

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

September 18, 2024

[REDACTED], CEO
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 07/29/2024, 07/30/2024 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,
Michele Swisher

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *BARCLAY FRIENDS* License #: *14682* License Expiration: *05/31/2025*
 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: *05/29/2019* Issued By: *Borough of West Chester*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *70* Waking Staff: *53*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *07/30/2024*

Inspection Dates and Department Representative

07/29/2024 - On-Site: [REDACTED]
 07/30/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *75* Residents Served: *52*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Bartram Way* Capacity: *23* Residents Served: *18*

Hospice
 Current Residents: *2*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *52*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *18* Have Physical Disability: *0*

Inspections / Reviews

07/29/2024 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/17/2024*

08/23/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *09/16/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/28/2024*

Inspections / Reviews (*continued*)

09/10/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/16/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 10/01/2024

09/18/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/16/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

42s - Privacy

1. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

The home has multiple video cameras installed, including at the lower-level main entrance, the first-floor entrance, and near the memory care entrance. However, there are no signs indicating video surveillance in the home.

Plan of Correction

Accept ([REDACTED] - 09/10/2024)

Immediately on 7/29 a sign was posted in the entry way of Barclay Friends. Ongoing the manager on duty will monitor for compliance during weekly rounds. MOD rounds begin on 8/17/24.

Licensee's Proposed Overall Completion Date: 08/23/2024

Implemented ([REDACTED] - 09/18/2024)

65i - Training Record

3. Requirements

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

The home's record of direct care staff training for Staff Person B does not include the completion dates of the trainings that were completed by Staff person B.

Plan of Correction

Accept ([REDACTED] - 09/10/2024)

Training Record for Staff B corrected 7/30/24. HR completed audit of training records 8/13-8/15. On-going HR will complete monthly audits in RELIAS to ensure compliance with training. Audits will begin September 2024.

Licensee's Proposed Overall Completion Date: 08/23/2024

Implemented ([REDACTED] - 09/18/2024)

66b - Training Plan Content

4. Requirements

2600.

66.b. The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:

1. The name, position and duties of each direct care staff person.
2. The required training courses for each staff person.
3. The dates, times and locations of the scheduled training for each staff person for the upcoming year.

Description of Violation

The home's 2024 staff training plan does not include the dates and times of the scheduled training.

Plan of Correction

Accept ([REDACTED] - 09/10/2024)

Training plan had due dates for trainings, PCHA and HR added assignment dates in RELIAS 8/15/2024. On-going HR will complete monthly audits in RELIAS to ensure compliance with training. Audits will begin September 2024.

Licensee's Proposed Overall Completion Date: 08/23/2024

Implemented ([REDACTED] - 09/18/2024)

66b - Training Plan Content (continued)

85a - Sanitary Conditions

5. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 7/30/24 at 9:57am, a white liquid was observed to have spilled and dried under the bottom drawer of the first-floor med cart in personal care. Additionally, white pill debris or fragments was noted along the bottom. The second-floor med cart in personal care contained significant debris in and under the bottom drawer, including loose pills in the back right corner, an oval brown pill and half of a white pill.

Plan of Correction

Accept () - 09/10/2024)

Immediately medication carts were cleaned. Training completed was completed by the Clinical Care Coordinator on 8/12/2024 with Med tech/LPN on proper cleaning of cart and to report any spills to Clinical Care Coordinator so proper cleaning can be completed. Clinical Care Coordinator will complete audits of the cart for 4 weeks starting the week of August 26, 2024. Pharmist will complete audit of cart's cleanliness quarterly.

Licensee's Proposed Overall Completion Date: 08/23/2024

Implemented () - 09/18/2024)

85d - Trash Receptacles

6. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 7/29/24 at 10:47am, there were two half-full, uncovered, and unattended trash cans in the main kitchen.

Plan of Correction

Accept () - 09/10/2024)

Immediately trashcan was covered by Chef. Director of Dining completed training with kitchen staff 8/12/24. Ongoing Dining director to complete weekly audits times 4 weeks then monthly for 6 months to ensure compliance with covering trashcans. Audits to begin week of August 12, 2024.

