

Department of Human Services
Bureau of Human Service Licensing

January 28, 2021

██████████ PCHA
THE HICKMAN FRIENDS SENIOR COMMUNITY OF WEST CHESTER
400 NORTH WALNUT STREET
WEST CHESTER, PA 19380

RE: THE HICKMAN
400 N. WALNUT STREET
WEST CHESTER, PA, 19380
LICENSE/COC#: 14093

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/25/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Claire Mendez

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: *THE HICKMAN* License #: *14093* License Expiration Date: *03/13/2021*
Address: *400 N. WALNUT STREET, WEST CHESTER, PA 19380*
County: *CHESTER* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: *484-760-6300* Email: [REDACTED]

Legal Entity

Name: *THE HICKMAN FRIENDS SENIOR COMMUNITY OF WEST CHESTER*
Address: *400 NORTH WALNUT STREET, WEST CHESTER, PA, 19380*
Phone: *4847606300* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *05/14/1993* Issued By: *Department of L & I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *118* Waking Staff: *89*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *09/25/2020*

Inspection Dates and Department Representative

09/25/2020 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *125* Residents Served: *75*

Secured Dementia Care Unit

In Home: *Yes* Area: *Darlington* Capacity: *22* Residents Served: *22*

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *75*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *43* Have Physical Disability: *43*

Inspections / Reviews

09/25/2020 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/24/2020*

Inspections / Reviews *(continued)*

10/26/2020 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *11/30/2020*

1/28/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

187d - Follow Prescriber's Orders

1. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 is prescribed Donepezil 10 mg 1 tablet by mouth once daily. On 8/26/2020 this medication was not administered to Resident # 1.

Resident # 1 is prescribed Levothyroxine 25mcg 1 tablet by mouth once daily. On 8/2/2020 and 8/27/2020 this medication was not administered to Resident # 1.

Plan of Correction

Accept

An audit of "medication exceptions" has been performed community wide by the Director of Resident Services . An additional "alert" has been added to the EMAR system alerting Nurse Managers of a "refused medication" which will ensure immediate communication with the PCP as well as documentation(Completion 10/21/20)

All Med Techs will be re-inserviced to the community policies regarding resident refusal and follow up actions (To be Completed by 10/31/2020)

Nurse Managers and Certified Medication Administration Trainer will perform Monthly MAR audits to ensure continued compliance with regulation 187.d (To be completed 10/31 and ongoing)

Completion Date: 10/31/2020

Document Submission

Implemented

All Med Techs completed additional In Service regarding refusal/ follow up completed by 10/30/20. (attached)

Additionally, all medication policies and procedures were reviewed and redistributed. (attached)

Initial and ongoing Medication Cart audits completed by Managers in EMAR (attached)

202 - Prohibitions

1. Requirements

2600.

202. The following procedures are prohibited:

6. A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited. A manual restraint does not include prompting, escorting or guiding a resident to assist in the ADLs or IADLs.

Description of Violation

On [REDACTED] at approximately 12:00P, Resident # 1 was very agitated and combative while being assisted on the toilet. Staff Person A wrapped [REDACTED] arms around Resident # 1 pinning Resident # 1's arms to the resident's sides in an effort to comfort and calm the Resident.

Plan of Correction

Accept

Staff Person A was immediately removed from the schedule pending receipt of POC. Staff person A has been temporarily reassigned from the SDU and has received remedial education and will receive an additional 10 hours of documented education on the definition of a "restraint" and best practices surrounding Behavioral Issues and care delivery associated with the care of residents with Dementia, Alzheimer's or other cognitive impairments. Director of Resident Services will assure completion by 10/31/2020

Additionally, entire staff will be educated to the requirements of 2600.201 & 2600.202 Director of Resident Services will assure completion by 10/31/2020

Completion Date: 10/31/2020

202 - Prohibitions (continued)**Document Submission****Implemented**

Staff person "A" completed an additional 10.5 hours by 10/31/20. (Attached)

All staff completed additional training regarding regulation 2600.201&202 completed by 10/31/20 (attached)