Department of Human Services
Bureau of Human Service Licensing

September 27, 2021

[redacted], ADMINISTRATOR/PRESIDENT
TEC CORP
PO BOX 447
POINT PLEASANT, PA 18950

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

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/18/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[redacted]

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: *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: *Full* **Notice**: *Unannounced* **BHA Docket #**:
Reason: *Renewal* **Exit Conference Date**: *08/18/2021*

Inspection Dates and Department Representative

08/18/2021 - 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

08/18/2021 - Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *09/06/2021*

Inspections / Reviews *(continued)*

9/10/2021 - POC Submission

Lead Reviewer: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *09/15/2021*

9/16/2021 - POC Submission

Lead Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *09/17/2021*

9/27/2021 - Document Submission

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

20b6 - Interest Bearing Account

1. **Requirements**

2600.
20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:
6. If a home is holding more than $200 for a resident for more than 2 consecutive months, the administrator shall notify the resident and offer assistance in establishing an interest-bearing account in the resident's name at a local Federally-insured financial institution. This does not include security deposits.

Description of Violation

The home held money for resident #1 and #2, from March 2021 and April 2021, during which time the balance of those funds did not fall below $200. The home has not offered the resident assistance in establishing an interest-bearing account.

Plan of Correction **Do Not Accept**

Family & Friends Program Coordinator or designee will offer the resident's the choice of establishing an interest bearing account now and every 2 consecutive months when the balance exceeds $200. The written offer and resident response will be maintained with the individual's financial record.

Completion Date: *09/01/2021*

Plan of Correction **Accept**

Family & Friends Program Coordinator or designee will offer the resident 1 and 2 the choice of establishing an interest bearing account now and every 2 consecutive months when the balance exceeds $200. The written offer and resident response will be maintained with the individual's financial record.
A review of all resident's accounts without savings options were reviewed on 9/14/21 by Program Coordinator. If accounts were found to have an excess of $200 the resident was informed and provided the option of establishing an interest bearing account. The offer and resident response was documented and maintained in their financial record.
Program Coordinator or designee will review account balances monthly when reconciling bank statements. If the resident's conserved funds exceed $200 the resident will be informed and provided the option of opening an interest bearing account during the financial review which will occur at a minimum every other month initiating 9/15/21 and ongoing.

Completion Date: *09/15/2021*

Document Submission **Implemented**

As above, see attachments
Offer of interest for residents 1 & 2
Offer of interest bearing account form

28f - Resident's Funds and 30-day Refund

1. **Requirements**

2600.
28.f. Within 30 days of either the termination of service by the home or the resident's leaving the home, the resident shall receive an itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home. Refunds shall be made within 30 days of discharge.

28f - Resident's Funds and 30-day Refund *(continued)*

Description of Violation

Resident #3 was discharged on [redacted]. The home did not provide the required refund until 03/05/21.

Plan of Correction **Do Not Accept**

Administrator will retrain Program Coordinator in the timeframes relating to refunds required by the Department in the event of discharge or transfer.
In the event of a discharge or transfer the Administrator will double check with the Program Coordinator that the required refunds and financial responsibilities are being met within required timeframes

Completion Date: *09/01/2021*

Plan of Correction **Accept**

Administrator will retrain Program Coordinator in the timeframes relating to refunds required by the Department in the event of discharge or transfer.
In the event of a discharge or transfer the Administrator will double check with the Program Coordinator that the required refunds and financial responsibilities are being met within required timeframes
No additional resident's have been identified being owed a refund as of 9/14/21.
Administrator developed Fiscal discharge checklist which will be utilized by Program Coordinator with any discharge. Form developed 9/14/21. Will be utilized at the time of any future discharges 9/15/21 and ongoing

Completion Date: *09/14/2021*

Document Submission **Implemented**

As above, see attachments
Retraining reg .28 a-g
Fiscal discharge checklist

54a - Direct Care Staff

1. **Requirements**

2600.
54.a. Direct care staff persons shall have the following qualifications:
2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

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

Plan of Correction **Do Not Accept**

Staff person A will be replaced due to lack of proof of a high school diploma, GED or active registry status in the Pennsylvania nurse aide registry.

Completion Date: *09/06/2021*

54a - Direct Care Staff *(continued)*

Plan of Correction **Accept**

Staff person A will be replaced due to lack of proof of a high school diploma, GED or active registry status in the Pennsylvania nurse aide registry. Staff person A was replaced [redacted] with agency staff.
Program Coordinator conducted QA review of Family & Friends employee records and found direct care staff to meet educational requirements 9/3/21
Administrator developed pre-employment/ orientation check list 9/14/21
Applicants will be provided with pre-employment/ orientation check list by Administrator/ Program Coordinator or designee at time of interview. 9/15/21 and ongoing
Program Coordinator or designee will receive from potential staff required documents utilizing check list upon first day of orientation and maintain in EE file. Orientation will not initiate without proof of required documents 9/15/21 and ongoing.

Completion Date: *09/15/2021*

Document Submission **Implemented**

As above, see attachments
Pre-employment checklist

107d - Procedure Emergency Management Agency Submission

1. **Requirements**

2600.
107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home's written emergency procedures have not been submitted since 10/22/2019.

Plan of Correction **Do Not Accept**

Family & Friends shall submit the written emergency procedures to the township emergency management coordinator and fire chief of local fire company now. Family & Friends will ensure submission annually regardless if there are no changes to the included procedures after the administrators annual review.

Completion Date: *08/30/2021*

107d - Procedure Emergency Management Agency Submission *(continued)*

Plan of Correction **Accept**

Family & Friends shall submit the written emergency procedures to the township emergency management coordinator and fire chief of local fire company now. 8/30/21
Family & Friends Program Coordinator will ensure submission annually regardless if there are no changes to the included procedures after the administrators annual review of the Emergency Preparedness Plan. Ongoing Review and submission of the Emergency Preparedness Plan was added to the Program Coordinator's annual accountability sheet starting the month proceeding the annual deadline. 9/15/21

Completion Date: *09/15/2021*

Document Submission **Implemented**

As above, see attachments
Emergency plan submission
Program Coord annual accountability

190a - Completion Medication Course

1. **Requirements**

2600.
190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person B, who has not successfully completed the Department-approved medications administration course, administered medications to residents to include the following:
On [redacted] at [redacted], Staff B administered [redacted] to resident #1.
On [redacted] at [redacted] Staff B administered [redacted] to resident#1.
On [redacted] at [redacted], Staff B administered [redacted] to resident#1.

Plan of Correction **Do Not Accept**

Family & Friends shall ensure that staff person B, in house certified trainer, will successfully complete a Department Approved medication Administration course that includes the passing of the Departments performance based competency test within the past 2 years

Completion Date: *08/31/2021*

190a - Completion Medication Course *(continued)*

Plan of Correction **Accept**

Family & Friends shall ensure that staff person B, in house certified trainer, will successfully complete a Department Approved medication Administration course that includes the passing of the Departments performance based competency test within the past 2 years.
Program Coordinator reached out to multiple contacts to find a trainer for the in house trainer. Located and scheduled retraining for staff person B. Staff person B completed training 8/31/21 and is eligible to pass meds effective 8/31/21.
Current staff administering medication are compliant.
Program Coordinator and Medication Trainer will utilize med tech tracking form to ensure compliance -- ongoing.

Completion Date: *09/15/2021*

Document Submission **Implemented**

As above, see attachments
Med cert
Med tech tracking