

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
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, 2013 until February 23, 2014,
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



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

FEB 22 2013

Ms. Renna Van Oot, 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 (Department) licensing inspection on January 22, 2013 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 Human Services 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 "R. Melusky".

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 14002 - 01/22/2013 - Hoover, Douglas
PCH Name: FRIENDS BOARDING HOME OF WESTERN QUARTERLY MEETING

1. REGULATION 55 Pa.Code §2600
2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION
The water temperature exceeded 120 degrees Fahrenheit at the following locations:

Room 118 - 136 degrees;
Lower level restrooms - 138.5 degrees;
Restroom by elevator - 136 degrees;
Resident laundry next to room 212 - 133 degrees.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Water temperatures were immediately lowered to acceptable levels.

An immediate plan of correction was faxed on January 23, 2013 to [REDACTED] This plan included the adjustment of the temperatures for the rooms that were assessed during the inspection as well as all rooms accessible to residents and public bathrooms.

Moving forward, temperatures will be checked weekly by [REDACTED] Facilities Director, in random resident-accessible rooms and public bathrooms. A log of temperature checks will be maintained.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *C. Wetherell RN, Asst. Administrator*

Printed Name and Title of Legal Entity Representative.
(Required on EVERY Page) *C. WETHERELL RN, ASST. ADMINISTRATOR* Date *1-30-13*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 1-31-13
(Date)

The above plan of correction was approved by SE
(Initials)

Plan of correction implementation status as of 1-31-13
(Date)

Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 14002 - 01/22/2013 - Hoover, Douglas
 PCH Name: FRIENDS BOARDING HOME OF WESTERN QUARTERLY MEETING

1. REGULATION 55 Pa.Code §2600
 2600.93(a) - Each ramp, interior stairway and outside steps must have a well-secured handrail.

2a. DESCRIPTION OF VIOLATION
 The step from the kitchen door which leads out to the smoking area does not have a handrail.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

M & P Custom Design has submitted a bid to Friends Home in Kennett for the installation of a rail outside of kitchen door leading to Smoking Area. We have accepted the bid, and the installation of the rail is scheduled to be completed in 7 - 10 days.

Moving forward, Facilities Director [REDACTED] will ensure that all doors with a step will have railings. See attached drawing

Please Note: Although Friends Home received a violation in 2012 for the absence of railings at certain doors, there was no citation/violation given for this particular door.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/15/2012
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Signature of Legal Entity Representative
 (Required on EVERY Page) *C. Wetherill RN, Asst. Administrator*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>C. WETHERILL RN, Asst. Administrator</i>	Date <i>1-30-13</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>1-31-13</u> (Date)	Plan of correction implementation status as of <u>1-31-13</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented