

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

January 27, 2026

[REDACTED]
FRIENDS BOARDING HOME OF WESTERN QUARTERLY MEETING
[REDACTED]

RE: FRIENDS BOARDING HOME OF
WESTERN QUARTERLY MEETING
147 WEST STATE STREET
KENNETT SQUARE, PA, 19348
LICENSE/COC#: 14002

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/14/2025 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 OF WESTERN QUARTERLY MEETING **License #:** 14002 **License Expiration:** 02/23/2026

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: [REDACTED]

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: 23

Waking Staff: 17

Inspection Information

Type: Full

Notice: Unannounced

BHA Docket #:

Reason: Renewal

Exit Conference Date: 11/14/2025

Inspection Dates and Department Representative

11/14/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 68

Residents Served: 23

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 23

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 0

Have Physical Disability: 0

Inspections / Reviews

11/14/2025 Full

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 12/18/2025

01/07/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/27/2026

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 01/09/2026

Inspections / Reviews (*continued*)

01/09/2026 POC Submission

Submitted By: [REDACTED] Date Submitted: 01/27/2026

Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 01/23/2026

01/27/2026 Document Submission

Submitted By: [REDACTED] Date Submitted: 01/27/2026

Reviewer: [REDACTED] Follow Up Type: Not Required

65e - 12 Hours Annual Training

1. Requirements

2600.

65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

1. Staff person orientation shall be included in the 12 hours of training for the first year of employment.
2. On the job training for direct care staff persons may count for 6 out of the 12 training hours required annually.

Description of Violation

Direct care staff person A received only 3 hours of annual training in training year 2024.

Plan of Correction

Accept [redacted] - 01/07/2026)

Immediate - Administrator completed education to DCS Person A on the importance and the why of completing all required annual training on time.

Current: Administrator will be educating all PC Staff on the importance and the why of completing all Annual trainings whether it is in person or online and will have all the team members sign that they acknowledge this along with the disciplinary action that will be held when incomplete.

Future: Administrator will create a Policy and Procedure to include the required topics, hours that need to be completed and process of keeping track of progress for each PC Team member throughout the year, along with the disciplinary action process.

Licensee's Proposed Overall Completion Date: 01/09/2026

Implemented [redacted] - 01/27/2026)

65f - Training Topics

2. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person A did not receive training in medication self-administration training, instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, care for residents with dementia and cognitive impairments, personal care service needs of the resident, safe management techniques, or care for residents with mental illness or an intellectual disability, or both, if the population is served in the home during training year 2024.

Direct care staff person B did not receive training in instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation, and support plan during training year 2024.

65f - Training Topics (continued)

Plan of Correction

Accept [redacted] - 01/07/2026)

Immediately: Administrator has educated the HR Director on all the required subjects for the PC Staff.

Current: HR Director and Administrator will work together to create the Annual Training plan so that Administrator will be able to schedule the appropriate in-person trainings for the year.

Future: Administrator will run monthly reports to keep track of the training progress as well as all in-person trainings will be kept track on a new form created by the Administrator with date, description of in-person training and hours attended. This will also be added to the Policy and Procedure created.

Licensee's Proposed Overall Completion Date: 01/09/2026

Implemented [redacted] - 01/27/2026)

65g - Annual Training Content

3. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff person A did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert, emergency preparedness procedures, and recognition and response to crises and emergency situations, falls, and accident prevention during training year 2024.

Staff person B did not receive training in resident rights, falls and accident prevention during training year 2024.

Plan of Correction

Accept [redacted] - 01/07/2026)

Immediately: Administrator has educated the HR Director on all the required subjects for the PC Staff.

Current: HR Director and Administrator will work together to create the Annual Training plan so that Administrator will be able to schedule the appropriate in-person trainings for the year.

Future: Administrator will run monthly reports to keep track of the training progress as well as all in-person trainings will be kept track on a new form created by the Administrator with date, description of in-person training and hours attended. This will also be added to the Policy and Procedure created.

65g - Annual Training Content (continued)

Licensee's Proposed Overall Completion Date: 01/09/2026

Implemented [REDACTED] - 01/27/2026)

103i - Outdated Food

4. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

There were unlabeled carrots, butter, cabbage, and ham in the walk-in refrigerator.

There were unlabeled, undated peas, sausage, and chicken in the walk-in freezer.

There were unlabeled, undated spaghetti in the food pantry.

There was an unlabeled bag of cookies in the food pantry.

