

Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY - PUBLIC

December 6, 2022

[REDACTED]  
FRIENDS BOARDING HOME OF WESTERN QUARTERLY MEETING  
147 WEST STATE STREET  
KENNETT SQUARE, PA, 19348

RE: FRIENDS BOARDING HOME OF  
WESTERN QUARTERLY MEETING  
147 WEST STATE STREET  
KENNETT SQUARE, PA, 19348  
LICENSE/COC#: 14002

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/08/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: *FRIENDS BOARDING HOME OF WESTERN QUARTERLY MEETING* License #: 14002 License Expiration: 02/23/2023

Address: 147 WEST STATE STREET, KENNETT SQUARE, PA 19348

County: CHESTER Region: SOUTHEAST

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

Name: *FRIENDS BOARDING HOME OF WESTERN QUARTERLY MEETING*

Address: 147 WEST STATE STREET, KENNETT SQUARE, PA, 19348

Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: C-2 LP Date: 03/28/1988 Issued By: COPA L&I

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 37 Waking Staff: 28

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:

Reason: *Incident* Exit Conference Date: 03/08/2022

**Inspection Dates and Department Representative**

03/08/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: 68 Residents Served: 37

**Secured Dementia Care Unit**

In Home: No Area: Capacity: Residents Served:

**Hospice**

Current Residents: 1

**Number of Residents Who:**

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 36

Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0

Have Mobility Need: 0 Have Physical Disability: 0

**Inspections / Reviews**

03/08/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/08/2022

Inspections / Reviews (*continued*)

## 04/25/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: 12/06/2022

Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 04/28/2022

## 12/06/2022 - Document Submission

Submitted By: [REDACTED] Date Submitted: 12/06/2022

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

186c - Change in Medications

1. Requirements

2600.

186.c. Changes in medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident’s medication record shall be updated as soon as the home receives written notice of the change.

Description of Violation

An authorized prescriber order to change resident 1’s Lantus Insulin 10 unit dose to a Lantus Insulin 20 unit dose was notated on March 2022 medication administration record; however, it is missing the day of the change.

POC Submission

Accept

Resident [redacted] is medication self-administration and administers [redacted] own insulin. Residents categorized as such are directed to provide Friends Home [redacted] knowledge of medical appointments and copy of visit summaries of primary care appointments. This will maintain resident medical chart and allow HC to submit any changes to our pharmacy provider. All residents who self administer their medications have a current medication list prescribed by the primary care physician profiled by our pharmacy service. The resident and [redacted] (POA) were emailed requesting this information but did not provide information in timely manner. The information was received during care plan meeting.

To ensure compliance FH DON will provide a written contract for all residents who self administer their medications highlighting their responsibilities.

Licensee's Proposed Overall Completion Date: 03/11/2022

Document Submission

Implemented (MJ - 12/06/2022)

Licensee's Proposed Overall Completion Date: 12/06/2022

187a - Medication Record

2. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident’s name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident 1 is prescribed Keflex 500 mg. However, the resident's January 2022, medication administration record does

**187a - Medication Record (continued)**

*not indicate a diagnosis or purpose for the medication, including the frequency of its administration.*

*Resident 1 is prescribed Bactrim DS 800 mg/160 mg. However, the resident's February 2022, medication administration record does not indicate a diagnosis or purpose for the medication.*

*Resident 1 is prescribed Nature's Bounty Probiotic. However, the resident's March 2022, medication administration record does not indicate dosage, diagnosis or purpose of the medication.*

**POC Submission****Accept**

*Staff education on the proper transcription of medications was provided during nurses meeting. A weekly audit of MARS to be performed to ensure thoroughness of record.*

**Licensee's Proposed Overall Completion Date: 04/06/2022**

**Document Submission****Implemented (MJ - 12/06/2022)**

**Licensee's Proposed Overall Completion Date: 12/06/2022**

**225c - Additional Assessment****3. Requirements**

2600.

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

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

**Description of Violation**

*The assessment for resident 1 was not updated after the resident's condition significantly changed prior to the annual assessment.*

**POC Submission****Accept**

*██████████ RASP was updated ██████████ after a care plan meeting with ██████████, ██████████ and nursing staff. At this time ██████████ was put on a level of care that will need to be continued beyond the administration of the antibiotics. For future change of conditions, including acute infections, nursing staff will notify the administrator and the RASP will be updated. For acute medical issues the nursing staff will notify the administrator of the resolution and another RASP will be updated. The administrator will request this information at all weekly patient care meetings to ensure no situation is missed*

**Licensee's Proposed Overall Completion Date: 03/11/2022**

**Document Submission****Implemented (MJ - 12/06/2022)**

*3.11.22 RASP downloaded*

**Licensee's Proposed Overall Completion Date: 12/06/2022**

**252 - Record Content****4. Requirements**

2600.

252. Content of Resident Records - Each resident's record must include the following information:

1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.

252 - Record Content *(continued)*

3. A photograph of the resident that is no more than 2 years old.
4. Language or means of communication spoken or used by the resident.
5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.
6. The name, address and telephone number of the resident’s physician or source of health care.
7. The current and previous 2 years’ physician’s examination reports, including copies of the medical evaluation forms.
8. A list of prescribed medications, OTC medications and CAM.
9. Dietary restrictions.
10. A record of incident reports for the individual resident.
11. A list of allergies.
12. The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies.
13. The preadmission screening, initial intake assessment and the most current version of the annual assessment.
14. A support plan.
15. Applicable court order, if any.
16. The resident’s medical insurance information.
17. The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity.
18. An inventory of the resident’s personal property as voluntarily declared by the resident upon admission and voluntarily updated.
19. An inventory of the resident’s property entrusted to the administrator for safekeeping.
20. The financial records of residents receiving assistance with financial management.
21. The reason for termination of services or transfer of the resident, the date of transfer and the destination.
22. Copies of transfer and discharge summaries from hospitals, if available.
23. If the resident dies in the home, a copy of the official death certificate.
24. Signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 2600.41 (relating to notification of rights and complaint procedures).
25. A copy of the resident-home contract.
26. A termination notice, if any.

**Description of Violation**

*Resident 1's record does not include a record of incident reports for the individual resident.*

**POC Submission**

**Accept**

*Presently all incidents are kept in a separate binder located in the DON's office. From this date forward a copy of the incident report will be kept in the residents chart. This copy may have names of current or past staff members names blacked out if public knowledge would be detrimental.*

**Licensee's Proposed Overall Completion Date:** 04/06/2022

**Document Submission**

**Implemented (MJ - 12/06/2022)**

**Licensee's Proposed Overall Completion Date:** 12/06/2022