td>No</td></tr> <tr><td>Sep</td><td>09/03/2010</td><td>06:05 AM</td><td>2 min 30 sec</td><td>No</td></tr> <tr><td>Oct</td><td>10/27/2010</td><td>12:00 PM</td><td>3 min 10 sec</td><td>No</td></tr> <tr><td>Nov</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Dec</td><td></td><td></td><td></td><td>No</td></tr> </tbody> </table>	Mont	Date	Time	Evac. Time	FSE	Jan				No	Feb				No	Mar				No	Apr				No	May	05/27/2010	08:30 PM	1 min 30 min	No	Jun	06/30/2010	08:20 AM	3 min 11 sec	No	Jul	07/03/2010	11:35 AM	no time listed	No	Aug	10/31/2010	07:10 PM	2 min	No	Sep	09/03/2010	06:05 AM	2 min 30 sec	No	Oct	10/27/2010	12:00 PM	3 min 10 sec	No	Nov				No	Dec				No		<p>It is the policy, procedure and practice in the Personal Care side of Friends Home to evacuate residents from the Home during a fire drill.</p> <p>In the future, separate records will be kept for the Personal Care Home (Friends Home) and the Nursing Home (Linden Hall).</p>	
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VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

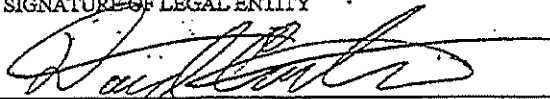
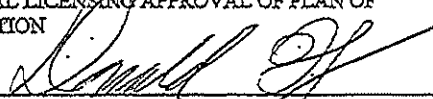
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NAME AND ADDRESS OF PERSONAL CARE HOME FRIENDS BOARDING HOME OF WESTERN QUARTERLY MEETING, 147 WEST STATE STREET KENNETT SQUARE, PA 19343		CURRENT LICENSE NUMBER 140020	
INSPECTION DATES (include all dates of the inspection) 11/20/2010		REGIONAL REPRESENTATIVE Michelle Morton, Justin Trupp	
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133a1 If the home serves nine or more residents, signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.	There is no sign over the door across from room 125 indicating that the door is an exit. On 11/20/10, the home served 23 residents.	11/30/2010	Signs were placed on the door across from Room 125 indicating that the door is not an exit.  See Picture  Note: Every EXIT door in the facility has an illuminated EXIT sign above it.	2/15/11 

VIOLATION REPORT  
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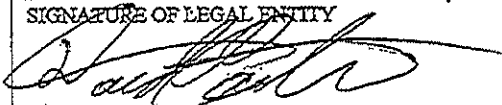
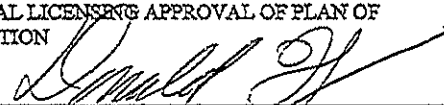
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133a2 If the home serves nine or more residents, if the exit or way to reach the exit is not immediately visible, access to exits shall be marked with readily visible signs indicating the direction to travel.	The area at the bottom of the stairs by the elevator on the ground floor does not have a direct visual line to the nearest exit. There are no signs marking the line of travel to the exits. On 11/20/10, the home served 23 residents.	11/30/2010	Signs were placed in the area at the bottom of the stairs on the ground level to indicate line of travel to the exit.  See Pictures	2/15/11 

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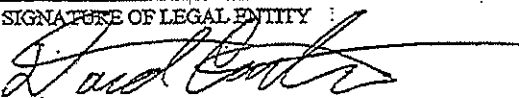

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144c A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures. The written fire safety policy and procedures shall include proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including extinguishing procedures.	The home permits smoking in outside the home. The home's written fire safety procedures related to smoking do not include extinguishing procedures.	1/11/2011	The existing smoking policy will be amended to include extinguishing procedures.  See attached Revised Policy #144c This policy will be distributed to all Department Heads to use as an inservice in their monthly meetings. It will also be posted by the one designated smoking area.  The Administrator and all Department Heads will be responsible for the enforcement of this policy and the procedures.	2/15/11 

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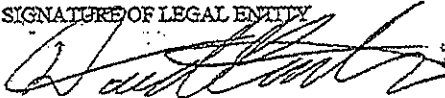

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183b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.	<p>-On 11/20/10 in the morning, a tube of Preparation H cream and a bottle of prescription "all-in-one perineal lotion" was unlocked and accessible to residents in Private Bath 207. The bathroom has a door in the hallway that is accessible to all residents in the home.</p> <p>-On 11/20/10 in the morning, a bottle of stomach relief medication was unlocked and accessible to residents in the refrigerator in the hallway by the Linden Street Fire Tower.</p>	<p>1/21/11</p> <p>12/17/2010</p>	<p>All prescriptions have been removed from the Private Bathroom 207. A cabinet with a lock will be provided to the resident for these items.</p> <p>Resident will be instructed on the proper use of the lockable cabinet and the proper storage of such items.</p> <p>Housekeeping and Nursing staff will monitor the bathroom on a daily basis to make sure the resident is using the locked cabinet.</p> <p>Only one refrigerator remains in the building. All others have been removed.</p> <p>Any prescriptions placed in the refrigerator will be removed by staff.</p> <p>Environmental staff has been trained to follow these procedures. These procedures will be monitored by the Director of Environmental Services.</p>	<p>2/15/11</p> 



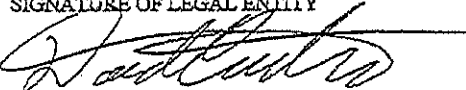
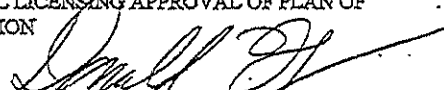
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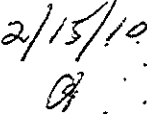
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If any, of the person or entity taking responsibility for the new placement on the day of departure from the home.				

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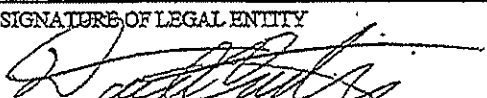

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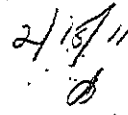
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190a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.	According to the home's records, direct care staff person A administers medications but has not completed an annual practicum for recertification to administer medications. The staff person was last trained in medication on 5/22/09, more than one year ago.	5/18/2010 and 11/30/2010	The PCA completed the annual training by the certified Medication Administrator trainer. Documentation has been put in the staff's file.  Certified Medication Administrator Trainer will keep accurate records and complete training in a timely manner.  See annual practicum form attached.	2/15/11 

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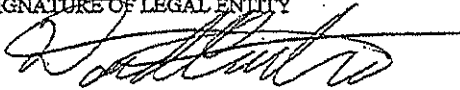
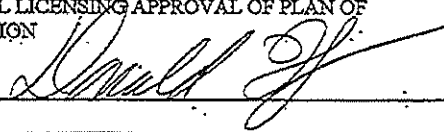
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191 The home shall educate the resident of his/her right to question or refuse a medication if he/she believes there may be a medication error. Documentation of this resident education shall be kept.	Resident #2 has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.	1/21/2011	<p>Respite resident has been in the facility recently. When [redacted] returns [redacted] will be educated of the right to refuse medication if [redacted] believes that there may be a medication error. This item will be put in [redacted] contract, and [redacted] will be asked to sign it when [redacted] returns.</p> <p>All existing contracts will be reviewed to make sure the cited item is in the contract. If it is not, a new contract will be drawn up including the item and signed.</p> <p>All new contracts will have the item included.</p> <p>The Director of Admissions will be responsible for this item.</p> <p>See attached contract p.5 - #1</p>	2/15/11 

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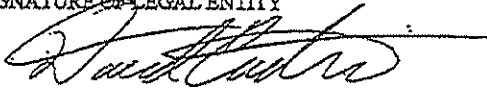
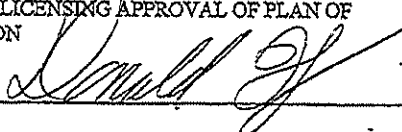
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223a The home shall have a current written description of services and activities that the home provides including the following: (1) The scope and general description of the services and activities that the home provides. (2) The criteria for admission and discharge. (3) Specific services that the home does not provide, but will arrange or coordinate.	The home's written description of services includes only a description of the preadmission screening, medical evaluation, assessment and support plan. It does not include the required elements.	1/4/2011	The required elements (the scope and general description of services and activities provided – criterion for admission and discharge – and specific services which the Home does not provide, but will coordinate) are in the contract and/or the admissions packet and/or the Resident information packet and Home rules.  All existing contracts have been reviewed to make sure the cited items are in the contract, where applicable. If they are not, a new contract will be drawn up including the item and signed.  All new contracts will have the item included.  See attached contract pages 1,2,3	2/15/11 

