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

August 12, 2026

[redacted], DIRECTOR
BARCLAY FRIENDS
700 NORTH FRANKLIN STREET
WEST CHESTER, PA, 19380

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

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/13/2026, 07/14/2026 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: *BARCLAY FRIENDS* **License #**: *14682* **License Expiration**: *05/31/2027*

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: *700 NORTH FRANKLIN STREET, WEST CHESTER, PA, 19380*

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *I-1* **Date**: *07/08/2020* **Issued By**: *Borough of West Chester*

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

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *89* **Waking Staff**: *67*

Inspection Information

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

Reason: *Renewal* **Exit Conference Date**: *07/14/2026*

Inspection Dates and Department Representative

07/13/2026 - On-Site: [redacted]

07/14/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *103* **Residents Served**: *59*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Bartram Way & Goshen* **Capacity**: *51* **Residents Served**: *30*

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *59*

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

Have Mobility Need: *30* **Have Physical Disability**: *0*

Inspections / Reviews

07/13/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/14/2026*

Inspections / Reviews *(continued)*

08/12/2026 POC Submission

Submitted By: [redacted]
Date Submitted: *08/12/2026*
Reviewer: [redacted]
Follow Up Type: *Bypass Document Submission*

08/12/2026 Bypass Document Submission

Submitted By: [redacted]
Date Submitted: *08/12/2026*
Reviewer: [redacted]
Follow Up Type: *Not Required*

88a - Surfaces

1. Requirements

2600.
88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

The bathroom door in room 223 is missing a door handle.

Plan of Correction ***Accept ([redacted] - 08/12/2026)***

Immediately (7/13/26) doorknob was repaired. (see attached Photograph 223)

7/15 inspection of all resident areas completed to ensure doorknobs in good working order. (see attached doorknob audit) Residents provided re-education during Resident Council meeting to report any items in need of repair on 7/29/26. Reminder sent to all team members electronically 8/5/26.

Ongoing caregivers will report any items that need to be repaired during daily care and rounds of resident rooms to maintenance department via Work order system or Personal Care Administrator so repair can occur starting 8/10/26.

Licensee's Proposed Overall Completion Date: *08/31/2026*

Implemented ([redacted] - 08/12/2026)

101j7 - Lighting/Operable Lamp

2. 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

Resident 1 does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction ***Accept ([redacted] - 08/12/2026)***

Immediately (7/13/26) bedside lamp was replaced. Family notified and reported that they had moved it the prior weekend.

7/15/26 inspection of all resident areas completed to ensure bedside lamps are in place completed by PCA. (see attached lamp audit) Resident's provided re-education during Resident Council meeting of requirement to have bedside lamp 7/29/26. Reminder sent to all team member electronically 8/5/26.

Ongoing caregiver will report any room that is missing a bedside lamp to the Personal Care Administrator during daily care and rounds of resident rooms starting week of 8/10/26. (see attached weekly housekeeping checkoff list)

Licensee's Proposed Overall Completion Date: *08/31/2026*

Implemented ([redacted] - 08/12/2026)

183d - Prescription Current

3. Requirements

2600.
183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 7/13/2026, Bisacodyl 10 MG Suppository, prescribed for Resident 2, was in the home's 2nd floor medication cart; however, this medication was discontinued on 6/24/2026.

Plan of Correction ***Accept (- 08/12/2026)***

Immediately (7/13/26) medication destroyed per facility protocol. Audit of medication carts completed by Director of Nursing on 7/13/26. No additional medications were discovered. (See attached medication cart audit)

8/5/2026 Re-education completed by Clinical Care Coordinator for medication staff to ensure compliance with disposal of non-prescribed medications. (see attached education)

Ongoing weekly audits to be completed by charge nurse for to review only medications with current order are on the medication area starting week of 8/10/26. (see attached weekly medication audit form)

Licensee's Proposed Overall Completion Date: *08/31/2026*

Implemented (- 08/12/2026)

