

Department of Human Services
Bureau of Human Service Licensing

March 22, 2021

██████████ ADMINISTRATOR
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 02/08/2021, 02/09/2021 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: *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: *484-760-6413* 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: *04/10/1992* Issued By: *Commonwealth of Pennsylvania*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *106* Waking Staff: *80*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *02/09/2021*

Inspection Dates and Department Representative

02/08/2021 - On-Site: [REDACTED]
02/09/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *125* Residents Served: *70*

Secured Dementia Care Unit

In Home: *Yes* Area: *Darlington* Capacity: *22* Residents Served: *20*

Hospice

Current Residents: *9*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *70*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *36* Have Physical Disability: *36*

Inspections / Reviews

02/08/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *03/22/2021*

3/17/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *03/20/2021*

3/22/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

51 - Criminal Background Check

1. Requirements

2600.

- 51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff Person A's date of hire was [REDACTED], however a criminal background check was not completed until 10/9/20.
 Staff Person B's date of hire was [REDACTED] however a criminal background check was not completed until 07/13/20.
 Staff Person C's date of hire was [REDACTED], however a criminal background check was not completed until 08/26/20.
 Staff Person D's date of hire was [REDACTED] however a criminal background check was not completed until 9/5/20.
 Staff Person E's date of hire was [REDACTED] however a criminal background check was not completed until 1/11/21.

Plan of Correction

Accept

While we certainly understand the importance of receiving the Criminal History checks prior to starting employment we would like it noted that the date of hire was the date that the employee came on site for initial orientation in a classroom and was not with the resident population. Moving forward the HR Manager will use the attached checklist inclusive of all of the necessary documents that must be obtained prior to on-site orientation. The HR Manager will perform internal audits on all employee files to assure that necessary documents are available

Completion Date: 02/22/2021

Document Submission

Implemented

Please see attached documentation

54a - Direct Care Staff

1. Requirements

2600.

- 54.a. Direct care staff persons shall have the following qualifications:
 1. Be 18 years of age or older, except as permitted in subsection (b).
 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
 3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

Description of Violation

Direct care staff person F, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.
 Direct care staff person G, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry

Plan of Correction

Accept

While these items were not available for review at the time of the inspection, both employees have the required qualifications to work as a direct care staff person. Please see attached supporting documentation. Additionally, the HR Manager will perform audits of the Employee files to be certain that all necessary documents are available.

Completion Date: 03/01/2021

54a - Direct Care Staff (continued)

Document Submission

Implemented

Please find supporting documentation

65a - FS Orientation 1st Day

1. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff person E, whose first day of work was [REDACTED], did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services until 1/18/21.

Plan of Correction

Accept

While the form was unavailable for review at the time of inspection, this employee did indeed receive training to all of the topics listed in 2600.65.(a) Please see attached supporting documentation. Additionally, the HR Manager will perform routine audits of the HR files to assure that all required documents are available.

Completion Date: 03/01/2021

Document Submission

Implemented

Additionally, All staff persons involved in the hiring process will be trained on the importance of new hires receiving required first day training.

65c - Ancillary Staff Orientation

1. Requirements

2600.

65.c. Ancillary staff persons shall have a general orientation to their specific job functions as it relates to their position prior to working in that capacity.

Description of Violation

Ancillary staff person B, whose first day of work was [REDACTED], did not have a general orientation to [REDACTED] specific job functions.

65c - Ancillary Staff Orientation (*continued*)**Plan of Correction****Accept**

While the general orientation document was not present in the file at the time of the inspection, this employee did receive job specific training prior to starting [REDACTED] new role. Moving forward, the HR Manager will perform routine audits of HR files to assure that all required documents are available.

