Department of Human Services
Bureau of Human Service Licensing

September 30, 2021

[redacted]
TEC CORP
[redacted]

RE: FAMILY AND FRIENDS (STONE RIDGE BUILDING)
112 CAFFERTY ROAD
PIPERSVILLE, PA, 18947
LICENSE/COC#: 13633

Dear Ms. Dashielle,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/13/2021 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: *FAMILY AND FRIENDS (STONE RIDGE BUILDING)* **License #**: *13633* **License Expiration Date**: *09/20/2021*
Address: *112 CAFFERTY ROAD, PIPERSVILLE, PA 18947*
County: *BUCKS* **Region**: *SOUTHEAST*

Administrator

Name: [redacted] **Phone**: *2152978282* **Email**: [redacted]

Legal Entity

Name: *TEC CORP*
Address: *PO BOX 447, POINT PLEASANT, PA, 18950*
Phone: *2152978282* **Email**: [redacted]

Certificate(s) of Occupancy

Type: *I-1* **Date**: *03/17/2010* **Issued By**: *Tinicum Township*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *18* **Waking Staff**: *14*

Inspection

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:
Reason: *Monitoring* **Exit Conference Date**: *08/10/2021*

Inspection Dates and Department Representative

08/13/2021 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *28* **Residents Served**: *18*

Secured Dementia Care Unit

In Home: *No* **Area**: **Capacity**: **Residents Served**:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *8* **Are 60 Years of Age or Older**: *14*
Diagnosed with Mental Illness: *15* **Diagnosed with Intellectual Disability**: *16*
Have Mobility Need: *0* **Have Physical Disability**: *7*

Inspections / Reviews

08/13/2021 - Partial

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *09/09/2021*

9/13/2021 - POC Submission

Lead Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *09/16/2021*

9/30/2021 - Document Submission

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

107b - Emergency Procedures

1. **Requirements**

2600.
107.b. The home shall have written emergency procedures that include the following:

1. Contact information for each resident's designated person.
2. The home's plan to provide the emergency medical information for each resident that ensures confidentiality.
3. Contact telephone numbers of local and State emergency management agencies and local resources for housing and emergency care of residents.
4. Means of transportation in the event that relocation is required.
5. Duties and responsibilities of staff persons during evacuation, transportation and at the emergency location. These duties and responsibilities shall be specific to each resident's emergency needs.
6. Alternate means of meeting resident needs in the event of a utility outage.

Description of Violation

The emergency procedures does not include a designated location in the event of an emergency.

Plan of Correction **Accept**

Administrator and Program Coordinator reached out to Fire Chief and other community groups in regards to expanding and formalizing possible relocation sites.
Administrator revised the Emergency Evacuation policy to include updated relocation sites
Updated policy was reviewed with staff and included in Family & Friends emergency preparedness plan.

Completion Date: *09/04/2021*

Document Submission **Implemented**

As above. Please see the attachments;

- *Relocation letter from Fire chief 9/1/21*
- *Updated Emergency Evac P&P 9/1/21*
- *Staff acknowledgement of receipt & review of updated P&P 9/3 & 9/4/21*