



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 13 2015

Ms. Renna VanOot, Executive Director
Friends Boarding Home of Western Quarterly Meeting
147 West State Street
Kennett Square, Pennsylvania 19348

RE: Friends Boarding Home of Western Quarterly Meeting
License #: 140020

Dear Ms. VanOot:

As a result of the Department of Human Services' licensing inspection on February 4, 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 February 23, 2015 to February 23, 2016 was issued on November 13, 2014. Your regular license remains in good standing.

Sincerely,

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

Matthew J. Jones
Director

SH

Enclosure
License Inspection Summary

Violation Report: 14002 - 02/04/2015 - Rouse, McKinley

PCH Name: FRIENDS BOARDING HOME OF WESTERN QUARTERLY MEETING

1. REGULATION 55 Pa.Code §2600

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION

The contract for Resident #2, date of admission 03/17/2014, was not signed by the resident.

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.

Resident did sign the contract but then had her son/POA sign the rest of the addendums. Contract has been updated with the statement that it was the resident's preference to have her son/POA complete the signing on her behalf. *all residents will be required to sign their contract or sign by their "mark" if unable to sign.* Going forward and effective immediately it will be policy for the administrator/or designee of the Friends Home in Kennett to note by means of a written statement on the first signature page of the contract indicating when the resident prefers that their designated person/POA sign in ^{addition to the resident.} ~~their place~~. This note will be initialed by the administrator/designee at the time of the contract signing. The Director of Admissions will perform an audit twice yearly in July and January to monitor for ongoing regulatory compliance and report findings to the Assistant Administrator for Personal Care.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page) *Barbara Bryer*

Printed Name and Title of Legal Entity Representative *Barbara Bryer, RN* Date *3-4-15*
 (Required on EVERY Page) *Personal Care Assistant Administrator*

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

The above plan of correction is approved as of 3/10/15
 (Date)

Plan of correction implementation status as of 3/10/15
 (Date)

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

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

Violation Report: 14002 - 02/04/2015 - Rouse, McKinley

PCH Name: FRIENDS BOARDING HOME OF WESTERN QUARTERLY MEETING

1. REGULATION 55 Pa.Code §2600

2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION

The criminal history background check for Staff Person #1 who was hired on 03/18/2014 was performed on 06/17/2014. Staff Person #1 was retained beyond the 30 day provisional hiring period without receipt of an acceptable criminal history background check.

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.

It has long been the policy of the Friends Home in Kennett to complete the criminal background checks prior to completion of hiring and first day of orientation. This oversight occurred upon confusion of who was responsible during the position turnover of the person who was accountable to complete this task. As a result it was obtained late by our business manager once the oversight was detected; coincidentally the employee whose record was cited is no longer working at the Friends Home. Upon audit of all other employee records the criminal background checks do meet regulatory compliance.

Going forward and effective immediately-- it will not only be policy; but also part of orientation of new department heads to communicate that the hiring department head is responsible to see that the criminal background check is completed and cleared prior to first day of work or the candidate will not be allowed to continue with the onboarding process. These results will be forwarded to our Human Resource person who will enforce that day one of orientation cannot be started without the criminal background check completed, cleared, and in the employee record. A twice yearly audit (July and January) will be done by Human Resources and then results given to the Assistant Administrator for Personal Care to monitor ongoing compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Barbara Bryer

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

*Barbara Bryer RN
Assistant Administrator Personal Care*

Date *3-4-15*

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Violation Report: 14002 - 02/04/2015 - Rouse, McKinley
PCH Name: FRIENDS BOARDING HOME OF WESTERN QUARTERLY MEETING

1. REGULATION 55 Pa.Code §2600
2600.132(f) - Alternate exit routes shall be used during fire drills.

2a. DESCRIPTION OF VIOLATION
The home does not use alternate exit routes during fire drills as all evacuation routes were used for every fire drill conducted in the year 2014.

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.

ALTERNATE ROUTES WILL BE USED DURING FIRE DRILLS TO SIMULATE "BLOCKED ACCESS" TO EXITS IN THE FIRE ZONE.