Completion Date: 02/19/2021

Document Submission**Implemented**

Please find supporting documentation

65d - Initial Direct Care Training

1. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

1. Training that includes a demonstration of job duties, followed by supervised practice.
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.
3. Initial direct care staff person training to include the following:
 - i. Safe management techniques.
 - ii. ADLs and IADLs
 - iii. Personal hygiene.
 - iv. Care of residents with dementia, mental illness, cognitive impairments, an intellectual disability and other mental disabilities.
 - v. The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - vi. Implementation of the initial assessment, annual assessment and support plan.
 - vii. Nutrition, food handling and sanitation.
 - viii. Recreation, socialization, community resources, social services and activities in the community.
 - ix. Gerontology.
 - x. Staff person supervision, if applicable.
 - xi. Care and needs of residents with special emphasis on the residents being served in the home.
 - xii. Safety management and hazard prevention.
 - xiii. Universal precautions.
 - xiv. The requirements of this chapter.
 - xv. Infection control.
 - xvi. Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

Description of Violation

Direct care staff person G, hired on [REDACTED], began providing unsupervised ADL services on 5/1/18. However, the staff person did not complete the following initial direct care staff person training and complete and pass the Department-approved direct care training course and pass the competency test.

65d - Initial Direct Care Training (continued)

Plan of Correction

Accept

Staff person G did have an expired document which showed enrollment on the Nurse Aid Registry since 1990. Please see supporting document attached. Additionally, this staff person requested and was provided an updated registration. (See attached). Moving forward, the HR Manager will keep a monthly binder of all CNA certificates as well as Direct Caregiver Trainings for all employees. The HR Manager will send reminders to staff persons who are due for renewals 90 days in advance of renewal to assure they are applied for and received on time. In this particular case, the employee moved and the State Registry will now forward renewal applications.

Completion Date: 02/19/2021

Document Submission

Implemented

Please find supporting documentation

86b - Bathroom

1. Requirements

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

The bathroom on the 1st floor in main building near mailboxes, does not have an operable window or ventilation fan. The fan is inoperable and there is no ventilation in the bathroom.

Plan of Correction

Accept

During the inspection, the bathroom was immediately tagged as "inoperable". There were 2 additional bathrooms for use on the same floor. It was discovered that the motor in the fan had ceased to work. The part was immediately ordered (2/9/21) and installed. Moving forward the Maintenance Supervisor will keep an audit for monitoring the functionality of all common area bathroom fans monthly.

Completion Date: 02/19/2021

Document Submission

Implemented

Please find supporting documentation

88a - Surfaces

1. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

The ceiling on the third of the main building is damaged. The plaster is missing from a section of the ceiling.

VIOLATION WITHDRAWN

MJ 3/17/21

88a - Surfaces (continued)

Plan of Correction

Accept

The Hickman building is currently awaiting a MEP to evaluate new work and repairs. The Roof had recently been replaced causing disruption to the internal ceilings. No residents had been housed on the third floor since September 2020 due to this exact reason. The rooms on the 3rd floor have been and are currently offline and not available for rent therefore I would request that this violation be removed.

VIOLATION WITHDRAWN

MJ 3/17/21

Violation Withdrawn MJ 3/17/21

Completion Date: 03/15/2021

Document Submission

Implemented

Thank you

131f - Fire Extinguisher Inspection

1. Requirements

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

The fire extinguisher in van has not been inspected by a fire safety expert since 2018.

Plan of Correction

Accept

Due to the COVID-19 pandemic, the van had not been used for any resident transport and therefore had not been monitored. The fire extinguisher has been ordered and moving forward the Maintenance Supervisor will keep an internal "tickler" system with the locations and dates of all extinguishers to prevent future non-compliance.

Completion Date: 03/15/2021

Document Submission

Implemented

Please see purchase of new extinguisher

171b5 - First Aid Kit

1. Requirements

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

Description of Violation

The first aid kit in the Van used to transport residents does not include tweezers and adhesive bandages.

Plan of Correction

Accept

Due to the COVID-19 pandemic, the van had not been used for any resident transport and therefore had not been monitored. Tweezers and adhesive bandages were added to the first aid kit immediately. Moving forward the Maintenance Supervisor will perform a routine audit of the kits in our vehicles.

Completion Date: 02/12/2021

171b5 - First Aid Kit (*continued*)

Document Submission

Implemented

Please find pic