Licensee's Proposed Overall Completion Date: 08/23/2024

Implemented () - 09/18/2024)

97 - Elevators/Lifting Devices

7. Requirements

2600.

97. Elevators and Stair Glides - Each elevator and stair glide must have a certificate of operation from the Department of Labor and Industry or the appropriate local building authority in accordance with 34 Pa. Code Chapter 405 (relating to elevators and other lifting devices).

97 - Elevators/Lifting Devices (continued)

Description of Violation

The two elevators do not have a certificate of operation from the Department of Labor and Industry or appropriate local building authority.

Plan of Correction

Accept () - 08/23/2024

Per Department of Labor and Industry website, the inspector will return to conduct a current inspection within the appropriate time frame, without the owner having to schedule the inspection. Several attempts made to Dept of Labor of Industry with no response. Phone calls were placed to the Dept of Labor and Industry on 7/29/24; 8/7/24; 8/12/24 by maintenance director. Maintenance director sent emails sent 7/29/24; 7/31/24; 8/7/24 and 8/13/24. No one from Dept of Labor and Industry has responded. Ongoing Maintenance Director will review elevator cert for compliance with Life Safety Rounds Annually.

Licensee's Proposed Overall Completion Date: 08/31/2024

Implemented () - 09/18/2024

103d - Storing Food Off Floor

8. Requirements

- 2600.
- 103.d. Food shall be stored off the floor.

Description of Violation

On 7/29/24 at 9:32am, ten 5-gallon water bottles were stored on the floor in the storage room.

Plan of Correction

Accept () - 09/10/2024

Immediately Water bottles placed on raised shelving by maintenance director. Director of Dining completed training with kitchen staff 8/12/2024 for water/food storage. Ongoing Manager on Duty will complete weekly rounds to ensure water bottles off floor in storage room. Weekly Manager on Duty Rounds begin on 8/17/24.

Licensee's Proposed Overall Completion Date: 08/24/2024

Implemented () - 09/18/2024

105g - Lint Removal and Duct Cleaning

9. Requirements

- 2600.
- 105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 7/30/24 at 9:33am, there was an approximate 1-inch accumulation of lint in the lint trap of the second dryer in the first-floor laundry room. There were no clothes in the dryer at the time.

105g - Lint Removal and Duct Cleaning (continued)

Plan of Correction

Accept () - 09/10/2024

Immediately lint removed from dryer by PCHA. Clinical Care Coordinator completed training with staff 8/12/2024. Letter sent to families and residents to provide education on 8/14/2024. Ongoing Manager on Duty will complete weekly rounds to ensure compliance with regulation. Weekly Manager on Duty Rounds begin on 8/17/24.

Licensee's Proposed Overall Completion Date: 08/23/2024

Implemented () - 09/18/2024

109b - Rabies Vaccination

10. Requirements

2600.

109.b. Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

Description of Violation

On 7/29/24, a cat belonging to Resident () was present at the home. The home does not have a current certificate of rabies vaccination for the cat.

Plan of Correction

Accept () - 08/23/2024

Cat Vaccine completed 8/7/24. 7/10/24 email sent to POA regarding pending rabies vaccination. POA informed PCHA that Veterinarian would be out of the country for month of July. Veterinarian provided documentation that cat is safe until they return from vacation and vaccination could be administered. Ongoing PCHA will monitor pets in the community for vaccination compliance and update POA/Resident when shots are due via spread sheet.

Licensee's Proposed Overall Completion Date: 08/30/2024

Implemented () - 09/18/2024

121a - Unobstructed Egress

11. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 7/29/24 at 10:05am, two patio chairs blocked the egress from the memory care dining hall.

Plan of Correction

Accept () - 09/10/2024

Immediately chairs moved from egress by maintenance director. Training provided to all personal care staff by PCHA 8/12/24. Ongoing Manager on Duty will complete weekly rounds to ensure compliance with regulation. Weekly Manager on Duty Rounds begin on 8/17/24.

Licensee's Proposed Overall Completion Date: 08/23/2024

Implemented () - 09/18/2024

141b1 - Annual Medical Evaluation

12. Requirements

2600.

