

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

March 19, 2025

[REDACTED]
BARCLAY FRIENDS
[REDACTED]

RE: BARCLAY FRIENDS
700 NORTH FRANKLIN STREET
WEST CHESTER, PA, 19380
LICENSE/COC#: 14682

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/27/2025 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: *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: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *01/09/2024* Issued By: *West Chester Bourough*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *51* Waking Staff: *38*

Inspection Information

Type: *Partial* Notice: *Announced* BHA Docket #:
 Reason: *New* Exit Conference Date: *02/27/2025*

Inspection Dates and Department Representative

02/27/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *75* Residents Served: *51*
 Secured Dementia Care Unit
 In Home: *Yes* Area: *Preston* Capacity: *51* Residents Served: *20*
 Hospice
 Current Residents: *0*
 Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *0*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

02/27/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/27/2025*

03/19/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *03/19/2025*
 Reviewer: [REDACTED] Follow-Up Type: *Bypass Document Submission*

Inspections / Reviews *(continued)*

03/19/2025 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/19/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

85e - Trash Outside Home

1. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

The dumpster was full and missing half of the lid. There was a recliner chair, tables, and multiple 5-gallon buckets outside the home near to the dumpster.

Plan of Correction

Accept (████) 03/18/2025)

Immediately (████) all items placed into dumpster while surveyor was onsite. Cardboard Dumpster's door was replaced by General Equipment Acceptance Corporation on (████) 3/18/25 PCHA Completed education with dining, housekeeping and maintenance staff on dumpster procedures. On going maintenance will complete environmental rounds monthly to include verification that dumpster is in working condition.

Licensee's Proposed Overall Completion Date: 03/20/2025

Implemented (████) - 03/19/2025)

101j1 - Mattress Fire Retardant

2. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 1. A bed with a solid foundation and fire retardant mattress that is in good repair, clean and supports the resident. A legal entity with a personal care home license for the home as of October 24, 2005, shall be exempt from the requirement for a fire retardant mattress.

Description of Violation

Room (████) did not include a bed with a solid foundation and a mattress that is in good repair, clean, and supports the resident.

Plan of Correction

Accept (████) - 03/19/2025)

Immediately (████) bed was placed in (████) while surveyor was in building by maintenance team. 3/18/25 Education completed with staff regarding need to have bed in resident's room by PCHA. Ongoing PCHA or Clinical Care Director will verify a bed is in the room when a resident moves in.

Licensee's Proposed Overall Completion Date: 03/20/2025

Implemented (████) 03/19/2025)

101j2 - Bedroom Chairs

3. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 2. A chair for each resident that meets the resident's needs.

Description of Violation

Room (████) did not have a chair that meets the resident's needs.

Plan of Correction

Accept (████) - 03/19/2025)

Immediately (████) chair was placed in (████) while surveyor was in building by maintenance team. 3/18/25 Education completed with staff regarding need to have chair in resident's room by PCHA. Ongoing PCHA or

101j2 Bedroom Chairs (continued)

Clinical Care Director will verify a chair is in the room when a resident moves in.

Licensee's Proposed Overall Completion Date: 03/20/2025

Implemented (█ - 03/19/2025)

101j3 - Bed/Linens/Pillows/Blankets

4. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

3. Pillows, bed linens and blankets that are clean and in good repair.

Description of Violation

Room █ did not have pillows, bed linens, and blankets that are clean and in good repair.

Plan of Correction

Accept █ - 03/19/2025)

Immediately █ pillows, bed linens and blankets were placed in █ while surveyor was in building by maintenance team. 3/18/25 Education completed with staff regarding need to have pillow, bed linens and blankets in resident's room by PCHA. Ongoing PCHA or Clinical Care Director will verify a pillow bed linens and blankets are in the room when a resident moves in.

Licensee's Proposed Overall Completion Date: 03/20/2025

Implemented █ 03/19/2025)

101j4 - Bedroom Storage Area

5. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

4. A storage area for clothing that includes a chest of drawers and a closet or wardrobe space with clothing racks or shelves accessible to the resident.

Description of Violation

Room █ did not have a storage area for clothing that includes a chest of drawers.

