

Department of Human Services  
Bureau of Human Service Licensing

August 19, 2022

[REDACTED], ADMINISTRATOR  
BARCLAY FRIENDS  
[REDACTED]

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 licensing inspections on 07/26/2022 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,  
[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: *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: [REDACTED] Email: [REDACTED]

**Legal Entity**

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

**Certificate(s) of Occupancy**

Type: *I-1* Date: *05/31/2019* Issued By: *West Chester Borough*

**Staffing Hours**

Resident Support Staff: *75* Total Daily Staff: *150* Waking Staff: *113*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *07/26/2022*

**Inspection Dates and Department Representative**

*07/26/2022 - On-Site* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *75* Residents Served: *55*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *1st floor* Capacity: *20* Residents Served: *20*

**Hospice**

Current Residents: *2*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *55*  
Diagnosed with Mental Illness: *5* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *20* Have Physical Disability: *2*

**Inspections / Reviews**

**07/26/2022 - Full**

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

**08/15/2022 - POC Submission**

Inspections / Reviews (*continued*)

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *08/12/2022*

08/19/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *08/24/2022*

25b - Contract Signatures

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident’s designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [REDACTED] respite care and the contract dated [REDACTED], for resident #1 was not signed by the resident.

Plan of Correction

Accept

A. With respect to the specific resident or event cited.

The resident-home contract, dated [REDACTED] for respite care, and the contract dated [REDACTED], for resident #1 was not signed by the resident.

B. With respect to how the facility will identify residents with potential for the identified concern and take corrective action.

The resident-home contract has been signed by resident#1. Personal Care Administrator to audit resident files over the next 30 days, and residents that did not originally sign their contracts will be given the opportunity to sign and receive a copy of the resident-home contract.

C. With respect to what systemic measures have been put in place to address the stated concern.

The Director of Sales and/or designee has been trained on requirements for residency contracts and will verify all requirements for obtaining signatures and/or documenting attempts at obtaining the resident signature at the time the resident file is compiled.

D. With respect to how the plan of corrective measures will be monitored.

Personal Care Home Administrator and Director of Sales and/or designee will review contracts that have been completed within the last seven days at their weekly meeting, and compliance will be continued to be monitored at our Quality Assurance Performance Improvement meeting, which is held bimonthly.

See attachment

Completion Date: 08/03/2022

41e - Signed Statement

1. Requirements

2600.

41.e. A statement signed by the resident and, if applicable, the resident’s designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident’s record.

Description of Violation

Resident 1's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

Plan of Correction

Do Not Accept

A. With respect to the specific resident or event cited.

Resident 1's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

**41e - Signed Statement (continued)**

*B. With respect to how the facility will identify residents with the potential for the identified concern and take corrective action.*

*Resident #1 has signed acknowledgment and received an additional copy of resident rights and complaint procedures.*

*C. With respect to what systemic measures have been put in place to address the stated concern.*

*The Director of Sales and/or designee has been trained on the requirements of obtaining all required signatures for the resident file and documenting attempts at obtaining the resident signature at the time the resident file is compiled. During the admission process, efforts to obtain a signature or documentation of the resident's refusal or inability to sign will be kept in the administrative file.*

*D. With respect to how the plan of corrective measures will be monitored.*

*Personal Care Home Administrator and Director of Sales and/or designee will review completed admission records within the last seven days at their weekly meeting, and compliance will be continued to be monitored at our Quality Assurance Performance Improvement meeting, which is held bimonthly.*

**Completion Date:** 08/03/2022

**Update:** 08/10/2022

*Indicate the dates each step will be started, and planned completion date.*

**Plan of Correction****Accept**

*A. With respect to the specific resident or event cited.*

*Resident 1's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.*

*B. With respect to how the facility will identify residents with the potential for the identified concern and take corrective action.*

*Resident #1 has signed acknowledgment and received an additional copy of resident rights and complaint procedures on 8/2/22.*

*C. With respect to what systemic measures have been put in place to address the stated concern.*

*The Director of Sales and/or designee has been trained on the requirements of obtaining all required signatures for the resident file and documenting attempts at obtaining the resident signature at the time the resident file is compiled. During the admission process, efforts to obtain a signature or documentation of the resident's refusal or inability to sign will be kept in the administrative file.*

*D. With respect to how the plan of corrective measures will be monitored.*

*Personal Care Home Administrator and Director of Sales and/or designee will review completed admission records within the last seven days at their weekly meeting, and compliance will be continued to be monitored at our Quality Assurance Performance Improvement meeting, which is held bimonthly, starting immediately.*

*Please see attachment*

41e - Signed Statement (continued)

Completion Date: 08/03/2022

54a - Direct Care Staff

1. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

Description of Violation

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

Plan of Correction

Accept

A. With respect to the specific resident or event cited.

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

B. With respect to how the facility will identify residents with the potential for the identified concern and take corrective action.

