

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

September 29, 2023

[REDACTED], ADMINISTRATOR  
TEC CORP  
[REDACTED]

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 08/16/2023 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: *FAMILY AND FRIENDS (STONE RIDGE BUILDING)* License #: *13633* License Expiration: *09/20/2023*  
 Address: *112 CAFFERTY ROAD, PIPERSVILLE, PA 18947*  
 County: *BUCKS* Region: *SOUTHEAST*

**Administrator**

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

**Legal Entity**

Name: *TEC CORP*  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *I-1* Date: *10/13/2010* Issued By: *Tinicum Township*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *25* Waking Staff: *19*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *08/16/2023*

**Inspection Dates and Department Representative**

*08/16/2023 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *28* Residents Served: *16*

**Secured Dementia Care Unit**  
 In Home: *No* Area: Capacity: Residents Served:

**Hospice**  
 Current Residents: *0*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *7* Are 60 Years of Age or Older: *15*  
 Diagnosed with Mental Illness: *14* Diagnosed with Intellectual Disability: *14*  
 Have Mobility Need: *9* Have Physical Disability: *9*

**Inspections / Reviews**

**08/16/2023 Full**  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/10/2023*

**09/14/2023 - POC Submission**  
 Submitted By: [REDACTED] Date Submitted: *09/28/2023*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/19/2023*

Inspections / Reviews (*continued*)

09/19/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/28/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/30/2023

09/29/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/28/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

103e - Left Overs

1. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

On August 16, 2023, there were 11 unlabeled, undated bags of cereal in the main kitchen food storage.

Plan of Correction

Accept (█) - 09/13/2023

All indicated unopened bags of cereal were labeled and dated (completed 8/16/23). A review of all food stock for labels was completed by dietary staff on 8/17/23. The Food Service Quality Assurance revised to include that any food items taken from a larger labeled/ dated container will be individually labeled and dated (completed 9/7/23 attachment #1). All indicated staff will be trained or retrained in the labeling protocol (completed 9/1/23).

Licensee's Proposed Overall Completion Date: 09/08/2023

Implemented (█) - 09/29/2023

107b - Emergency Procedures

2. 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 home's written emergency procedures do not include the contact information for each resident's designated person or the contact telephone numbers of local and state emergency management agencies or local resources for housing and emergency care for residents.

Plan of Correction

Accept (█) - 09/19/2023

Emergency Preparedness Plan and Emergency number list included in the E-box, which contains each individual's emergency information and local and state emergency numbers (completed 8/17/23). Review and revision of E-box procedure to include inclusion of emergency preparedness plan and emergency numbers (completed 9/7/23) (attachment). The Program Coordinator will ensure that emergency procedures will include the contact information of each residents designated person, telephone number and local and state emergency numbers by implementing the updated policy (Ongoing)

The Program Coordinator will be retrained in 2600.107.b by Administrator Celeste DaShiell by 9/15/23. The Program Coordinator or designated staff will review the Emergency Procedures and required contact information for accuracy content annually (Ongoing).

Licensee's Proposed Overall Completion Date: 09/15/2023

Implemented (█) - 09/29/2023

141a 1-10 Medical Evaluation Information

3. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Residents 1 and 2's medical evaluations did not include their special health or dietary needs.

Plan of Correction

Accept [REDACTED] 09/19/2023)

Both Resident 1 and 2's medical evaluations were reviewed and box #4 corrected to indicate that there is information in the (4) Needs Addendum of the DME (completed 9/5/23). A complete review of all residents DME's was completed by the Program Coordinator (completed 9/5/23) (attachment). Administrator reviewed the policy for Admission/Annual Medical Evaluation (completed 9/7/23) (attachment). The Health & Wellness Coordinator will review the medical evaluation at the physician's office to ensure the evaluation is complete. Any omissions noted will be completed at the physician's office (Ongoing). Upon return the Health & Wellness Coordinator will review medical evaluation again prior forwarding to the Program Coordinator for filing. Program Coordinator will review DME prior to filing and any noted omissions will be referred to the Health & Wellness Coordinator for follow up with physician for completion (Ongoing). All indicated staff will be trained/ retrained protocol for ensuring compliance of 141.a by [REDACTED] by 9/22/23.