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

Description of Violation

Resident 2's most recent medical evaluation was completed on [REDACTED]. The resident's previous medical evaluation was completed on [REDACTED]

Plan of Correction

Accept ([REDACTED] - 09/10/2024)

DME completed within 1 year of Durable Medical Evaluation completion date. PCHA provided education from surveyor on 7/29/24. Audit completed of DMEs 7/31/24. PCHA will utilize spread sheet to complete DME within yearly timeframe. Spreadsheet will be reviewed monthly by PCHA, starting in August 2024. New Admissions and Annual Completed DME dates will be added to the spreadsheet as needed.

Licensee's Proposed Overall Completion Date: 08/23/2024

Implemented ([REDACTED] - 09/18/2024)

162c - Menus Posted

13. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

On 7/29/24, the menus for the current and upcoming weeks were not displayed in a conspicuous and public place in the home.

Plan of Correction

Accept ([REDACTED] - 09/10/2024)

Currently Menus displayed for 4-week period. Per recommendation of surveyors Dining Director updated menus to more easily to read format 8/12/24 for 2-week period. Ongoing Dining Director to audit for compliance weekly times 4 weeks then monthly for 6 months. MOD rounds to audit compliance started 8/17/24.

Licensee's Proposed Overall Completion Date: 08/23/2024

Implemented ([REDACTED] - 09/18/2024)

181f - Record of Medication

14. Requirements

2600.

181.f. The resident's record shall include a current list of prescription, CAM and OTC medications for each resident who is self-administering his medication.

Description of Violation

On 7/30/24, Resident 3 had Equate Severe Congestion & Cough in their room. However, Resident 3's record did not include a current list of medications, as this medication was not listed for self-administration.

Plan of Correction

Accept ([REDACTED] - 09/10/2024)

Self-administration residents audited by Clinical Care Coordinator on 8/12/24 to ensure only medications on MAR

181f - Record of Medication (continued)

are in room. Letter sent to residents and POA regarding medication storage in rooms on 8/12/24. Ongoing monthly Charge Nurse will complete audit of self-medication residents' medication for compliance. Monthly audits will begin September 2024.

Licensee's Proposed Overall Completion Date: 08/23/2024

Implemented () - 09/18/2024)

183d - Prescription Current

15. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 7/30/24, Azelastine Hydrochloride Ophthalmic Solution 0.05%, prescribed for Resident 3, was found in the resident's room; however, the medication was discontinued on 6/24/22.

Plan of Correction

Accept () - 09/10/2024)

Self-administration residents audited by Clinical Care Coordinator on 8/12/24 to ensure medications are not expired are in room. Letter sent to residents and POA regarding medication storage in rooms on 8/12/24. Ongoing monthly Charge Nurse will complete audit of self-medication residents' medication for compliance. Monthly audits will begin September 2024.

Licensee's Proposed Overall Completion Date: 08/23/2024

Implemented () - 09/18/2024)

183e - Storing Medications

16. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 7/30/24 at 9:51 am, two loose pills, a small round pill and a small oval pill, were discovered in the second drawer of the first-floor med cart in personal care, along with one loose acid reflux tablet in the bottom drawer.

On 7/30/24 at 9:56 am, two loose pills, a small round pill and a small oval pill, were found in the second drawer of the second-floor med cart in personal care.

Plan of Correction

Accept () - 09/10/2024)

Immediately audit completed of medication carts to ensure no additional loose medications in cart by PCHA. Staff provided Education by Clinical Care Coordinator on 8/12/2024. Clinical Care Coordinator will complete audits of the cart for 4 weeks starting the week of August 26, 2024. Ongoing quarterly Pharmacist will complete audit of medication cart.

Licensee's Proposed Overall Completion Date: 08/23/2024

183e - Storing Medications (continued)

Implemented () - 09/18/2024)

184a - Resident's Meds Labeled

17. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- 1. The resident's name.
- 2. The name of the medication.
- 3. The date the prescription was issued.
- 4. The prescribed dosage and instructions for administration.
- 5. The name and title of the prescriber.