Direct care staff person C was immediately removed from the schedule and is suspended until high school diploma is received.

C. With respect to what systemic measures have been put in place to address the stated concern.

Re-training of the direct care staff requirements for the Human Resource Director and/or designee shall be completed by 8-8-22. 54 § 2600.54. Qualifications for direct care staff persons. (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. (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety. (b) An individual who is 16 or 17 years of age may be a staff person at a home but may not perform tasks related to medication administration. A staff person who is 16 or 17 years of age may not perform tasks related to incontinence care, bathing or dressing of residents without supervision. (c) A volunteer who performs ADLs shall meet the staff person qualifications and training requirements specified in this chapter. (d) A resident receiving personal care services who voluntarily performs tasks in the home will not be considered a volunteer under this chapter. • All new direct care staff associates' files shall be audited for the next 90 days. • Prior to the completion of the hiring process all direct care staff will be vetted to determine if the associate is greater than 18 years old, having a high school diploma, GED, active registry status in the Pennsylvania nurse aide registry and or any additional state requirements for their job.

D. With respect to how the plan of corrective measures will be monitored.

Hiring and retention meetings held bi-weekly with Personal Care Administrator, Resident Care Coordinator, Department Head team & Human Resources team to review recruitment. Personal Care Administrator, Human Resource Director, and/or designee will conduct random employee file audits to ensure compliance with the regulation.

54a - Direct Care Staff (continued)

See attachment

Completion Date: 08/03/2022

Update: 08/10/2022

63b - Current First Aid Training

1. Requirements

2600.

63.b. Current training in first aid and certification in obstructed airway techniques and CPR shall be provided by an individual certified as a trainer by a hospital or other recognized health care organization.

Description of Violation

Staff persons A and B completed an online CPR course to obtain certification in First Aid and CPR. This training source is not certified as a trainer by a hospital or other recognized health care organization.

Plan of Correction

Do Not Accept

A. With respect to the specific resident or event cited.

Staff persons A and B completed an online CPR course to obtain certification in First Aid and CPR. This training source is not certified as a trainer by a hospital or other recognized health care organizations.

B. With respect to how the facility will identify residents with the potential for the identified concern and take corrective action.

Moving forward, only CPR from recognized healthcare organizations will be permitted. Audit of care staff files completed to compile a list of staff that need to complete CPR training.

C. With respect to what systemic measures have been put in place to address the stated concern.

CPR classes scheduled, August 17, 2022 with recognized healthcare organization to ensure we are now compliant with the regulation.

D. With respect to how the plan of corrective measures will be monitored.

HR (UltiPro) now able to track certified and newly hired team members certification and Resident Care Coordinator will schedule classes off this tracking.

See attachment

Completion Date: 08/03/2022

Update: 08/10/2022

Indicate the dates each step will be started, and planned completion date.

Plan of Correction

Accept

A. With respect to the specific resident or event cited.

Staff persons A and B completed an online CPR course to obtain certification in First Aid and CPR. This training source is not certified as a trainer by a hospital or other recognized health care organizations.

B. With respect to how the facility will identify residents with the potential for the identified concern and take corrective action.

Moving forward, only CPR from recognized healthcare organizations will be permitted. Audit of care staff files

**63b - Current First Aid Training (continued)**

*completed to compile a list of staff that need to complete CPR training.*

*C. With respect to what systemic measures have been put in place to address the stated concern. CPR classes scheduled, August 17, 2022 with recognized healthcare organization to ensure we are now compliant with the regulation.*

*D. With respect to how the plan of corrective measures will be monitored. HR (UltiPro) now able to track certified and newly hired team members certification and Resident Care Coordinator will schedule classes off this tracking. Please see attached example of audit spreadsheet from UKG that HR will use moving forward with new hires.*

*See attachment*

**Completion Date:** 08/17/2022

**132c - Fire Drill Records**

**1. Requirements**

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

**Description of Violation**

*The fire drill record for the drill conducted on 1/21/22 does not include the number of residents evacuated, the number of residents in the building or the time to evacuate.*

*The fire drill record for the drill conducted on 4/25/22 does not include the number of residents in the building.*

*The fire drill record for the drill conducted on 5/19/22 does not include the number of staff participating in the drill, number of residents evacuated, the number of residents in the building or the time to evacuate.*

*The fire drill record for the drill conducted on 6/13/22 does not include the number of residents in the building.*

**Plan of Correction**

**Do Not Accept**

*A. With respect to the specific resident or event cited.*

*Please see above for full description.*

*B. With respect to how the facility will identify residents with the potential for the identified concern and take corrective action.*