Licensee's Proposed Overall Completion Date: 09/22/2023

Implemented [REDACTED] - 09/29/2023)

185a - Implement Storage Procedures

4. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

- On [REDACTED], the glucometer for resident 3 did not show the date or time.
- On [REDACTED], the glucometer for resident 3 reads [REDACTED], and the medication administration record reads [REDACTED]
- On [REDACTED], the glucometer for resident 3 reads [REDACTED], and the medical administration record reads [REDACTED]
- On [REDACTED], the glucometer for resident 3 reads [REDACTED], and the medical administration record reads [REDACTED]
- On [REDACTED] the glucometer for resident 3 reads [REDACTED] and the medical administration record reads [REDACTED]
- On [REDACTED] the glucometer for resident 3 reads [REDACTED] and the medical administration record reads [REDACTED]

185a - Implement Storage Procedures (continued)

On August 4, 2023, the glucometer for resident 3 reads [REDACTED] and the medical administration record reads [REDACTED]

On August 2, 2023, the glucometer for resident 3 reads [REDACTED], and the medical administration record reads [REDACTED].

Plan of Correction

Accept ([REDACTED] - 09/19/2023)

A new glucometer will be secured for resident #3 (complete by 9/7/23). Administrator reviewed and revised policy for medication and medical equipment storage and security to include QA checks for medical equipment (completed 9/7/23) (attachment).

Health & Wellness Coordinator or Assistant Administrator or designated staff will check that all requirements of 185.a are met. Any non-compliance will be reported to Administrator and corrected as needed. All indicated staff will be retrained in revised policy by [REDACTED] by 9/22/23.

Licensee's Proposed Overall Completion Date: 09/22/2023

Implemented ([REDACTED] - 09/29/2023)

224a - Preadmission Screen Form

5. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident 1's preadmission screening form, dated [REDACTED] does not include a determination that the needs of the resident can be met by the services provided by the home.

Plan of Correction

Accept ([REDACTED] - 09/19/2023)

Administrator confirmed that the PCH was as of [REDACTED] and continues to be able to support Resident 1's support needs. Administrator reviewed and revised the P&P for Pre-Admission (completed 9/7/23) (attachment). Program Coordinator, Assistant Administrator or Health & Wellness Coordinator will conduct an initial review to ensure that 224a is met (Ongoing). Prior to filing Program Coordinator, Assistant Administrator or Health & Wellness Coordinator will conduct a second review to ensure compliance with 224a (Ongoing). Any omissions or errors will be resolved at time of review. All indicated staff will be trained/ retrained in revised policy by [REDACTED] by 9/29/23.

224a - Preadmission Screen Form (*continued*)

Licensee's Proposed Overall Completion Date: 09/29/2023

*Implemented* [REDACTED] - 09/29/2023)

## 227d - Support Plan Medical/Dental

## 6. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

## Description of Violation

The assessment for resident 1, dated [REDACTED], indicates the resident has a need for a mechanical soft diet and thick liquids. The resident's support plan, dated [REDACTED] does not document how this need will be met.

The assessment for resident 2, dated [REDACTED], indicates the resident has a need for a non-concentrated sweet diet. The resident's support plan, dated [REDACTED], does not document how this need will be met.

## Plan of Correction

*Accept* [REDACTED] - 09/19/2023)

Resident #'s 1 and 2's assessment and corresponding ISP's were corrected from offering "special diet" to list the specifics of their diets (9/7/23) (attachment). Program Coordinator reviewed and revised as needed all current assessments and ISPs for all residents (completed 9/8/23). Staff completing an assessment will ensure that any supports or needs contained in the assessment are included in the support plan. The support plan will indicate specific dietary support needs; how need will be met, by method, staff responsible and for frequency. Prior to filing the Program Coordinator, Assistant Administrator or Health & Wellness Coordinator will review assessment and ISP to ensure all items are completed on the assessment and ISP. Indicated staff will be retrained on regulatory requirements of 227d by [REDACTED] by 9/29/23.

Licensee's Proposed Overall Completion Date: 09/29/2023

*Implemented* [REDACTED] - 09/29/2023)