Plan of Correction

Accept █ - 03/19/2025)

Immediately █ a chest of drawers was placed in █ while surveyor was in building by the maintenance team. 3/18/25 Education completed with staff regarding need to have a chest of drawers in resident's room by PCHA. Ongoing PCHA or Clinical Care Director will verify a chest of drawers is in the room when a resident moves in.

Licensee's Proposed Overall Completion Date: 03/20/2025

Implemented █ - 03/19/2025)

101j5 - Bedside Table/Shelf

6. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

5. A bedside table or a shelf.

101j5 Bedside Table/Shelf (continued)

Description of Violation

Room [redacted] did not have a bedside table or shelf.

Plan of Correction

Accept [redacted] 03/19/2025)

Immediately ([redacted]) a bedside Table was placed in [redacted] while surveyor was in building by the maintenance team. 3/18/25 Education completed with staff regarding need to have bedside table in resident's room by PCHA. Ongoing PCHA or Clinical Care Director will verify a bedside table is in the room when a resident moves in.

Licensee's Proposed Overall Completion Date: 03/20/2025

Implemented [redacted] - 03/19/2025)

101j7 - Lighting/Operable Lamp

7. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Room [redacted] does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept ([redacted] - 03/19/2025)

[redacted] and all Goshen rooms have a light switch that can be activated from bed. 3/18/25 Education completed with staff regarding need to have a bedside lamp in resident's room by PCHA. Ongoing PCHA or Clinical Care Director will verify a bedside light switch is functioning in the room when a resident moves in.

Licensee's Proposed Overall Completion Date: 03/20/2025

Implemented [redacted] - 03/19/2025)

102f - Towel/Washcloth/Soap

8. Requirements

2600.

102.f. An individual towel, washcloth and soap shall be provided for each resident.

Description of Violation

Room [redacted] did not have a towel, washcloth, or soap available.

Plan of Correction

Accept ([redacted] - 03/19/2025)

Immediately ([redacted]) towels, washcloths and soap were placed in [redacted] while surveyor was in building by the maintenance team. 3/18/25 Education completed with staff regarding need to have towels, washcloths and soap in resident's room by PCHA. Ongoing PCHA or Clinical Care Director will verify towels, washcloths and soap are in the room when a resident moves in.

Licensee's Proposed Overall Completion Date: 03/20/2025

Implemented ([redacted] - 03/19/2025)

102i - Soap Dispenser

9. Requirements

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

The bathroom in rooms [redacted] and [redacted] have dispensers for the soap. However, the dispensers were empty and did not have soap provided within reach of each bathroom sink.

Plan of Correction

Accept [redacted] 03/19/2025)

Immediately [redacted] soap was placed in [redacted] and [redacted] while surveyor was in building by the maintenance team. 3/18/25 Education completed with staff regarding need to have soap in resident's room by PCHA. Ongoing PCHA or Clinical Care Director will verify soap is in the room when a resident moves in.

Licensee's Proposed Overall Completion Date: 03/20/2025

Implemented [redacted] - 03/19/2025)

104c - Condiments

10. Requirements

2600.

104.c. Condiments shall be available at the dining table.

Description of Violation

There were no condiments available at the dining table(s) or in the kitchenette.

Plan of Correction

Accept [redacted] - 03/19/2025)

Condiments available from main kitchen, immediately [redacted] additional condiments placed in cabinet/fridge on Goshen Kitchenette by dining room manager. 3/18/25 PCHA completed education with dining leadership to ensure condiments are available. Ongoing Dining Director or Dining Manager will verify condiments are available with meals.

Licensee's Proposed Overall Completion Date: 03/20/2025

Implemented [redacted] 03/19/2025)

123b - Emergency Procedures Posted

11. Requirements

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

The home's emergency procedures are not posted in a conspicuous and public place in the home.

Plan of Correction

Accept [redacted] 03/19/2025)

Emergency Procedures available at front desk on bookshelf, per surveyor's request book placed on desk for more visibility, book placed on desk 2/27/25 while surveyor still onsite. 3/18/25 education completed with front desk staff to ensure emergency procedures remain on desk. 3/18/25 Education completed by PCHA with front desk staff to ensure Emergency Manual is visible at the front desk. Monthly PCHA will verify Emergency Manual is in a conspicuous place.

123b - Emergency Procedures Posted (*continued*)

Licensee's Proposed Overall Completion Date: 03/20/2025

Implemented [REDACTED] - 03/19/2025)