

Department of Human Services  
Bureau of Human Service Licensing

September 24, 2020

DIANE WILLIAMS , ADMINISTRATOR  
Barclay Friends Corporation  
700 N Franklin Street  
West Chester, PA 19380

RE: Barclay Friends  
700 N Franklin Street  
West Chester, PA , 19380  
LICENSE/COC#: 14682

Dear Ms. Williams ,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/31/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Shawn Parker

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY**

**Facility Information**

Name: *Barclay Friends* License #: *14682* License Expiration Date:  
 Address: *700 N Franklin Street, West Chester, PA 19380*  
 County: *CHESTER* Region: *SOUTHEAST*

**Administrator**

Name: *Diane Williams* Phone: *484-319-1168* Email: *dwill@bf.kendal.org; shparker@pa.gov*

**Legal Entity**

Name: *Barclay Friends Corporation*  
 Address: *700 N Franklin Street, West Chester, PA, 19380*  
 Phone: *484-319-1168* Email: *dwill@bf.kendal.org*

**Certificate(s) of Occupancy**

Type: *I-1* Date: *04/30/2020* Issued By: *Borough of West Chester*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *5* Waking Staff: *4*

**Inspection**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint* Exit Conference Date: *09/04/2020*

**Inspection Dates and Department Representative**

*08/31/2020 - Off-Site: Jennie Heinberg*

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *75* Residents Served: *3*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *Bartram Way* Capacity: *23* Residents Served: *2*

**Hospice**

Current Residents: *1*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *3*  
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *2* Have Physical Disability: *0*

**Inspections / Reviews**

**08/31/2020 - Partial**

Lead Inspector: *Jennie Heinberg* Follow-Up Type: *POC Submission* Follow-Up Date: *09/21/2020*

Inspections / Reviews (*continued*)

## 9/21/2020 - POC Submission

Lead Reviewer: *Shawn Parker*Follow-Up Type: *Document Submission*Follow-Up Date: *09/28/2020*

## 9/24/2020 - Document Submission

Lead Reviewer: *Shawn Parker*Follow-Up Type: *Not Required*

## 141a - Medical Evaluation

### 1. Requirements

2600.

- 141.a. 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.

### Description of Violation

*Resident#1 was admitted on 08/26/2020 to the home and the medical evaluation was dated on 06/16/2020. The medical evaluation was not completed within 60 days prior to admission or within 30 days after admission of the resident.*

### Plan of Correction

**Accept**

*A new medical evaluation was completed for resident #1 on 9/3/2020. Please see attached. The Personal Care Administrator will review all medical evaluations before admission of the resident to ensure the medical evaluation is completed within the required timeframe.*

**Completion Date:** 09/03/2020

### Document Submission

**Implemented**

*141A please see attached medical evaluation*

## 231c - Preadmission Screening

### 1. Requirements

2600.

- 231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

### Description of Violation

*Resident #2 was admitted to the Secure Dementia Care Unit (SDCU) on 08/28/2020. However, resident #2's written cognitive preadmission screening was completed on 08/17/2020.*

### Plan of Correction

**Accept**

*The written cognitive preadmission screening will be completed by the geriatric assessment team which includes the Residential Care Coordinator and the Personal Care Administrator within 72 hours of admission of the resident. As a second check the Personal Care Administrator will review the written cognitive preadmission screening within 24 hours of admission of the resident to ensure compliance of this regulation.*

**Completion Date:** 09/18/2020

### Document Submission

**Implemented**

*231c please see attached preadmission screening*

## 231e - No Objection Statement

### 1. Requirements

2600.

- 231.e. Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

**231e - No Objection Statement (continued)****Description of Violation**

*Resident #2 was admitted to the Secure Dementia Care Unit (SDCU) on 08/28/2020. The home has no documentation that the resident and the resident's designated person have not objected to the admission.*

*Resident #3 was admitted to the Secure Dementia Care Unit (SDCU) on 08/20/2020. The home has no documentation that the resident and the resident's designated person have not objected to the admission.*

**Plan of Correction****Accept**

*The Personal Care Administrator obtained the document "Consent for Admission To Memory Care" from Barclay Friends Admissions department on 9/14/2020. This Consent states that our memory care neighborhood is a secured neighborhood. The Administrator or designee will review this Consent with the resident and resident's designated person prior to admission.*

**Completion Date:** 09/14/2020

**Document Submission****Implemented**

*231e please see attached no objection statement "Consent for Admission to Memory Care"*