

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

March 31, 2025

[REDACTED], EXECUTIVE DIRECTOR
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 12/18/2024 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: *FRIENDS BOARDING HOME OF WESTERN QUARTERLY MEETING* License #: *14002* License Expiration: *02/23/2025*

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: *CWOPA L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *39* Waking Staff: *29*

Inspection Information

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

Reason: *Renewal, Complaint, Incident* Exit Conference Date: *12/18/2024*

Inspection Dates and Department Representative

12/18/2024 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *68* Residents Served: *39*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *39*

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

Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

12/18/2024 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/12/2025*

01/14/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: *03/31/2025*

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *01/25/2025*

Inspections / Reviews (*continued*)

03/13/2025 - Document Submission

Submitted By: [REDACTED] Date Submitted: 03/31/2025

Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 03/17/2025

03/31/2025 - Document Submission

Submitted By: [REDACTED] Date Submitted: 03/31/2025

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

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 11/20/24, an incident of potential staff to resident verbal abuse occurred in the home. The home did not report this incident to the department until 11/25/24.

Plan of Correction

Accept (█ - 01/14/2025)

Immediate: Director of Personal Care educated team member that reported suspected abuse of the importance of reporting immediately. Director of PC also educated team member on who to report to on 11/25/2024.

Current: Director of Personal Care will be completing an education at the Monthly Team meeting of the importance of reporting suspected or witnessed abuse immediately, who to report to and how to report and the timing required. Director of Personal Care will complete this on 1/15/2025.

Future: Director of Personal Care will complete an education of reporting abuse and the importance of timing at each orientation and annually.

Licensee's Proposed Overall Completion Date: 06/18/2025

Implemented (█ - 03/13/2025)

18 - Compliance With Laws

2. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

CARE FACILITY CARBON MONOXIDE ALARMS STANDARDS ACT - ENACTMENT Act of Jun. 23, 2016 Carbon monoxide alarms must be installed in proximity of, but not less than 15 feet from any fossil-fuel burning device or appliance. On 12/18/24, the carbon monoxide detector for the facilities’ main boiler room was located approximately 8 feet from the home’s main boiler attached to the ceiling.

Personal care and assisted living homes must post the required influenza information in a public place in the home year-round as required by the Influenza Awareness Act (HB 1785). On 12/18/2024, the home did not have an influenza poster posted in a public place in the home.

Plan of Correction

Accept (█ - 01/14/2025)

Carbon Monoxide Detector:

Immediate: The Director of Facilities was educated of the requirements of this guideline and the importance to follow all federal, state and local laws by the Director of Personal Care on 12/18/2025.

Current: The Facilities Director has scheduled an appointment with Keystone Fire and Security on 1/14/2025 that will assess and then schedule to move the detector/alarm to the appropriate distance from the fossil-fuel burning

18 - Compliance With Laws (continued)

device by no later than 2/28/2025.

Future: The Director of Personal Care will be sure to review and update policy on the proper distance for a carbon monoxide alarms by 1/24/2025.

Influenza Information

Immediate: Director of Personal Care educated the Infection Preventionist of the regulation/Act on 12/18/2025.

Current: Infection Preventionist and Director of Personal Care have made copies, laminated and posted the appropriate Influenza Poster from the DHS Website throughout the community. Completed on 1/9/2025

Future: The Director of Personal Care will add this to the daily night shift audit check list to ensure that all posters stay posted. This will complete by 1/24/2025.

Licensee's Proposed Overall Completion Date: 02/28/2025

Implemented (█ - 03/13/2025)

103c - Food Protected

3. Requirements

2600.

103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

Description of Violation

On 12/18/24 at approximately 1:10pm, there was a tub of uncovered vanilla ice cream in the ice cream freezer. On 12/18/24 at approximately 1:15pm, there was an unsealed box of pastina pasta on the shelf in the dry storage area.

Plan of Correction

Accept (█ - 01/14/2025)

Immediately: The Director of Dining threw away any opened boxes of pasta. The director of dining also threw the container of ice cream away. All items were tossed on 12/18/2024

Current: The Director of Dining will be educating all dietary staff on properly storing pasta that are opened and not completely used by putting them in Ziplock bags and labeling appropriately. █ will also educate all dietary team members on the importance to be sure to cover all ice cream immediately after serving desert is complete at █ Dietary Team meeting held on 1/23/2025.

Future: The Director of Dining will make and place signs at the dry goods storage area on the process of storing opened dried goods. The Director of Dining will also be making and placing a sign above the ice cream freezer reminding the dining staff to cover all ice cream immediately after serving all deserts. Completed 1/10/2025

Licensee's Proposed Overall Completion Date: 01/23/2025

Implemented (█ - 03/13/2025)

132d - Evacuation

4. Requirements

132d - Evacuation (continued)

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

During the fire drill conducted 5/30/24 from 5:04pm to 5:10pm, the home exceeded the safe evacuation time of 5 minutes and 30 seconds as designated in writing by the fire safety expert.

Repeat Violation Date: 10/2/23 et al

Plan of Correction

Accept (█ - 01/14/2025)

Immediate: As we acknowledge the importance of being able to evacuate the home in the proper amount of time. We are not able to fix that drill in that month.

Current: Director of PC and Director of Facilites will be doing individual trainings with the residents of PC. This will be completed and documented by 1/24/2025. Director of PC will be reiterating the procedures on what to do during the fire drills with the PC Team at the monthly meeting on 1.15.2025.

Future: All failed fire drills will be discussed with the Residents and PC Team and another unannounced drill will be conducted and documented within that month by the Director of PC and the Maintenance Assistant. This will be added to the Fire Drill Policy and Procedure. 1/24/2025

Licensee's Proposed Overall Completion Date: 01/24/2025

Implemented (█ - 03/31/2025)

183e - Storing Medications

5. 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 12/18/24, the following medication cards were observed to have a punctured blister foil with the medication still present in the spot- exposing it to contamination or improper sanitation:

- Resident #1's Valsartan 40mg tab
- Resident #2's Fluoxetine HCL 20mg tab
- Resident #3's Acetaminophen 325mg tab
- Resident #4's Docusate Sodium 100mg? tab
- Resident #5's Potassium 20mg tab
- Resident #6's Metoprolol Succ ER 100mg tab

Repeat Violation Date: 10/2/23 et al

Plan of Correction

Accept (█ - 01/14/2025)

Immediate: All cards that had punctures with medication in were removed from the packs and properly discarded

183e - Storing Medications (continued)

prior to surveyor leaving on 12.18.2024 by the Director of PC.

Present: PC Team will be educated on the importance and how to properly store medications on 1/15/2025 at our monthly PC Team meeting by the Director of PC.

Prevention of Future: Personal Care Director added to the weekly cart audit for all packs to be checked for punctures with medication in and to discard the medication properly by 1.10.2025

Licensee's Proposed Overall Completion Date: 01/15/2025

Implemented (█ - 03/13/2025)