

Department of Human Services
Bureau of Human Service Licensing

March 23, 2022

[REDACTED]

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 [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/10/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Shawn Parker

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: *BARCLAY FRIENDS* License #: *14682* License Expiration: *08/11/2022*
Address: *700 NORTH FRANKLIN STREET, WEST CHESTER, PA 19380*
County: *CHESTER* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: *484-319-1168* Email: [REDACTED]

Legal Entity

Name: *BARCLAY FRIENDS*
Address: *700 NORTH FRANKLIN STREET, WEST CHESTER, PA, 19380*
Phone: *6106965211* Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *64* Waking Staff: *48*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Incident* Exit Conference Date: *02/10/2022*

Inspection Dates and Department Representative

02/10/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *75* Residents Served: *44*

Secured Dementia Care Unit

In Home: *Yes* Area: *Memory Care* Capacity: *20* Residents Served: *20*

Hospice

Current Residents: *-*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *44*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *20* Have Physical Disability: *0*

Inspections / Reviews

02/10/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/18/2022*

03/21/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *03/25/2022*

Inspections / Reviews (*continued*)

03/23/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [REDACTED] Resident #1 had an unwitnessed fall. During the home's inquiry regarding the fall, a staff member reported that they suspected another staff person had pushed resident #1, causing the resident to fall. However, this allegation of abuse was not reported to the local area agency on aging.

Plan of Correction

Accept

The Personal Care Administrator educated the staff on the "suspect abuse of a resident" reporting requirement. Education included submitting an oral and written report within the required timeframes to the Department of Aging. If a reportable incident occurs, staff will document this on our shift to shift report. The shift report will be audited daily by our Clinical Care Coordinator. Staff will be educated upon hire and annually. Please see the attached training material and documents.

Completion Date: 03/18/2022

Document Submission

Implemented

please see attached

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 [REDACTED] Resident #1 fell and was sent to the ER for evaluation for an injury. The home did not report this incident to the department until 12/29/21.

On [REDACTED] Resident #2 fell and was sent to the ER for evaluation of a change in condition. The home did not report this incident to the department until 12/27/21.

On 1/10/22 at 9:45am, resident to resident altercation occurred in the memory care area involving Residents #3, #4, and #5. The home did not report this incident to the department until 1/11/22 at 1:45pm.

On [REDACTED], Resident #7 fell and was sent to the ER for evaluation for an injury. The home did not report this incident to the department until 1/31/22.

Plan of Correction

Accept

The Personal Care Administrator educated the staff on the required timeline for a verbal report to the regional office or the personal care hotline and submitting a reportable incident to the Department of Human Services. Please see the attached documents.

Completion Date: 03/18/2022

Document Submission

Implemented

please see attached

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

Agency Staff person A began working in the home on [REDACTED] however the criminal background check on file was completed on [REDACTED], more than 2 years prior to their start date in the home.

Plan of Correction

Accept

The Personal Care Administrator notified the current contracted staffing agency on 3/14/2022 regarding the need for the criminal background check in accordance with the Older Adult Protective Services Act for all agency staff working in our facility. This report for each new agency staff member will be printed by the Personal Care Administrator from the agency's website. Staff member A will not be scheduled until we receive the background check. The criminal background checks will be secured in our Direct Care staff training Binder.

Completion Date: 03/14/2022

Document Submission

Implemented

please see attached

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.

Description of Violation

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

Plan of Correction

Accept

Staff member B has a diploma from the Republic of Mali. [REDACTED] was removed from the staff schedule on 3/14/2022 until [REDACTED] diploma can be approved by the Department of Education. If not approved [REDACTED] will be terminated. Effective 3/17/2022 the Human Resources department will review all diplomas acquired from outside of USA from perspective candidates for hire for compliance of this regulation.

Completion Date: 03/14/2022

Document Submission

Implemented

please see attached

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.

65d - Initial Direct Care Training (continued)

Description of Violation

Direct care staff person B, hired on [REDACTED] 1 and Direct care staff person C, hired on [REDACTED], have been providing unsupervised ADL services since their start date. However, staff person's B and C do not have record on file of completing and passing the Department-approved direct care training course and test.

Plan of Correction

Accept

Staff member "C" has resigned [REDACTED] position effective [REDACTED]. Staff member "B" has been removed from our staff schedule effective 3/7/2022. The Department - approved direct care training course and test as been added to our training documentation to be acquired in the first 40 hours of employment.

Please see the attached document.

Completion Date: 03/18/2022

Document Submission

Implemented

please see attached

82c - Locking Poisonous Materials

1. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

On [REDACTED] Resident #8, bit into a bar of soap that was located in their bathroom that was unlocked and accessible to the resident. The resident had a reaction to the soap and required treatment in the ER. Resident #8 is considered unable to avoid poisonous materials.

Plan of Correction

Accept

Our personal care staff was re-educated by the Personal Care Administrator regarding this regulation. The secured dementia care rooms will be reviewed at the beginning and end of each shift. Documentation of this review was added to our shift to shift report.

Please see the attached documents.

Completion Date: 03/18/2022

Document Submission

Implemented

please see attached

141b1 - Annual Medical Evaluation

1. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #6's most recent medical evaluation was completed on [REDACTED]

Plan of Correction

Accept

Resident # 6's DME was completed on [REDACTED]. A calendar has been developed listing the residents due dates for the annual medical evaluation. Our Clinical Care Coordinator will send the DME's to the primary care physicians and monitor monthly for compliance.

please see attached document.

Completion Date: 03/18/2022

141b1 - Annual Medical Evaluation (continued)

Document Submission

Implemented

please see attached

225c - Additional Assessment

1. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 1. Annually.

Description of Violation

Resident #6's current assessment was completed on [REDACTED]

Plan of Correction

Accepted

This resident's (#6) assessment and support plan was updated on [REDACTED]. A calendar has been developed listing the residents due dates for annual documentation of medical evaluations (DME) and Resident Assessment and support plans.

Please see the attached documents

Completion Date: 03/18/2022

Document Submission

Implemented

please see attached

231c - Preadmission Screening

1. Requirements

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident #7 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]. However, the resident's written cognitive preadmission screening was completed on [REDACTED]

Plan of Correction

Accepted

The "Clinical Care Coordinator" which completed this preadmission screen is no longer employed at this facility. The current Clinical Care Coordinator (CCC) is aware of this requirement. The current Coordinator will complete the screens within the required timeframe and the Personal Care Administrator will review them for completion. The (CCC) has been educated on this new process.

Please see the attached document

Completion Date: 03/18/2022

Document Submission

Implemented

please see attached