

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

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

To operate FRIENDS BOARDING HOME OF WESTERN QUARTERLY MEETING

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

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

The total number of persons which may be cared for at one time may not exceed 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 23, 2012 until February 23, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 140020

Robert E. Robinson
ISSUING OFFICER

[Signature]
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.



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

ADULT RESIDENTIAL LICENSING

MAR 20 2012

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

Ms. Karen M. Van Oot, Acting Executive Director
Friends Boarding Home of Western Quarterly Meeting
147 West State Street
Kennett Square, Pennsylvania 19348

Dear Ms. Van Oot:

As a result of the Department of Public Welfare's licensing inspection on February 14, 2012 and February 15, 2012 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 black ink, appearing to read 'Ronald Melusky', with a long horizontal flourish extending to the right.

Ronald Melusky
Director

Enclosures
License
Violation Report

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

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) 02/14/2012 , 02/15/2012		REGIONAL REPRESENTATIVE Doug Hoover, Lori Gensil	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>C. WETHERILL RA - Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>C. Wetherill RA</i>		DATE 3/2/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Smith</i>
			DATE 3-2-12

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
56 The administrator shall be present in the home an average of 20 hours or more per week, in each calendar month.	The home does not have a qualified administrator working an average of 20 hours a week. PCH Division Central Region Field Office MAR 2 2012 RECEIVED	2/29/2012	Catherine Wetherill, Director of Personal Care (Administrator), has been full time and is in Friends Home an average of 20 hours or more per week in each calendar month. See attached schedule. F/U: The Executive Director will monitor these hours on a monthly basis.	Steps have been taken to correct violation; full compliance is not verifiable 3-2-12/SE Date Initials (DPW)

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SIGNATURE OF LEGAL ENTITY <i>U Wetheuk AN</i>	DATE 3/2/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>GE</i>	DATE 3-2-12

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
apply to an administrator hired or promoted prior to October 24, 2005.	/	/	/	/

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SIGNATURE OF LEGAL ENTITY <i>W. W. Merrill, Jr.</i>	DATE 3/2/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JE</i>	DATE 3-2-12

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
64a Prior to initial employment as an administrator, a candidate shall successfully complete the following: (1) An orientation program approved and administered by the Department. (2) A 100-hour standardized Department-approved administrator training course. (3) A Department-approved competency-based training test with a passing score. (4) Paragraphs (1), (2) and (3) do not	Staff person A, who is the home's administrator, did not complete the Department's orientation program and the 100-hour standardized administrator training course. <i>Violation withdrawn. JE</i>	<i>2/29/2012</i>	The current administrator, Staff Person A, attended the 40-hour department-approved training as required in Reg. 2620.72 and has not had more than one year break since the course was completed on 10/6/05 (See attached Copy #64a). Staff Person A has a letter from her previous employer stating she held an Assistant Administrator position at their personal care community. (See attached) F/U: The Executive Director will monitor for regulatory compliance.	

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SIGNATURE OF LEGAL ENTITY <i>C. Wetherill A.D.</i>	DATE 3/2/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Smith</i>	DATE 3-2-12

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
93a Each ramp, interior stairway and outside steps shall have a well-secured handrail.	<ul style="list-style-type: none"> • The exterior basement exit door in the Marshal wing has a 1-inch step that does not have a handrail. • The original entrances to the home, under the porch, has a granite step without a handrail. <p>Repeated Violations: 11/20/2010</p>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">3/16/2012</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">3/16/2012</div>	<p>The exit door in Marshall Wing will have a custom three-foot handrail installed by a licensed contractor. (See attached Quotation)</p> <p>Original entrance to Home will have a ramp and handrails installed on each side by licensed contractor. (See attached quotation and diagrams)</p> <p style="text-align: right;">Steps have been taken to correct violation; full compliance is not verifiable</p>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">3-2-12 <i>SR</i></div> <p style="text-align: right;">Date Initials (DPW)</p>
			F/U: Bi-annually, Executive Director will monitor to ensure that ramps, interior stairwells, and outside steps will have well-secured handrails.	

