



pennsylvania
DEPARTMENT OF HUMAN SERVICES

FEB 27 2015

Ms. Pamela J. Leland, Executive Director
The Hickman Friends Senior Community of West Chester
400 North Walnut Street
West Chester, Pennsylvania 19380

RE: The Hickman
License #: 140930

Dear Ms. Leland:

As a result of the Department of Human Services' licensing inspection on January 22, 2015 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period March 13, 2015 to March 13, 2016 was issued on December 3, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew Jones".

Matthew J. Jones
Director

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Enclosure
License Inspection Summary

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

PCH Name: THE HICKMAN		License Number: 14093
Address: 400 N WALNUT STREET, WEST CHESTER, PA 19380		County: Chester
Administrator: Pamela Leland		Region: CENTRAL
Legal Entity Name: THE HICKMAN FRIENDS SENIOR COMMUNITY OF WEST CHESTER		
Legal Entity Address: 400 NORTH WALNUT STREET, WEST CHESTER, PA 19380		
Certificate(s) of Occupancy		
C-2 LP	C-2	
05/14/1993	10/20/1982	
L&I	L&I	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 46	Waking Staff: 35
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Indicator		
On-Site Inspections Dates and Department Representatives On-Site 01/22/2015: Hoover, Douglas; Springs, Israel		
Off-Site Inspection Dates and Inspectors, if Applicable		
<p>RECEIVED</p> <p>FEB 11 2015</p> <p>CENTRAL REGION FIELD OFFICE Human Services Licensing</p>		
Other Details		
Partial or Full Triggers: 184b		Random Indicators: 29b5l, 100b, 133a2, 184b, 223b
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 85	Number of Residents who:	
Number of Residents Served: 46	Receive Supplemental Security Income: 1	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 46	
Area:	Have Mental Illness: 1	
Secured Dementia Unit Capacity, If Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served In Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 0	
Number of Current Hospice Residents: 5	Have a Physical Disability: 1	
Number of Hospice Residents in past year: 10		

Pamela Leland

Pamela Leland, PhD, Executive Director

February 11, 2015

Violation Report: 14093 - 01/22/2015 - Hoover, Douglas
 PCH Name: THE HICKMAN

1. REGULATION 55 Pa.Code §2600
 2600.184(b) - If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

2a. DESCRIPTION OF VIOLATION
 "Slow Mag" magnesium release capsules which belonged to resident #1 was not labeled with the resident's name.

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.

The Hickman Policy and Procedure for OTC (over the counter) medications and CAM will be inserviced to all Resident Care Med Tech staff by the Resident Care Coordinator. The inservice training will be completed by 2/20/2015. To ensure compliance any new hire Med Techs will be trained on the Hickman Policy and Procedure for OTC (over the counter) medications and CAM during their orientation period. All Med Tech staff will be inserviced yearly by the Resident Care Coordinator. Attached is The Hickman Policy and Procedure for OTC (over the counter) medications and CAM.

The administrator or designee will conduct random medication audits to assure that the policy and procedure is being followed and that all medications and CAM are identified with the resident's name. CB 2/11/15

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *Pamela Leland*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Pamela Leland, PhD, Executive Director Date February 11, 2015

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

The above plan of correction is approved as of 2/17/15
 (Date)

Plan of correction implementation status as of 2/17/15
 (Date)

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

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