Description of Violation

The directions for Resident 4's Senna Plus 8.5mg tablet had been changed from "administer by mouth once a day for constipation" to "administer 1 tab by mouth once a day as needed". However, this change was not indicated on the medication blister pack or label.

Plan of Correction

Accept () - 09/10/2024)

Audit completed of medication cart by PCHA 7/31. Clinical Care Coordinator completed training with med tech and LPN on med change documentation on 8/12/24. Clinical Care Coordinator will complete audits of the cart for 4 weeks starting the week of August 26, 2024. MOD rounds to audit compliance started August 2024. Ongoing Pharmacist will audit carts quarterly.

Licensee's Proposed Overall Completion Date: 08/23/2024

Implemented () - 09/18/2024)

185a - Implement Storage Procedures

18. 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

Resident 5 is prescribed Rosuvastatin tab 20mg, give 1 tablet by mouth at bedtime for hyperlipidemia. The medication was not administered on () because the resident was out of the facility. However, this absence was not documented on the Medication Administration Record.

On 7/30/24 at 9:58am, Resident 6's glucometer was not calibrated to the correct time. The glucometer was set to 7/30/24 at 7:39am.

Plan of Correction

Accept () - 09/10/2024)

Documentation added to MAR to show resident was out of the building per sign out log. Clinical Care Coordinator completed training on 8/12/24 with medication staff to ensure compliance with appropriate documentation. Starting 8/12/24 Med Tech/LPN will run a missed medication report at the end of their shift to ensure all medications given on shift. Clinical Care Coordinator will run missed medication report monthly times 6 months

185a - Implement Storage Procedures (continued)

starting in September 2024. Pharmacist will audit medication cart quarterly for compliance.

Glucometer was accurate, and all glucose readings were correct. Clinical Care Coordinator completed training on 8/12/24 with Med Tech and LPN staff to ensure compliance with glucometer and understanding on how to show surveyors correct screens. Ongoing Glucometer to be checked for accurate date and time by Clinical Care Coordinator Weekly times 4 weeks. Pharmacist will audit carts quarterly. Audits will begin the week of August 26, 2024.

Licensee's Proposed Overall Completion Date: 08/23/2024

Implemented (█) - 09/18/2024)

187a - Medication Record

19. Requirements

2600.

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

Description of Violation

Resident 5 is prescribed Donepezil 5mg tab, give 1 tablet by mouth once daily. However, resident's medication administration record for July 2024 does not indicate this medication.

Plan of Correction

Accept (█) - 09/10/2024)

Clinical Care Coordinator completed training on 8/12/24 with medication staff to ensure compliance with appropriate documentation. Letter sent to families and residents 8/15/24 to notify Barclay Friends of outside appointments and medication changes. Clinical Care Coordinator will complete audits of the cart for 4 weeks starting the week of August 26, 2024. Ongoing pharmacist will audit medication cart quarterly for compliance.

Licensee's Proposed Overall Completion Date: 08/23/2024

Implemented (█) - 09/18/2024)

187d - Follow Prescriber's Orders

20. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident 4 is prescribed Carboxymethylcellulose sodium eye drops, administer 1 drop into left eye every 6 hours for unspecified dry eye. However, the medication was not administered to the resident on 7/26/24 at 2:00am, 8:00am, and 2:00pm because the medication was not available in the home.

Resident 5 is prescribed Varenicline 0.5mg tablet, take by mouth as directed twice a day. However, the medication was not administered to the resident on 7/29/24 at 8:45am, because the medication was not available in the home.

Plan of Correction

Accept (█) - 09/10/2024)

Clinical Care coordinator completed training on 8/12/24 with med tech and LPN on 8/12/24 on documentation of orders. Resident 5 Varenicline was d/c on 7/29 and was no longer needed for resident. Clinical Care Coordinator

187d - Follow Prescriber's Orders (continued)

will complete audits of the cart for 4 weeks starting the week of August 26, 2024. Ongoing pharmacist will complete medication audits quarterly.

Licensee's Proposed Overall Completion Date: 08/23/2024

Implemented ([REDACTED] - 09/18/2024)