*Barclay Friends Maintenance Manager and/or designee will record fire drills and include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.*

*C. With respect to what systemic measures have been put in place to address the stated concern.*

*The Maintenance Manager and/or designee will audit fire drills after completion to ensure that documented*

132c - Fire Drill Records (continued)

*information is correct, and all information is accurate to ensure compliance with all fire regulations.*

*D. With respect to how the plan of corrective measures will be monitored.*

*The Maintenance Manager and/or designee will report the fire drill audit findings to the Quality Assurance Performance Improvement meeting, which is held bimonthly. Findings will be recorded in the quality insurance committee minutes.*

*See attachment*

**Completion Date:** 08/03/2022

**Update:** 08/10/2022

*Indicate the dates each step will be started, and planned completion date.*

**Plan of Correction**

**Accept**

*A. With respect to the specific resident or event cited.*

*Please see above for full description.*

*B. With respect to how the facility will identify residents with the potential for the identified concern and take corrective action.*

*Barclay Friends Maintenance Manager and/or designee will record fire drills and include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.*

*C. With respect to what systemic measures have been put in place to address the stated concern.*

*The Maintenance Manager and/or designee will audit fire drills after completion to ensure that documented information is correct, and all information is accurate to ensure compliance with all fire regulations. On 8/3/2022 the Senior Director of Operations in serviced the Maintenance Manager to ensure proper documentation of fire drills.*

*D. With respect to how the plan of corrective measures will be monitored.*

*The Maintenance Manager and/or designee will report the fire drill audit findings to the Quality Assurance Performance Improvement meeting, which is held bimonthly. Findings will be recorded in the quality insurance committee minutes.*

*Indicate the dates each step will be started, and planned completion date.*

132c - Fire Drill Records (continued)

See attachment

Completion Date: 08/03/2022

132h - Designated Meeting Place

1. Requirements

2600.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

During the fire drill on 1/21/22 at 6:28pm, residents did not evacuate to a designated meeting place away from the building or within the fire-safe area..

During the fire drill on 2/19/22 at 3:07am, 45 residents did not evacuate to a designated meeting place away from the building or within the fire-safe area. Only 1 resident evacuated.

During the fire drill on 3/11/22 at 11:37am, 47 residents did not evacuate to a designated meeting place away from the building or within the fire-safe area. Only 1 resident evacuated.

During the fire drill on 4/25/22 at 5:40pm, 47 residents did not evacuate to a designated meeting place away from the building or within the fire-safe area.. Only 2 residents evacuated.

During the fire drill on 5/19/22 at 2:31am, residents did not evacuate to a designated meeting place away from the building or within the fire-safe area.

During the fire drill on 6/13/22 at 2:10pm, 41 residents did not evacuate to a designated meeting place away from the building or within the fire-safe area. Only 8 residents evacuated.

Plan of Correction

**Do Not Accept**

A. With respect to the specific resident or event cited.

Please see above for full description.

B. With respect to how the facility will identify residents with the potential for the identified concern and take corrective action.

Barclay Friends will require residents to evacuate to a designated meeting place away from the building or within

**132h - Designated Meeting Place (continued)**

*the fire-safe area during each fire drill.*

*C. With respect to what systemic measures have been put in place to address the stated concern. Residents are informed on admission and again during monthly resident council meetings of the fire drill process and that participation in fire drills is mandatory. Residents who do not participate will be counseled on the importance of fire drills and notified participation is mandatory.*

*D. With respect to how the plan of corrective measures will be monitored. The Maintenance Manager and/or designee will audit the fire drills after completion and report any evacuation issues to ensure compliance with all fire regulations.*

*See attachment*

**Completion Date:** 08/03/2022

**Update:** 08/10/2022

*Indicate the dates each step will be started, and planned completion date.*

**Plan of Correction**

**Accept**

*A. With respect to the specific resident or event cited.*

*Please see above for full description.*

*B. With respect to how the facility will identify residents with the potential for the identified concern and take corrective action.*

*Barclay Friends will require residents to evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill, starting immediately.*

*C. With respect to what systemic measures have been put in place to address the stated concern. Residents are informed on admission and again during monthly resident council meetings of the fire drill process and that participation in fire drills is mandatory. Residents who do not participate will be counseled on the importance of fire drills and notified participation is mandatory. On 8/3/2022 the Senior Director of Operations / Personal Care Administrator in-serviced the Maintenance Manager and Clinical Care Coordinator on the proper documentation of fire drills including designated meeting place.*

*D. With respect to how the plan of corrective measures will be monitored. The Maintenance Manager and/or designee will audit the fire drills after completion and report any evacuation issues to ensure compliance with all fire regulations, monthly, starting immediately.*

*See attachment*

**Completion Date:** 08/03/2022

191 - Resident Right to Refuse

1. Requirements

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident #1, admitted [REDACTED] has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Plan of Correction

**Do Not Accept**

A. With respect to the specific resident or event cited.

Resident #1, admitted on [REDACTED], has not been educated on the resident's right to refuse medication if the resident believes that there may be a medication error.

