

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

March 2, 2026

[REDACTED], ADMINISTRATOR
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 01/23/2026 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: *10/01/2026*
 Address: *50 SOUTH CONGRESS STREET, NEWTOWN, PA 18940*
 County: *BUCKS* Region: *SOUTHEAST*

Administrator

Name: *Norma Coverdale* Phone: *2159683346* Email: *NCOVERDALE@FRIENDS-VILLAGE.ORG*

Legal Entity

Name: *FRIENDS BOARDING HOME OF BUCKS QUARTERLY MEETING*
 Address: *50 SOUTH CONGRESS STREET, NEWTOWN, PA, 18940*
 Phone: *2159683346* Email: *NCOVERDALE@FRIENDS-VILLAGE.ORG*

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *11* Waking Staff: *8*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *01/23/2026*

Inspection Dates and Department Representative

01/23/2026 - On-Site: Kate Helm

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *25* Residents Served: *11*
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: *11*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

01/23/2026 - Full

Lead Inspector: *Kate Helm* Follow-Up Type: *POC Submission* Follow-Up Date: *02/09/2026*

02/10/2026 - POC Submission

Submitted By: *Norma Coverdale* Date Submitted: *02/11/2026*
 Reviewer: *Claire Mendez* Follow-Up Type: *POC Submission* Follow-Up Date: *02/15/2026*

Inspections / Reviews (*continued*)

02/11/2026 - POC Submission

Submitted By: *Norma Coverdale*Date Submitted: *02/11/2026*Reviewer: *Claire Mendez*Follow-Up Type: *Document Submission* Follow-Up Date: *02/23/2026*

03/02/2026 - Document Submission

Submitted By: *Norma Coverdale*Date Submitted: *02/11/2026*Reviewer: *Claire Mendez*Follow-Up Type: *Not Required*

51 - Criminal Background Check

1. Requirements

2600.

- 51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff Member A did not have the appropriate criminal background check completed before working with residents in the home. All employees, including administrators, hired after July 1, 1998 require a Pennsylvania State Police Criminal Background Check ("PSP check") in accordance with 6 Pa.Code Chapter 15. PSP checks must be completed on the Pennsylvania State Police Request for Criminal Background Check form (SPF-164) or done through the Pennsylvania State Police's "E-Patch" online system.

Plan of Correction

Accept (CM - 02/11/2026)

We did not have a hard copy of staff member A criminal history. He works for our food service company. I did receive a copy of the check on 1/23/26. In future the administrator will make sure to get hard copies of all criminal checks prior to start date starting with next new hire. Administrator will get the start date from Human Resource Director or Dining Manager and ensure background check is completed before start date. Administrator will keep the copies in binder with all other criminal background checks. See attached criminal background check. Administrator did an audit of all current employees on 1/26/2026 and all employees had background checks. Administrator will do an audit of all background checks annually.

Licensee's Proposed Overall Completion Date: 02/10/2026

Implemented (CM - 03/02/2026)

65a - FS Orientation 1st Day

2. Requirements

2600.

- 65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:
 1. Evacuation procedures.
 2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
 3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
 4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
 5. The location and use of fire extinguishers.
 6. Smoke detectors and fire alarms.
 7. Telephone use and notification of emergency services.

Description of Violation

Staff person A, whose first day of work was 10/24/25, did not receive orientation on the following topics: Evacuation procedures; Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable; The designated meeting place outside the building or within the fire-safe area in the event of an actual fire; Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable; The location and use of fire extinguishers; Smoke detectors and fire alarms; Telephone use and notification of emergency services.

65a - FS Orientation 1st Day (continued)

Plan of Correction

Directed (CM - 02/11/2026)

Administrator will ensure to have above training completed before first day of work. 1 thru 7 of regulation 2600.65a. Administrator will make sure copies are kept in employees file. On 2/4/26 administrator reviewed and trained Staff Person A on orientation topics from regulation 2600.65a. Form attached. Form was put in employees file. Administrator did an audit of current employees records to ensure orientation topics were completed. She performed audit on 2/4/26 all were complete. Administrator will ensure all employees have training done prior to Day 1 going forward. She will set up training date with Human Resources or Dining Manager to ensure done before start working.