Plan of Correction

Accept [REDACTED] - 01/09/2026)

1/9/2026 (New POC)

Immediate: All undated products were thrown away, and unlabeled food was labeled. Director of Dining also conducted a team huddle to review the importance of dating and labeling opened food.

Current and Future

1. Dining Director will provide education to all kitchen staff about the proper way of labeling food items being stored. Any opened food needs the name of the product and the date of when it was opened even if the product is visibly noticeable of what it is.
2. Dining Director will post signs around the kitchen to remind everyone to label, and date opened food before being stored.
3. Kitchen supervisor will complete an audit at 3:00 pm and 7:00 pm to make sure anything opened that day has a label and date.

Licensee's Proposed Overall Completion Date: 01/23/2026

Implemented [REDACTED] - 01/27/2026)

107d - Procedure Emergency Management Agency Submission

5. Requirements

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home's written emergency procedures letter was submitted on [REDACTED]. The previous emergency procedures letter was submitted on [REDACTED].

Plan of Correction

Accept [REDACTED] - 01/07/2026)

Immediate: Administrator was looking at all the letters that were sent to the Fire Chief in previous years, and they

107d Procedure Emergency Management Agency Submission (continued)

were dated in October. Administrator did not see that the last one was emailed let alone emailed in May by the Executive Director.

Current and Future: Administrator will create and utilize a section of the current DHS Checklist of resident dates, pet immunizations and be sure to utilize a current date submitted and due date to be submitted to ensure submission is completed and on time.

Licensee's Proposed Overall Completion Date: 01/09/2026

Implemented [redacted] - 01/27/2026)

183e - Storing Medications

6. 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 [redacted], [redacted] instilled one drop into both eyes daily at 8:00 am with an opening date of [redacted] was in the medication cart. According to the manufacturer's instructions, medication must be discarded after 28 days.

Repeat Violation: [redacted]

Plan of Correction

Accept [redacted] 01/07/2026)

Immediate: Administrator will complete an education on the open dates vs the manufacturer/prescription dates.

Current: Administrator and LPN will create an open date list and be sure to add to each medication cart for reference.

Future: Administrator will add check open dates on the Medication Cart Audits completed weekly.

Licensee's Proposed Overall Completion Date: 01/09/2026

Implemented [redacted] - 01/27/2026)

190c - Record of Training

7. Requirements

2600.

190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

Description of Violation

The home's medication administration training record for staff persons A and B does not include documentation of successful completion of the training for 2024.

Plan of Correction

Accept [redacted] - 01/07/2026)

Immediate: Administrator (Medication Train the Trainer) had the Staff persons A and B complete the DHS Medication Administration.

190c Record of Training (continued)

Current and Future: Executive Director prior to Administrator had a Practicum Observer trained now that was not available previously and current Administrator utilizes [REDACTED] for assistance. Administrator will also be having LPN complete the DHS Medication Train the Trainer once [REDACTED] is employed for 6 months which will be 3/11/2026. Payment for class was already submitted.

Licensee's Proposed Overall Completion Date: 01/09/2026

Implemented [REDACTED] - 01/27/2026)

227d - Support Plan Medical/Dental

8. 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], indicates the resident is independent in the ability to avoid poisonous materials. Per the medical evaluation dated [REDACTED], the resident cannot avoid poisonous materials. The resident's support plan dated [REDACTED] does not address how this need will be met.

Plan of Correction

Accept [REDACTED] - 01/07/2026)

Immediate: Administrator educated self on this by reviewing regulation. Administrator should have completed a new support plan due to the change. Administrator also spoke with PCP who marked this person as not able to. PCP was not understanding what the question was truly asking.

Current: Administrator will review all DME's to Support plans to ensure that all are matching and have the plan completed.

Future: Administrator will be completing the Support Plan when the DME is due or vice versa moving forward for all residents.

Licensee's Proposed Overall Completion Date: 01/09/2026

Implemented [REDACTED] 01/27/2026)

227g -Support Plan Signatures

9. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident [REDACTED] participated in the development of [REDACTED] support plan on [REDACTED]. However, the resident did not sign the support plan.

Plan of Correction

Accept [REDACTED] - 01/07/2026)

Immediate: Administrator had resident sign the support plan.

227g -Support Plan Signatures (continued)

Current: Administrator will review all support plans to ensure signatures of participants.

Future: Administrator will add this to the DHS Checklist to ensure that the signature was retrieved.

Licensee's Proposed Overall Completion Date: 01/09/2026

Implemented [REDACTED] - 01/27/2026)