

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 September 30, 2011 until September 30, 2012,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 126690

*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

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

OCT 03 2011

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

Dear Ms. Richardson:

As a result of the Department of Public Welfare's licensing inspection on June 22, 2011, and the corrections you have made after our inspection, we have found the above personal care home 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.

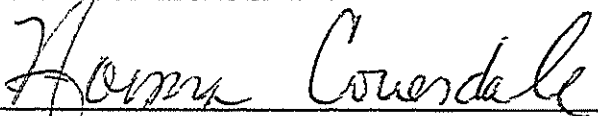
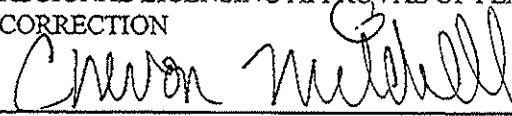
Sincerely,

A handwritten signature in black ink, appearing to read 'R. Melusky', with a long horizontal flourish extending to the right.

Ronald Melusky  
Director

Enclosure  
License

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 DATES (Include all dates of the inspection) 06/22/2011		REGIONAL REPRESENTATIVE Sandra Wooters	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p style="text-align: center; font-size: 1.2em;">Norma Coverdale Administrator</p>			
SIGNATURE OF LEGAL ENTITY 	DATE 8/19/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 9/26/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
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.	Residents #1 through #6's records did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.	6/23/11  Form attached 41E	<ol style="list-style-type: none"> <li>1. Director created a resident rights form for residents to sign.</li> <li>2. Director had all current residents read and sign new form. (Put in resident chart)</li> <li>3. Added form to our admission packet.</li> <li>4. Director will ensure that all future residents will review and sign.</li> </ol>	9/26/11 CEM
102d1 Toilet and bath areas shall have grab bars, hand rails or assist bars.	There is no grab bar, hand rail or assist bar near the toilet in resident bathroom #12.	6/22/11	<ol style="list-style-type: none"> <li>1. Seat w/ grab bars put on toilet on day of inspection.</li> <li>2. Director and/or staff will check all bathrooms monthly to ensure compliance with this</li> </ol>	9/26/11 CEM

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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 <i>Norma Couerle</i>	DATE 8/9/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Chiron Mitchell</i>	DATE 9/26/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
107b The home shall have written emergency procedures that include the following: (1) Contact information for each resident's designated person. (2) The home's plan to provide the emergency medical information for each resident that ensures confidentiality. (3) Contact telephone numbers of municipal and state emergency management agencies and local resources for housing and	The home's written emergency procedures do not include procedures on how the home will maintain confidentiality of resident medical information, the contact number for the State emergency management agency and the means of transportation to be used in an evacuation of the residents during an emergency.	8/9/11  2 attachments	The home's written emergency plan has been modified to include procedures on how the home will maintain confidentiality of information and means of transportation to be used in an evacuation of the residents during an emergency. (see attached) The Emergency Contact list of the manual now includes the State and Northeast Regional Emergency Management numbers. Executive Director will	9/26/11 CBN

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SIGNATURE OF LEGAL ENTITY <i>James Courdele</i>	DATE 8/9/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherwon Mitchell</i>	DATE 9/26/11


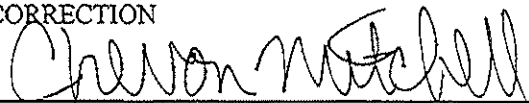
REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
emergency care of residents. (4) Means of transportation in the event that relocation is required. (5) Duties and responsibilities of staff persons during evacuation, transportation and at the emergency location. These duties and responsibilities shall be specific to each resident's emergency needs. (6) Alternate means of meeting resident needs in the event of a utility outage.	/	/	/	/

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SIGNATURE OF LEGAL ENTITY <i>Hanna Coverdale</i>	DATE 8/19/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Chloran Wooters</i>	DATE 9/26/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
141a The medical evaluation shall include the following: (1) A general physical examination by a physician, physician's assistant or nurse practitioner. (2) Medical diagnosis including physical or mental disabilities of the resident, if any. (3) Medical information pertinent to diagnosis and treatment in case of an emergency. (4) Special health or dietary needs of the resident. (5) Allergies. (6) Immunization	Resident #1's medical evaluation dated 11/8/10 had an attached sheet listing the resident's medication . The attachment was not signed or dated by the physician.	6/24/11	Dr. [REDACTED] Signed medical evaluation and initialed medication list. Healthaide and director will review future medical evaluations as they are returned from the physicians office to ensure compliance	9/26/11 CRM

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history. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications. (8) Body positioning and movement stimulation for residents, if appropriate. (9) Health status. (10) Mobility assessment, updated annually or at the Department's request.	/	/	/	

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SIGNATURE OF LEGAL ENTITY <i>Norma Covatale</i>	DATE 8/9/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>	DATE 9/26/11

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224a A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.	The preadmission screening form for resident #1, who was admitted on 11/15/10, is not dated and therefore it cannot be determined if the screening was completed timely.	6/22/11	The screening was originally signed by Director who then correctly dated the screening form. Director will sign and date all future screenings in a timely manner. Executive Director will monitor during monthly Director meeting	9/26/11 CEM

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254b Records of active and discharged residents shall be maintained in a confidential manner, which prevents unauthorized access.	The home's policies and procedures for managing records do not include procedures on accessibility, authorized use and release and who is responsible for the records.	6/30/11  attachment	Updated policy attached  Executive Director has posted and reviewed policy with pertinent staff i.e. - health aide, business manager.  - Executive Director will audit the entire Policy Manual annually. Updates/corrections will be made and communicated with staff as needed.  See attached copy of Annual Quality Management Review form.	9/26/11 <i>CM</i>