Proposed Overall Completion Date: 02/10/2026

Directed Plan of Correction (CM - 2/11/26):

To clarify and add to the above plan of correction, within 10 days of the receipt of the acceptable plan of correction, the administrator shall educate all staff responsible for hiring and onboarding employees of the requirements to complete orientation topics on or before the first day of work.

Beginning immediately, the administrator shall review all new employee orientation completion tasks on the first day or work for 2 months, then monthly thereafter.

Directed Completion Date: 02/20/2026

Implemented (CM - 03/02/2026)

65b - Rights/Abuse 40 Hours

3. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Description of Violation

Staff person A completed their 40th scheduled work hour on approximately 11/14/25; however, this staff person did not complete training in the following topics: Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § 10225.101-10225.5102).

Plan of Correction

Directed (CM - 02/11/2026)

Administrator will ensure that within the first 40 scheduled working hours that employees are trained on topics of regulation 2600.65b. Administrator will make sure copies are in employees file. On 2/4/26 and 2/6/26 Administrator trained Employee A on required training listed in 2600.65b regulation. Form attached. Form was put in employee file. Administrator did an audit of all employee records on 2/4/26 to ensure topics were completed in a timely fashion all other employees were complete. Going forward Administrator will keep a record of new hire training with a copy of schedule to ensure training done within the 40 hours and is recorded in employee file. Administrator or Human Services Manager will audit employee files annually to make sure in compliance.

65b - Rights/Abuse 40 Hours (continued)

Proposed Overall Completion Date: 02/10/2026

Directed Plan of Correction (CM - 2/11/26)

To clarify and add to the above plan of correction, within 10 days of the receipt of the acceptable plan of correction, the administrator shall educate all staff responsible for hiring and onboarding employees of the requirements to complete education topics during the first 40 hours of work.

Beginning immediately, the administrator shall develop a tracking system and review employee education requirements monthly for 6 months.

Directed Completion Date: 02/20/2026

Implemented (CM - 03/02/2026)

124 - Notice to Fire Department

4. Requirements

2600.

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The home does not have documentation of written notification to the local fire department of the address of the home, location of the bedrooms, and the assistance needed to evacuate in an emergency.

Plan of Correction

Accept (CM - 02/11/2026)

Administrator sent an email to Fire Chief to comply with regulation 2600.124. Administrator will send out letter annually in January to be in compliance. Administrator has put a note in fire drill binder to remind to do letter every January. Administrator will keep a copy of sent information in fire drill binder. See attached email sent to Fire Company and the received email notification. Original sent 2/4/2026. Resent with updated information 2/10/26 See attached

Licensee's Proposed Overall Completion Date: 02/10/2026

Implemented (CM - 03/02/2026)

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 1/23/26, Resident #1's Calcium Carbonate 600mg tab blister pack was observed to have a punctured blister foil with the medication still present in the spot- exposing it to contamination or improper sanitation.

Plan of Correction

Directed (CM - 02/11/2026)

Med tech disposed of the pill during inspection. In future any blister pack medications that have any punctures will

183e - Storing Medications (continued)

be disposed of immediately. Administrator spoke with all techs and educated them on disposal of any punctured blister packs and why they are potential risks of contamination and sanitation. Spoke with aides on 2/3/26. (attachment) Techs will be mindful to check blister packs when administering medications. Administrator or designee will check all blister packs during quarterly cart audits.

Proposed Overall Completion Date: 02/10/2026

Directed Plan of Correction (CM - 2/11/26):

Beginning immediately, the administrator shall audit medications for the requirements of 183 weekly for two months, monthly for two months, and quarterly thereafter.

Directed Completion Date: 02/10/2026

Implemented (CM - 03/02/2026)