B. With respect to how the facility will identify residents with the potential for the identified concern and take corrective action.

A complete audit of all resident administrative files will be conducted to ensure that the most updated Resident's Rights is in place, which includes the right to refuse medication.

C. With respect to what systemic measures have been put in place to address the stated concern.

Resident Rights Exhibit signed or refusal or inability to sign noted and filed in the administrative file. The Director of Sales and/or designee has been trained on the requirements of obtaining all required signatures for the resident file and documenting attempts at obtaining the resident signature at the time the resident file is compiled. During the admission process, efforts to obtain a signature or documentation of the resident's refusal or inability to sign will be kept in the administrative file. In addition, the social worker reviews a resident right at the monthly resident council.

D. With respect to how the plan of corrective measures will be monitored.

Personal Care Administrator and/or designee will conduct weekly random administrative chart audits to ensure compliance.

See attachment

Completion Date: 08/03/2022

Update: 08/10/2022

Indicate the dates each step will be started, and planned completion date.

Plan of Correction

**Accept**

A. With respect to the specific resident or event cited.

Resident #1, admitted on [REDACTED], has not been educated on the resident's right to refuse medication if the resident believes that there may be a medication error.

B. With respect to how the facility will identify residents with the potential for the identified concern and take corrective action.

A complete audit of all resident administrative files will be conducted to ensure that the most updated Resident's Rights is in place, which includes the right to refuse medication, was started on [REDACTED] and will continue through [REDACTED]

191 - Resident Right to Refuse (continued)

C. With respect to what systemic measures have been put in place to address the stated concern. Resident Rights Exhibit signed or refusal or inability to sign noted and filed in the administrative file. The Director of Sales and/or designee has been trained on the requirements of obtaining all required signatures for the resident file and documenting attempts at obtaining the resident signature at the time the resident file is compiled. During the admission process, efforts to obtain a signature or documentation of the resident's refusal or inability to sign will be kept in the administrative file. In addition, the social worker reviews a resident right at the monthly resident council. On 8/2/2022 Resident # 1 was re-educated on resident's rights to refuse medication.

D. With respect to how the plan of corrective measures will be monitored. Personal Care Administrator and/or designee will conduct weekly random administrative chart audits to ensure compliance, starting immediately.

See attachment

Completion Date: 08/02/2022

225a - Assessment 15 Days

1. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #1 was admitted on [REDACTED]; however, the resident's assessment was undated and cannot be determined when it was completed.

Plan of Correction

Accept

A. With respect to the specific resident or event cited.

Resident #1 was admitted on [REDACTED]; however, the resident's assessment was undated and cannot be determined when it was completed.

B. With respect to how the facility will identify residents with the potential for the identified concern and take corrective action.

Resident #1s support plan dated on [REDACTED] Assessments will be audited for completion within the 15-day period from move-in, with a change of condition, and annually.

C. With respect to what systemic measures have been put in place to address the stated concern.

Nurses received education on [REDACTED] regarding the completion of assessments in a timely fashion and verify that assessments are completed fully and dated to ensure compliance with regulation 225.a.

D. With respect to how the plan of corrective measures will be monitored.

Resident Care Coordinator and/or designee will review each move-in assessment, change of condition assessment, as well as annual for completion. Monitoring will continue with random audits to ensure continued compliance with the regulation.

See attachment

225a - Assessment 15 Days (continued)

Completion Date: 08/03/2022

227a - Support Plan 30 Days

1. Requirements

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident #1 was admitted on [REDACTED] however, the resident's initial support plan was not undated and cannot be determined if it was completed timely.

Plan of Correction

Accept

A. With respect to the specific resident or event cited.

Resident #1 was admitted on [REDACTED]; however, the resident's initial support plan was not undated and cannot be determined if it was completed timely.

B. With respect to how the facility will identify residents with the potential for the identified concern and take corrective action.

Resident #1's support plan signed on [REDACTED] Resident support plans will be audited for completion within the 15-day period from move-in, with a change of condition, and annually.

C. With respect to what systemic measures have been put in place to address the stated concern.

Nurses received education on 8/3/22 regarding the completion of assessments in a timely fashion and verify that assessments are completed fully and dated to ensure compliance with regulation 227.a.

D. With respect to how the plan of corrective measures will be monitored.

Resident Care Coordinator and/or designee will review each move-in assessment, change of condition assessment, as well as annual for completion. Monitoring will continue with random audits to ensure continued compliance with the regulation.

See attachment

Completion Date: 08/03/2022