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SIGNATURE OF LEGAL ENTITY <i>J. Wetherill RN</i>	DATE 3/2/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Glenn Smith</i>	DATE 3-2-12

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
95 Furniture and equipment shall be in good repair, clean and free of hazards.	<ul style="list-style-type: none"> • There is a recessed area above the exit door by room GC-3 that had exposed electrical wires, including a copper ground wire, that put residents at risk for electrical shock. • Next to the deep fat fryers in the kitchen, there was a 240-volt plug covered with a layer of grease plugged into the wall outlet that presented a fire hazard. 	<div style="border: 1px solid black; padding: 2px; margin-bottom: 10px;">2/28/2012</div> <div style="border: 1px solid black; padding: 2px;">2/24/2012</div>	<p>Exposed electrical wires were properly covered with a plate by Maintenance. (See attached photo) F/U: Maintenance will do facility walk-throughs monthly to check for hazardous conditions.</p> <p>Plug and junction box have been cleaned. A box has been fabricated to cover plug and junction box by Dietary Director. This cleaning is not part of regular cleaning assignments and so was overlooked. The cover will now be removed and cleaned weekly as part of cooks' cleaning schedule. Cooks will receive this instruction by memo. F/U: Dietary Supervisor will monitor during weekly inspections beginning March 5. See attached photo and Cooks Cleaning Schedule.</p>	<p align="center">3-2-12 <i>JE</i></p>

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121a Stairways, hallways, doorways, passageways and egress routes from rooms and from the building shall be unlocked and unobstructed.	The exit door in the dining room was blocked by a round table with 4 chairs. The egress route, a concrete walkway outside of this exit, was also obstructed by a garden hose, grill and 2 propane tanks.	2/14/2012	Tables & chairs, garden hose, propane tanks and grill were removed on 2/14/2012. Egress routes will be kept clear of all obstructions in the future. Dietary staff will be given notice by March 2. Staff will be required to sign notification. F/U: This area will be monitored by Dietary Supervisor during his weekly inspections beginning March 5. See attached photo and Weekly Inspection Sheet.	3-2-12 <i>EE</i>

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	Mont	Date	Time	Evac. Time	ESE			
	Jan	01/27/2012	12:25 PM	4m	No	<i>Corrected.</i>		
	Feb	02/10/2011	05:05 PM	3m, 55s	No			
	Mar	03/30/2011	06:05 AM	5m, 45s	No			
	Apr	04/18/2011	02:30 PM	3m, 40s	No			
	May	05/31/2011	07:40 PM	3m, 65s	No			
	Jun	06/29/2011	05:40 AM	3m, 58s	No			
	Jul	07/28/2011	11:45 AM	4m	No			
	Aug	08/25/2011	04:32 PM	3m, 42s	No			
	Sep	09/27/2011	06:20 AM	3m, 50s	No			
	Oct	10/11/2011	08:00 AM	3m	No			
	Nov	11/29/2011	09:40 PM	4m	No			
	Dec	12/30/2011	12:15 AM	3m, 47s	No			

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132h Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.	According to the home's fire drill record, only 39 of 45 residents were evacuated to fire-safe areas on 3/30/11 at 6:05 AM. The home has a mix of independent and personal care residents and could not verify that all personal care residents evacuated during the fire drill.	2/28/2012	Maintenance has begun keeping separate fire drill records of evacuation times for independent and personal care residents. Staff has been inserviced on the importance of the evacuation of all personal care residents to fire safe areas or to a designated meeting place outside. See attached Fire Drill Log F/U: Annual Fire Safety Inservices will continue and fire drills will be monitored by Maintenance Director and Administrator for compliance.	<p style="text-align: center;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: center;">3-2-12 Date Initials (DPW)</p>

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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 was no exit sign for the "garden court" exit near room GC6. Repeated Violations: 11/20/2010	2/16/2012	Maintenance placed appropriate-sized "EXIT" sign at GC6 exit. F/U: The Maintenance Director will make monthly walk-through and check for "EXIT" signs. See attached photo	3-2-12 <i>RE</i>

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133a3 If the home serves nine or more residents, exit sign letters shall be at least 6 inches in height with the principal strokes of letters at least 3/4 inch wide.	The letters for the exit sign, near room GC-3, are only 4 inches in height. The home currently serves 16 residents.	2/16/2012	Maintenance placed appropriate-sized "EXIT" sign on door near GC3. See attached photo. F/U: Director of Maintenance will conduct monthly walk-through and check for appropriate "EXIT" signs as per regulations.	3-2-12 <i>ge</i>

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187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special	<ul style="list-style-type: none"> The February 2011 medication administration record (MAR) for resident #1 was not initialed by the staff person administering <i>Losartan, 50 mg. tab.</i> and <i>Advalr</i>, given on 2/14/12 at 8:00 AM. The February 2011 medication administration record (MAR) for resident #2 was not initialed by the staff person administering <i>Liquid Tears</i> on 2/14/12 at 7:30 AM. 	2/14/2012	<p>The Medication Administration Trainer immediately (on 2/14/2012) reviewed policy and procedure of medication administration record with staff. The missing initials were filled in by appropriate staff members. See attached copies of MARs.</p> <p>F/U: The Charge Nurse will monitor staff of required procedures for MARs weekly in order to be in compliance.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable 3-2-12 DR</p> <p>Date: _____ Initials (DRW)</p>

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precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.			<i>Contd.</i>	