

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

March 3, 2025

[REDACTED], CEO  
FRIENDS BOARDING HOME OF BUCKS QUARTERLY MEETING  
50 SOUTH CONGRESS STREET  
NEWTOWN, PA, 18940

RE: FRIENDS BOARDING HOME  
50 SOUTH CONGRESS STREET  
NEWTOWN, PA, 18940  
LICENSE/COC#: 12669

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/13/2025 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* License #: 12669 License Expiration: 10/01/2025  
 Address: 50 SOUTH CONGRESS STREET, NEWTOWN, PA 18940  
 County: *BUCKS* Region: *SOUTHEAST*

**Administrator**

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

**Legal Entity**

Name: *FRIENDS BOARDING HOME OF BUCKS QUARTERLY MEETING*  
 Address: 50 SOUTH CONGRESS STREET, NEWTOWN, PA, 18940  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *Other* Date: 05/11/2005 Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 14 Waking Staff: 11

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: 01/13/2025

**Inspection Dates and Department Representative**

01/13/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: 25 Residents Served: 14

**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: 14  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 0 Have Physical Disability: 0

**Inspections / Reviews**

01/13/2025 - Full  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: 02/07/2025

02/07/2025 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 02/28/2025  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: 02/11/2025

Inspections / Reviews (*continued*)

## 02/07/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 02/28/2025

Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 02/17/2025

## 02/14/2025 - Document Submission

Submitted By: [REDACTED] Date Submitted: 02/28/2025

Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 03/01/2025

## 03/03/2025 - Document Submission

Submitted By: [REDACTED] Date Submitted: 02/28/2025

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

89b - Hot Water Temperature

1. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 01/13/2025 around 10:00 AM, the hot water temperature at the bathroom sink in resident room #33, #23, and #12 measured 129.7, 128.7, and 131.1 degrees Fahrenheit, respectively.

Repeat Violation: 01/31/2024

Plan of Correction

Accept (█) - 02/07/2025

On the day of inspection maintenance supervisor set the main water heater to 118 degrees Fahrenheit. █ then went back to all the rooms and checked their water temperatures to make sure they did not exceed 120 degrees Fahrenheit. █ will have █ team continue to do every other month water temperature checks on all rooms to ensure they are less than 120 degrees Fahrenheit. They will keep temperatures in a logbook. Maintenance supervisor will review logbook to ensure they are being done every other month.

Licensee's Proposed Overall Completion Date: 02/03/2025

Implemented (█) - 02/14/2025

132c - Fire Drill Records

2. 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 home's monthly fire drill record does not include the exact amount of time it took for evacuation; the home documents only minutes without seconds.

Plan of Correction

Accept (█) - 02/07/2025

Administrator or designee will conduct monthly fire drills. They will use a stopwatch to write exact time on log. Memo was sent to all staff regarding the usage of the stopwatch and the importance of documenting the exact time for each monthly drill. Memo told staff where stopwatch will be kept (in health aide office). Also, we will include this information in our annual fire safety training with staff. Administrator will check the logbook monthly for compliance and sign the log to verify it was correctly done and completed. See attached

Licensee's Proposed Overall Completion Date: 02/07/2025

Implemented (█) - 02/14/2025

132f - Alternate Exit Routes

3. Requirements

2600.

132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

The home has three exits (Front, South, North) on the 1st floor. The home used all three exits during the fire drills held

132f - Alternate Exit Routes (continued)

in January, February, April, June, August, November, and December 2024.

Plan of Correction

Accept (█) - 02/07/2025)

Administrator or designee will vary monthly exit routes every month for fire drills. They will be written on log to know what exits were used. Memo sent to staff regarding importance of using alternative exit routes during fire drills. Also, we will make this information a part of our annual fire safety training. Administrator will check fire log monthly to ensure compliance of using alternative exit routes. See attached

Licensee's Proposed Overall Completion Date: 02/07/2025

Implemented (█) - 02/14/2025)

190a - Completion Medication Course

4. Requirements

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person A completed the Department -approved medication administration course on 06/15/2022 and was re-certified on 06/15/2023 with the staff's previous employer. Staff A completed only one medication administration observation and one medication record (MAR) review for the staff's 2024 annual practicum, failing to meet the requirements of two medication administration observations and two medication record reviews by 06/15/2024. Staff A administered medications to residents on 01/01/2025 during 07:00~03:00 PM shift.

Plan of Correction

Accept (█) - 02/07/2025)

Staff person A is █ When staff person A █ will retake the Approved Medication Administration Course. In the future administrator will make sure to have the staff members annual practicum with the last two medication administration observations and two medication record reviews. If they do not have them, they will have to re-take the course before administering medications.

Licensee's Proposed Overall Completion Date: 02/03/2025

Implemented (█) - 03/03/2025)

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 was admitted to the home on █; however, the resident's preadmission screening form was completed on █.

Plan of Correction

Accept (█) - 02/07/2025)

Administrator will make sure that the pre-admission screening is done within 30 days prior to move in. If they delay move in administrator will do another pre-admission screening to be in compliance with this regulation and to

**224a - Preadmission Screen Form (continued)**

*make sure all information is still accurate. One week prior to all confirmed move in dates Administrator or Resident Services Assistant will review the pre-admission screening to make sure it is complete and within the 30 day prior to move in date. They will initial and put date of pre-screen on the move in check list. If not administrator will do another pre-screening to be in compliance with this regulation. Then administrator will put date and initial move in checklist.*

**Licensee's Proposed Overall Completion Date: 02/07/2025**

**Implemented ( [REDACTED] - 02/14/2025)**