

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

February 29, 2024

[REDACTED]  
THE HICKMAN FRIENDS SENIOR COMMUNITY OF WEST CHESTER  
[REDACTED]

RE: THE HICKMAN  
400 N. WALNUT STREET  
WEST CHESTER, PA, 19380  
LICENSE/COC#: 14093

[REDACTED],  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/25/2024 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: *THE HICKMAN* License #: *14093* License Expiration: *03/13/2025*  
Address: *400 N. WALNUT STREET, WEST CHESTER, PA 19380*  
County: *CHESTER* Region: *SOUTHEAST*

**Administrator**

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

**Legal Entity**

Name: *THE HICKMAN FRIENDS SENIOR COMMUNITY OF WEST CHESTER*  
Address: [REDACTED]  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *I-1* Date: *01/28/2018* Issued By: *Borough of West Chester*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *114* Waking Staff: *86*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint* Exit Conference Date: *01/25/2024*

**Inspection Dates and Department Representative**

01/25/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *125* Residents Served: *75*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *Memory Care Unit* Capacity: *26* Residents Served: *21*

**Hospice**

Current Residents: *6*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *75*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *39* Have Physical Disability: *0*

**Inspections / Reviews**

**01/25/2024 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/17/2024*

**02/22/2024 - POC Submission**

Submitted By: [REDACTED] Date Submitted: *02/29/2024*  
Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/29/2024*

Inspections / Reviews (*continued*)

02/29/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/29/2024

Reviewer: [REDACTED]

Follow-Up Type: *Bypass Document  
Submission*

02/29/2024 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/29/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

65a - FS Orientation 1st Day

1. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff Person A, whose first day of work was [REDACTED], did not receive orientation on the following topics:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Plan of Correction

Accept [REDACTED] - 02/29/2024)

Staff person "A" signed the orientation form on [REDACTED] confirming that [REDACTED] was provided the the training on [REDACTED] first day of hire which was [REDACTED].

The audit and new filing system to compliment the audit were started on [REDACTED] and should be completed by [REDACTED]. Staff training needs will be addressed at the next Quality Management Review held on [REDACTED] conducted by the E.D.

Licensee's Proposed Overall Completion Date: 04/09/2024

Implemented [REDACTED] - 02/29/2024)

141a 1-10 Medical Evaluation Information

2. Requirements

2600.

141a 1-10 Medical Evaluation Information (continued)

- 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**

Resident [REDACTED] medical evaluation, dated [REDACTED], did not include a general physical examination by a physician, physician’s assistant, or nurse practitioner, and medical information pertinent to diagnosis and treatment in case of an emergency.

Resident [REDACTED] medical evaluation, dated [REDACTED] did not include special health or dietary needs of the resident and body positioning and movement stimulation for residents, if appropriate.

**Plan of Correction**

Accept [REDACTED] - 02/29/2024)

Care Coordinators and Nurse Supervisors have been re-in serviced by the Executive Director to the prescribed DHS DME form on [REDACTED]. These residents DME's have been updated by the Director of Resident Services on [REDACTED] after review with the PCP who completed the form. While we understand the importance of each section to be filled out, physicians are notoriously negligent in completing the form. An audit of all current DME's was initiated on [REDACTED] and has been ongoing as evidenced by the uploaded documents. The audits will be completed by [REDACTED]. If any DME's are found to be lacking documentation, the physicians will be contacted for completion. The Director of Resident Services will ensure that the Care Coordinators are performing audits of new/annual DME's each month on an ongoing basis as evidenced by internal tracking document.

Licensee's Proposed Overall Completion Date: 02/29/2024

Implemented [REDACTED] - 02/29/2024)

141b1 - Annual Medical Evaluation

**3. Requirements**

2600.  
141.b.1. A resident shall have a medical evaluation: At least annually.

**Description of Violation**

Resident [REDACTED] most recent medical evaluation was completed on [REDACTED].

141b1 - Annual Medical Evaluation (continued)

Plan of Correction

Accepted [redacted] - 02/29/2024)

Resident [redacted] does not use our in house physicians despite encouraging family to do so for ease of care. Resident was seen on [redacted] as well as [redacted]. Care Coordinators have been Re in serviced by the ED to regulation 141.b.1 on [redacted] and internal procedure set in place for all residents utilizing external physicians as evidenced by attached procedure.

Licensee's Proposed Overall Completion Date: 02/29/2024

Implemented [redacted] - 02/29/2024)

227d - Support Plan Medical/Dental

4. 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 [redacted], dated [redacted], is missing a determination for irritability, judgement, agitation, aggression, and hallucination and does not indicate if the resident has a need for it or how this need will be met.

Plan of Correction

Accepted [redacted] - 02/29/2024)

Care Coordinators have been re in served by the E.D. to the requirements of all elements of [redacted] or [redacted]. An internal audit has been ongoing since [redacted] and will be completed by [redacted] to ensure compliance and completion of all existing RASPS. To ensure continued compliance, Care Coordinators will keep an ongoing auditing tools to review each upcoming RASP and Director of Resident Services will ensure completion.

Licensee's Proposed Overall Completion Date: 02/29/2024

Implemented [redacted] - 02/29/2024)