



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: MAR 26 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 January 3, 2018 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 'Patricia Adams', written over a horizontal line.

Patricia Adams  
Southeast Regional Director

Enclosure  
Licensing Inspection Summary



Violation Report: 14002 - 01/03/2018 - Freeman, Sabrina  
 PCH Name: FRIENDS BOARDING HOME OF WESTERN QUARTERLY MEETING

1. REGULATION 56 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 #1 was prescribed Ondansetron HCL 4mg which was to be taken by mouth every 4 hours as needed. The home did not have resident #1's medication.

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 performed throughout the month. Previously the task was assigned to a shift. It is now assigned to an individual.

One PCA who regularly works 11-7 is to perform twice weekly med cart checks and the full-time health center LPN will perform med Cart Check every Friday.

The Director of Nurses in the PC will perform the twice a year audit. An audit form is provided and a binder has been placed in the health center.

Month

This procedure is scheduled to begin 1/22/18

The administrator or designee will conduct a training on the importance of insuring all medications are available for Administrator to all staff administering medications within the Next 14 days.

2

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: 1-22-18

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

The above plan of correction is approved as of 2/15/18 (Date)

Plan of correction implementation status as of 3/15/18 (Date)

The above plan of correction was approved by (Initials)

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

Violation Report: 14002 - 01/03/2018 - Freeman, Sabrina  
 PCH Name: FRIENDS BOARDING HOME OF WESTERN QUARTERLY MEETING

1. REGULATION 55 Pa.Code §2600  
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

The home failed to follow the doctor's order. Resident #2 was prescribed Nystatin 100000/1gm unit which was to be applied to the affected areas three times daily and required the mix of Triamcinolone.

The home also did not have the Triamcinolone Acetonide 0.1 ointment which was to be applied to the affected areas three times daily for a rash.

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 performed by several individuals in the health center. Previously the cart checks were assigned to a shift, they are now assigned to an individual. The 11-7 PCA will perform twice weekly audits, the health center LPN will perform a weekly med cart audit and the Director of Nurses will perform a twice a year <sup>1/01/18</sup> extensive audit. A audit form was provided and a binder is placed in the health center. This is scheduled to start 1/22/18

The administrator or designee will conduct a training on the importance of insuring all medications are available for Administrator to all staff administering medications within the Next 14 days.

*A*

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

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 3/15/18 (Date)

Plan of correction implementation status as of 3/15/18 (Date)

The above plan of correction was approved by [Signature] (Initials)

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