



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: January 30, 2018

Ms. Christine McDonald,
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. McDonald:

As a result of the Department of Human Services' licensing inspection on November 29, 2017 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 "Dean Gray".

Dean Gray
Acting Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

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

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| PCH Name: FRIENDS BOARDING HOME OF WESTERN QUARTERLY MEETING | | License Number: 14002 |
| Address: 147 WEST STATE STREET, KENNETT SQUARE, PA 19348 | | County: Chester |
| Administrator: Christine McDonald, Executive Director | | Region: SOUTHEAST |
| Legal Entity Name: FRIENDS BOARDING HOME OF WESTERN QUARTERLY MEETING | | |
| Legal Entity Address: 147 WEST STATE STREET, KENNETT SQUARE, PA 19348 | | |
| Certificate(s) of Occupancy | | |
| Staffing Hours | | |
| Resident Support: 0 | Total Daily Staff: 44 | Waking Staff: 33 |
| Type of Inspection: Partial | BHA Docket Number: | Notice: Unannounced |
| Reason(s) for Inspection(s) | | |
| Complaint | | |
| On-Site Inspections Dates and Department Representatives On-Site | | |
| 11/29/2017: Kazimer, Lauren | | |
| Off-Site Inspection Dates and Inspectors, if Applicable | | |
| | | |
| Other Details | | |
| Partial or Full Triggers: | | Random Indicators: |
| Resident Demographic Data as of Inspection Dates | | |
| Licensed Capacity: 68 Number of Residents Served: 44 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0 | Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 44 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0 | |

Violation Report: 14002 - 11/29/2017 - Kazimer, Lauren
 PCH Name: FRIENDS BOARDING HOME OF WESTERN QUARTERLY MEETING

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

- In the nurse's station were two unlabeled glucometer's in a pouch labeled "Spare" that were used on residents #1 and #2 when they did not have their own machines.
- From 11/20/17 to 11/26/17, resident #1's blood glucose levels were checked with the home's shared glucometer.
- On 11/29/17 at 8am, resident #2's blood glucose level was taken with a shared glucometer.

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 Health Center will always have two unopened glucometers in stock. If a resident has new orders for blood sugar monitoring or a present glucometer in use becomes damaged, a new glucometer will be opened and labeled with resident's name. A new glucometer will be purchased to replenish stock. Staff was notified via staff meeting.

Moving forward documentation of this process will be noted by the director/administrator to ensure no contamination to the residents. This process will start immediately. RB

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Christine McDonald*

| | |
|-------------------------------------------------------------------------------------------------------------|----------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Christine McDonald</i> | Date <i>12.15.17</i> |
|-------------------------------------------------------------------------------------------------------------|----------------------|

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

The above plan of correction is approved as of 1/10/18
 (Date)

Plan of correction implementation status as of 1/10/18
 (Date)

The above plan of correction was approved by *RB*
 (Initials)

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

Violation Report: 14002 - 11/29/2017 - Kazimer, Lauren
 PCH Name: FRIENDS BOARDING HOME OF WESTERN QUARTERLY MEETING

1. REGULATION 55 Pa.Code §2600
 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION
 - Resident #3's PRN Acetaminophen 325mg and PRN Robitussin were not available in the home on 11/29/17.
 - Resident #4's PRN Acetaminophen 325mg was not available in the home on 11/29/17.

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.

Routine med cart checks will be done be multiple disciplines.

Twice a week (Thursday and Sunday) the 11-7 PCA shift will be doing a med cart check to include confirming all meds ordered are available both routine and PRN, checking opened stickers are present, checking expiration dates and making sure there are adequate supply until next batch.

The Health Center nurses will perform a weekly med cart check to include the above and additional information per audit form (attached)

Twice a year a RN from our PRN pool will perform a med cart check following the audit form.

A task schedule is provided to all nurses and PCA's with the above audits.

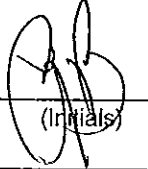
An audit form is also provided.

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

Signature of Legal Entity Representative
 (Required on EVERY Page)

| | |
|-----------------------------------------------------------------------------------|----------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) | Date |
| Christine McDonald | 12-15-17 |

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|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| The above plan of correction is approved as of <u>1/12/18</u> (Date) | Plan of correction implementation status as of <u>1/12/18</u> (Date) |
| The above plan of correction was approved by  (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 |

Violation Report: 14002 - 11/29/2017 - Kazimer, Lauren
 PCH Name: FRIENDS BOARDING HOME OF WESTERN QUARTERLY MEETING

1. REGULATION 55 Pa.Code §2600
 2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION
 - On 11/20/17 at 8pm, resident #1's Lantus insulin 15 units, Atorvastatin 20mg, and Advair Diskus were administered. Staff did not initial the medication administration record.
 - On 11/25/17 at 9am, resident #1's Advair Diskus was administered and staff did not initial the medication administration record.
 - The following medications were administered to resident #4 on 11/21/17 at 10am: Diltiazem 120mg, Docusate Sodium 100mg, Centrum Silver, I-Vite, Vitamin D3 1,000 units, and Aspirin 81mg. Staff did not initial the medication administration record for these medications.

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 following policy has been put in place and added to PCA's daily task list.

Each PCA is responsible for auditing the previous shifts MARS. This is to occur at mealtime for the 1st and 2nd shifts, third shift to perform when able.

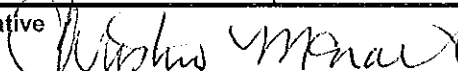
Each PCA is to audit their own MARS. Recommend this done during mealtime.

During shift change, each PCA will audit their coworker's MARS before clocking out.

Missing initials will be flagged, the PCA notified immediately by the Health Center Nurse and the employee has 24 hours to rectify.

This proposal was discussed at the 12/12 staff meeting minutes provided.

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Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Christine McDonald Date 12-15-17

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