



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

MAY 19 2016

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' annual licensing inspection on February 9, 2016 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Jay Bausch".

Jay Bausch  
Deputy Secretary

Enclosure  
License Inspection Summary

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

|   |  |                       |
|---|--|-----------------------|
| PCH Name: The Hickman   |  | License Number: 14093 |
| Address: 400 North 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   |  |                       |
| <b>Certificate(s) of Occupancy</b>  |  |                       |
| C-2 LP<br>05/14/1993<br>Labor and Industry  | Other<br>03/24/1982<br>Labor and Industry  |                       |
| <b>Staffing Hours</b>   |  |                       |
| Resident Support: 0   | Total Daily Staff: 47  | Waking Staff: 35      |
| Types of Inspection: Full   | BHA Docket Number:   | Notice: Unannounced   |
| <b>Reason(s) for inspection(s)</b><br>Renewal   |  |                       |
| <b>On-Site Inspections Dates and Department Representatives On-Site</b><br>02/09/2016: Gillespie, Denise; Rosenblat, Dale   |  |                       |
| <b>Off-Site Inspection Dates and Inspectors, if Applicable</b>  |  |                       |
| <p><b>RECEIVED</b></p> <p>APR 06 2016</p> <p>CENTRAL REGION FIELD OFFICE<br/>Human Services Licensing</p>   |  |                       |
| <b>Other Details</b>  |  |                       |
| Partial or Full Triggers:   |  | Random Indicators:    |
| <b>Resident Demographic Data as of Inspection Dates</b>   |  |                       |
| <b>Licensed Capacity: 85</b><br><b>Number of Residents Served: 39</b><br><b>Secured Dementia Care Unit in Home: No</b><br><b>Area:</b><br><b>Secured Dementia Unit Capacity, if Applicable:</b><br><b>Number of Residents Served in Secured Dementia Care Unit, if applicable:</b><br><b>Number of Current Hospice Residents: 6</b><br><b>Number of Hospice Residents in past year: 8</b> | <b>Number of Residents who:</b><br><b>Receive Supplemental Security Income: 0</b><br><b>Are 60 Years of Age or Older: 39</b><br><b>Have Mental Illness: 2</b><br><b>Have an Intellectual Disability: 0</b><br><b>Have a Mobility Need: 8</b><br><b>Have a Physical Disability: 0</b> |                       |

Violation Report: 14093 - 02/09/2016 - Gillespie, Denise  
 PCH Name: The Hickman

1. REGULATION 55 Pa.Code §2600  
 2600.25(a)(1) - Prior to admission, or within 24 hours after admission, a written resident-home contract (contract) between the resident and the home shall be in place.

2a. DESCRIPTION OF VIOLATION  
 Resident #1, admitted on [redacted] 14, did not have a resident-home contract completed until 12/5/14.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Includes 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 #1 has a current, signed contract in place.

A review of all current residents shows all residents with a signed contract on file.

All new residents will have a signed contract in place prior to admission. The signed contract will be reviewed by the Executive Director (or designee) prior to admission to ensure compliance. Compliance will be monitored as part of the Quality Management Plan.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Pamela J Leland, Executive Director* Date *4/5/16*

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

The above plan of correction is approved as of 4-6-16  
 (Date)

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

Plan of correction implementation status as of 4-6-16  
 (Date)

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

Violation Report: 14093 - 02/09/2016 - Gillespie, Denise  
 PCH Name: The Hickman

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, dated 1/1/15 for the rate increase, 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 #2 has a current signed rate sheet in place.

An audit of current resident files show 100% compliance with signatures on the current rate sheet.

Residents receive new rate notifications at least 30 days prior to implementation for their review/signature. An internal audit will be completed approximately 2 weeks after notification to identify outstanding signatures and develop a plan for individuals needing follow up. The Director of Finance and Risk Management will provide a final report to the Executive Director by the implementation date to ensure compliance. Results will be included in the Quality Management Plan.

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

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Parcela J Leland Executive Director* Date *4/5/16*

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- Partially Implemented - Inadequate Progress
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