THIS PRACTICE HAS BEEN INITIATED AND NOTED BEGINNING WITH THE 2/25/2015 DRILL.

(SEE ATTACHED REPORT*)
* Attachment A

MARC WYLLIE
DIRECTOR OF FACILITIES
M. Wyllie 3/2/2015

* The Director of Facilities will give the monthly Fire Drill results to the Assistant Administrator for Personal Care to allow monitoring for ongoing compliance.

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

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Printed Name and Title of Legal Entity Representative *Barbara Bryer, RN* Date *3-4-15*
(Required on EVERY Page) *Assistant Administrator Personal Care*

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Violation Report: 14002 - 02/04/2015 - Rouse, McKinley
 PCH Name: FRIENDS BOARDING HOME OF WESTERN QUARTERLY MEETING

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION
 Resident #1 was admitted to personal care on 08/27/2014, but the resident's medical evaluation was dated 04/09/2014.

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.

This violation resulted from confusion about actual admission date as this resident was initially here for respite and Personal Care staff thought that the medical evaluation completed within the 60 days prior to that date of admission was sufficient and not of need to be redone when resident came back for a second respite stay during which he converted to permanent.

Going forward and effective immediately we have changed our respite date of admission for Personal Care residents to be the actual date of admission with the contract stating that the respite agreement will become the permanent contract if the resident stays beyond 30 days.

This will assure that all mandatory and time sensitive paperwork will be done from a clear admission date. The Director of Marketing and Admissions will conduct an twice yearly audit (July and January) of contract admission dates on residents admitted in that calendar year and give the report to the Assistant Administrator so it can be monitored for regulatory compliance with the medical evaluation due dates for Personal Care residents.

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Signature of Legal Entity Representative
 (Required on EVERY Page) *Barbara Byer*

Printed Name and Title of Legal Entity Representative *Barbara Byer, RN*
 (Required on EVERY Page) *Assistant Administrator Personal Care* Date *3-4-15*

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PCH Name: FRIENDS BOARDING HOME OF WESTERN QUARTERLY MEETING

1. REGULATION 55 Pa.Code §2600

2600-41(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

The most recent medical evaluation for Resident # 3 was completed 03/14/2014 which is more than 12 months following the previous medical evaluation which was completed on 02/03/2013.

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.

This violation occurred over lack of understanding by Personal Care staff of the difference between the date the resident was evaluated (2/2/13) and the date that the form was completed (4/10/13). At the time of survey it was clarified by our surveyors that we must consider the date the resident was evaluated as the date from which we calculate the one year due date. Please also note that when this appointment was scheduled with the resident's doctor 3/14/14 was the next available appointment.

Going forward we will plan further in advance to assure that we meet the time sensitive date requirement. The assistant administrator for Personal Care along with the daily charge Nurse will monitor for ongoing compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
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Barbara Bryer

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

*Barbara Bryer, RN
Assistant Administrator Personal Care*

Date *3-4-15*

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1. REGULATION 55 Pa.Code §2600
 2600.225(a) - 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.

2a. DESCRIPTION OF VIOLATION
 The assessment for Resident #1 who was admitted to personal care on 08/27/2014 was completed on 07/28/2014.

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.

This violation occurred for similar reasons to the earlier discussed violation 141 (a)(1) which relate to confusion over actual admission date not being at the time of the respite stay which converted into a permanent admission to personal care.

Going forward and effective immediately we have changed our respite date of admission for Personal Care residents to be the actual date of admission with the contract stating that the respite agreement will become the permanent contract if the resident stays beyond 30 days.

This will assure that all mandatory and time sensitive paperwork will be done from a clear admission date. The Director of Admissions will conduct a twice yearly audit (July and January) of contract admission dates on residents admitted in that calendar year. These dates will be reviewed by the Assistant Administrator to further assure ongoing regulatory compliance with the RASPs time sensitive dates for Personal Care.

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Signature of Legal Entity Representative
 (Required on EVERY Page) *Barbara Bryer RN*

Printed Name and Title of Legal Entity Representative *Barbara Bryer RN* Date *3-4-15*
 (Required on EVERY Page) *Assistant Administrator Personal Care*

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