

Department of Human Services
Bureau of Human Service Licensing

August 13, 2021

██████████ EXECUTIVE DIRECTOR
FRIENDS BOARDING HOME OF BUCKS QUARTERLY MEETING
50 SOUTH CONGRESS STREET
NEWTOWN, PA 18940

RE: FRIENDS BOARDING HOME
50 SOUTH CONGRESS STREET
NEWTOWN, PA, 18940
LICENSE/COC#: 12669

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/09/2021 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

August 11, 2021

██████████ EXECUTIVE DIRECTOR
FRIENDS BOARDING HOME OF BUCKS QUARTERLY MEETING
50 SOUTH CONGRESS STREET
NEWTOWN, PA 18940

RE: FRIENDS BOARDING HOME
50 SOUTH CONGRESS STREET
NEWTOWN, PA, 18940
LICENSE/COC#: 12669

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 08/09/2021 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations 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: *FRIENDS BOARDING HOME* **License #:** *12669* **License Expiration Date:** *10/01/2021*
Address: *50 SOUTH CONGRESS STREET, NEWTOWN, PA 18940*
County: *BUCKS* **Region:** *SOUTHEAST*

Administrator

Name: [REDACTED] **Phone:** *2159683346* **Email:** [REDACTED]

Legal Entity

Name: *FRIENDS BOARDING HOME OF BUCKS QUARTERLY MEETING*
Address: *50 SOUTH CONGRESS STREET, NEWTOWN, PA, 18940*
Phone: *2159683346* **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date:** *05/11/2005* **Issued By:** *COPA L&I*

Staffing Hours

Identified Support Staff: *0* **Total Daily Staff:** *14* **Working Staff:** *11*

Inspection

Type: *Partial* **Notice:** *Unannounced* **BHA Docket #:**
Reason: *Monitoring* **Exit Conference Date:** *08/09/2021*

Inspection Dates and Department Representative

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

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *25* **Residents Served:** *14*

Secured Dementia Care Unit

In Home: <i>No</i>	Area:	Capacity:	Residents Served:
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Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: <i>0</i>	Are 60 Years of Age or Older: <i>14</i>
Diagnosed with Mental Illness: <i>0</i>	Diagnosed with Intellectual Disability: <i>0</i>
Have Mobility Need: <i>0</i>	Have Physical Disability: <i>0</i>

Inspections / Reviews

08/09/2021 - Partial

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow-Up Date: *08/21/2021*

8/11/2021 POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *08/16/2021*

8/13/2021 - Document Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

2600.

- 16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 6/30/21, Resident #1 had a fall incident in the home which caused the resident to be in physical pain. The fall caused a broken bone. The home did not report this incident to the department until 7/5/21.

Plan of Correction**Accept**

The fall happened on 6/30/21 resident stated pain in both legs and ice was applied no further complaints from resident that night or next day. On [REDACTED] resident had complained of some leg pain. Family took [REDACTED] to Urgent Care ; they said contusion left leg. Later that afternoon resident was having trouble walking and not feeling good. Sent out 911 to hospital. Next day we called hospital they said DVT right leg and bakers cyst. On [REDACTED] Administrator called family to check on resident and they said on [REDACTED] the hospital said resident had a hair-line fracture of tibia on left leg. Administrator did a reportable incident as soon as [REDACTED] was notified of fracture. Plan: Administrator to re-educate all healthaides on reportable incidents.

Classes 8/12/21 and 8/13/21

Administrator or designee to monitor all incidents to make sure reported within the 24 hour period.

Completion Date: 08/13/2021

Document Submission**Implemented**

Held 2 training classes one on 8/12/21 and one on 8/13/21 re-educated healthaides on reportable incidents and the mportance of 24hr time frame.

Attached is sign in sheet from inservices.

Also administrator or designee will put initials and dates on incident reports after they were reviewed.