

Department of Human Services  
Bureau of Human Service Licensing

November 17, 2020

LINDA STERTHOUS, EXECUTIVE DIRECTOR  
BARCLAY FRIENDS  
700 NORTH FRANKLIN STREET  
WEST CHESTER, PA 19380

RE: BARCLAY FRIENDS  
700 NORTH FRANKLIN STREET  
WEST CHESTER, PA, 19380  
LICENSE/COC#: 14682

Dear Ms. Sterthous,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/09/2020, 10/22/2020, 10/23/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Mia Johnson

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

**Facility Information**

Name: *BARCLAY FRIENDS* License #: *14682* License Expiration Date: *08/11/2021*  
 Address: *700 NORTH FRANKLIN STREET, WEST CHESTER, PA 19380*  
 County: *CHESTER* Region: *SOUTHEAST*

**Administrator**

Name: *Diane Williams* Phone: *484-319-1168* Email: *dwill@bf.kendal.org,*

**Legal Entity**

Name: *BARCLAY FRIENDS*  
 Address: *700 NORTH FRANKLIN STREET, WEST CHESTER, PA, 19380*  
 Phone: *6106965211* Email: *LSTERTHOUS@BF.KENDAL.ORG*

**Certificate(s) of Occupancy**

Type: *I-1* Date: *06/26/2020* Issued By: *Borough of West Chester*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *14* Waking Staff: *11*

**Inspection**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *New, Monitoring* Exit Conference Date: *10/23/2020*

**Inspection Dates and Department Representative**

*10/09/2020 - On-Site: Dean Gray*  
*10/22/2020 - Off-Site: Dean Gray*  
*10/23/2020 - Off-Site: Dean Gray*

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *75* Residents Served: *8*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *Bartram Way* Capacity: *23* Residents Served: *6*

**Hospice**

Current Residents: *1/1*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *8*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *6* Have Physical Disability: *0*

## Inspections / Reviews

## 10/09/2020 - Partial

Lead Inspector: *Dean Gray*Follow-Up Type: *POC Submission*Follow-Up Date: *11/08/2020*

## 11/5/2020 - POC Submission

Lead Reviewer: *Mia Johnson*Follow-Up Type: *Document Submission*Follow-Up Date: *11/08/2020*

## 11/17/2020 - Document Submission

Lead Reviewer: *Mia Johnson*Follow-Up Type: *Not Required*

25a - Written Contract and Review

1. Requirements

2600.

- 25.a. Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

**Description of Violation**

*Resident #1, admitted 09/02/20, did not sign a resident-home contract until 09/04/20.*

*Resident #2, admitted 09/16/20, has a contract that was signed on 09/09/20 by "Atty in Fact", Responsible Party and staff designee. Resident did not sign the resident-home contract.*

**Plan of Correction**

**Accept**

*Resident #2 signed the contract on 10/31/2020. To ensure compliance, the Preston Sales Counselor and the Personal Care Administrator will meet with the potential resident and responsible party for signing of the contract before admission. The date the resident moves in will be documented on the Resident Assessment and Support Plan. Compliance will be monitored at our Quality Assurance Performance Improvement meeting which is held bi-monthly.*

**Completion Date:** 10/31/2020

**Document Submission**

**Implemented**

*Resident #2 signed the contract on 10/31/2020. To ensure compliance, the Preston Sales Counselor and the Personal Care Administrator will meet with the potential resident and responsible party for signing of the contract before admission. The date the resident moves in will be documented on the Resident Assessment and Support Plan. Compliance will be monitored at our Quality Assurance Performance Improvement meeting which is held bi-monthly.*

25b - Contract Signatures

1. Requirements

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.

**Description of Violation**

*The resident-home contract, dated 09/16/20, for resident #2 was not signed by the resident.*

**Plan of Correction**

**Accept**

*Resident #2 signed the contract on 10/31/2020. To ensure compliance, the Preston Sales Counselor and the Personal Care Administrator will meet with the potential resident and responsible party for signing of the contract before admission. The date the resident moves in will be documented on the Resident Assessment and Support Plan. Compliance will be monitored at our Quality Assurance Performance Improvement meeting which is held bi-monthly.*

**Completion Date:** 10/31/2020

**Document Submission**

**Implemented**

*Resident #2 signed the contract on 10/31/2020. To ensure compliance, the Preston Sales Counselor and the Personal Care Administrator will meet with the potential resident and responsible party for signing of the contract before admission. The date the resident moves in will be documented on the Resident Assessment and Support Plan. Compliance will be monitored at our Quality Assurance Performance Improvement meeting which is held bi-monthly.*

231b - Medical Evaluation

1. Requirements

2600.

231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

Resident #2 was admitted to the Secure Dementia Care Unit (SDCU) on 09/16/20; however, the resident's medical evaluation was completed on 09/18/20.

Plan of Correction

Accept

The Preston Sales Counselor and the Personal Care Administrator will procure and review the medical evaluation within 60 days prior to the admission of a resident into the secured dementia care neighborhood. Compliance will be monitored bi-monthly at our Quality Assurance Performance Improvement meeting.

Completion Date: 11/03/2020

Document Submission

Implemented

The Preston Sales Counselor and the Personal Care Administrator will procure and review the medical evaluation within 60 days prior to the admission of a resident into the secured dementia care neighborhood. Compliance will be monitored bi-monthly at our Quality Assurance Performance Improvement meeting.

233c - Key-Locking Devices

1. Requirements

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Repeat Violation

The directions for operating the home's locking mechanism are not conspicuously posted near the following doors on the Secure Dementia Care Unit (SDCU):

- Fire door to Stair 3 from the memory care unit,
- To exit and reenter from the Dining Room to the Garden Area,
- To exit and reenter from the Living Room to the Garden Area,
- To exit and reenter from the Garden Area to the parking lot.

Repeat Violation: 07/16/2020

Plan of Correction

Accept

The directions for operating the door's locking devices was posted next to the doors on 11/3/2020. The Personal Care Administrator will change the code to open the doors and repost monthly. Compliance will be monitored at our Quality Assurance Performance Improvement meeting bi-monthly. Please see the attached for pictures of all doors with locking devices.

Completion Date: 11/03/2020

Document Submission

Implemented

The directions for operating the door's locking devices was posted next to the doors on 11/3/2020. The Personal Care Administrator will change the code to open the doors and repost monthly. Compliance will be monitored at our Quality Assurance Performance Improvement meeting bi-monthly. Please see the attached for pictures of all doors with locking devices