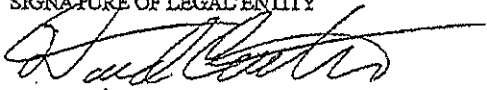
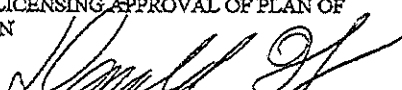
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225a A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.	Resident #2 was admitted to the home as a respite stay in 2009 and then became a permanent resident in the home on 11/19/10. Before becoming permanent, the resident stayed in the home every weekend and therefore spent more than 30 days in the home. The home has not completed an assessment for the resident.	11/22/10	<p>This resident has never been a permanent resident, although [REDACTED] does have a number of respite stays. [REDACTED] has had respite stays which have numbered over 30 days in the previous year.</p> <p>An assessment was completed for [REDACTED] on 11/22/10.</p> <p>Assessments will be completed for [REDACTED] any time [REDACTED] stays more than 14 days or over 30 days in a year.</p> <p>The Director of Personal Care Services will review all assessments.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>2/15/11 Date Initials (DPW)</p>


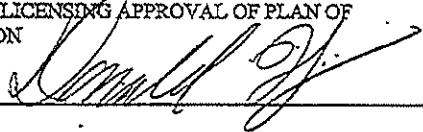
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225c The resident shall have additional assessments as follows: (1) Annually. (2) If the condition of the resident significantly changes prior to the annual assessment. (3) At the request of the Department upon cause to believe that an update is required.	Resident #3 had a psychological assessment on 5/19/10. The record of the assessment indicates the resident expressed suicidal thought, was anxious and delusional and was preoccupied with body dysmorphia. The resident went to the hospital on 6/3/10 and returned with a "Safety Crises Plan." The resident assessment dated 8/18/10 does not include these issues.	11/22/10	Resident #3 was admitted 6/3/10 through 6/30/10 for Respite care at Friends Home, not at the hospital.  Added to support plan (11/22/10) was suicidal ideation and anxiety. Delusional and body dysmorphia were on the Support Plan from admission 8/18/2010. See attachment.  Director of Personal Care Services will oversee all assessments and support plans.  On admission, there were no signs of suicidal ideation and if there were, she would not have been admitted to Friends Home due to not being able to meet her needs.	Steps have been taken to correct violation; full compliance is not verifiable 2/15/11 Date Initials (DPW)

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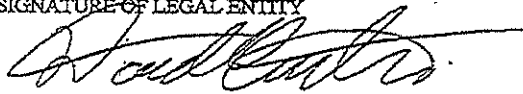

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REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
227a A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.	Resident #2 was admitted to the home as a respite stay in 2009 and then became a permanent resident in the home on 11/19/10. Before becoming permanent, the resident stayed in the home every weekend and therefore spent more than 30 days in the home. The home has not completed a support plan for the resident.	11/22/2010	<p>This resident has never been a permanent resident, although [redacted] does have a number of respite stays. [redacted] has had respite stays which have numbered over 30 days in the previous year.</p> <p>A support plan was completed for [redacted] on 11/22/10.</p> <p>Support plans will be completed for her any time she stays more than 30 days or over 30 days in a year and are indicated by the assessment.</p> <p>The Director of Personal Care Services will review all support plans.</p>	<p>resps have been taken to correct violation; full compliance is not verifiable</p> <p>2/15/11</p> <p>Initials (DPW)</p>

VIOLATION REPORT  
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NAME AND ADDRESS OF PERSONAL CARE HOME FRIENDS BOARDING HOME OF WESTERN QUARTERLY MEETING, 147 WEST STATE STREET KENNETT SQUARE, PA. 19943		CURRENT LICENSE NUMBER 140020	
INSPECTION DATES (Include all dates of the inspection) 11/20/2010		REGIONAL REPRESENTATIVE Michelle Morton, Justin Trupp	
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 	DATE 11/14/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 2/15/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
227c The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.	<p>-A support plan was completed for resident #1 on 11/29/09, more than 12 months after the previous support plan dated 9/19/08.</p> <p>-An assessment was completed for resident #4 on 9/30/10. The assessment indicates the resident is incontinent and requires skin precautions. This information is not included on the resident's support plan dated 9/30/10.</p> <p><i>Violation relate to resident #1, not the plan</i> <i>SA 2/15/11</i></p>	11/22/2010	<p>Friends Home is disputing the violation on Resident #1. A medical evaluation was completed on 9/19/08 with an assessment and support plan. The next annual medical evaluation was completed on 9/16/09, at which time he was a house member. The attached medical evaluation indicates independent living without support. The next medical evaluation would have been due 9/2010; however, a significant change was done on 11/23/09 with an assessment and support plan (11/29/09).</p> <p>The support plan for Resident #4 was corrected on 11/22/2010, reflecting incontinence and skin precautions.</p> <p>Director of Personal Care Services will review all assessments.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>2/15/11</i> Date Initials (DPW)</p>