183e - Storing Medications

4. 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 7/13/2026:

- *the back of the blister pack for Resident 3's prescribed Preservision AREDS 2 had a puncture at spot 33; the medication was still in the package.*
- *the back of the blister pack for Resident 3's prescribed Duloxetine HCL DR 20 mg cap had a puncture at spot 17; the medication was still in the package.*
- *the back of the blister pack for Resident 4's prescribed Lorazepam .5 mg Tab had tape on spot 14; the medication was still in the package.*
- *the back of the blister pack for Resident 5's prescribed Diazepam 2 mg Tablet had a puncture at spot 17 and tape on spot 21; the medication was still in the package.*

Plan of Correction ***Accept (- 08/12/2026)***

Immediately (7/13/26) medications were destroyed per facility protocol by the director of nursing. Audit of medication carts completed by Director of Nursing on 7/13/26. Medications with punctures destroyed per facility protocol by director of nursing and nurse per protocol. (see attached medication cart audit) Medication cart reorganized to better accommodate medication blister packs and avoid punctures by medication tech on 7/13/26.

8/5/2026 Re-education completed by Clinical Care Coordinator to ensure medication blister packs are stored correctly and medications blister packs with punctures require medication to be destroyed. (see attached education)

183e - Storing Medications (continued)

Ongoing weekly audits to be completed by charge nurse to monitor medication blister packs for punctures starting 8/10. (see attached audit form)

Licensee's Proposed Overall Completion Date: *08/31/2026*

Implemented ([redacted] - 08/12/2026)

185a - Implement Storage Procedures

5. Requirements

2600.
185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident 3 is prescribed Preparation H Ointment, 1 application miscellaneous every 24 hours as needed. On 7/13/2026 this medication was not available in the home.

On 7/13/2026, at 2:08 PM, a glucometer labeled with Resident 6's name was unattended and accessible on top of the 1st floor medication cart.

Resident 7 is prescribed Preparation H Ointment, insert 1 insert rectally as needed, apply 4 times daily as needed. On 7/13/2026 this medication was not available in the home.

Resident 8 is prescribed Bisacodyl Rectal Suppository 10 mg, insert 1 suppository rectally every 24 hours as needed. On 7/13/2026 this medication was not available in the home.

Plan of Correction ***Accept ([redacted] - 08/12/2026)***

Immediately (7/13/26) medications ordered from pharmacy for resident 3, 7 and 8. Glucometer secured in medication cart. Audit of medication carts completed by Director of Nursing on 7/13/26. (see attached audit)

8/5/2026 Re-education completed by Clinical Care Coordinator to ensure medications are available per physician order and that resident's glucometer are kept in secured drawer when not in use. (see attached education)

Ongoing weekly audits to be completed by charge nurse to monitor medications are available for resident per physician order starting week of 8/10/26. (see attached medication audit)

Ongoing weekly checks completed by Director of nursing or clinical care coordinator to ensure glucometer is not stored on medication for 1 month then monthly until 3 consecutive months of compliance starting week of 8/17/26. (see attached QAPI plan)

Licensee's Proposed Overall Completion Date: *08/31/2026*

Implemented ([redacted] - 08/12/2026)

187b - Date/Time of Medication Admin.

6. Requirements

2600.
187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident 5 is prescribed Acetaminophen 500 mg caplet, give 1 tablet by mouth three times a day; Lorazepam 0.5 mg tablet, give 1 tablet by mouth three times a day; and Morphine Sulf 20 mg/1 ml conc, give 0.25 ml orally four times a day. Resident 5's June 2026 medication administration record does not include the initials of the staff person who administered Acetaminophen 500 mg caplet, Lorazepam 0.5 mg tablet, and Morphine Sulf 20 mg/1 ml conc on 6/22 at 2:30 PM.

Resident 9 is prescribed Lidocaine Pain Relief 4% PA, apply to lower back topically every morning and at bedtime. Resident 9's June 2026 medication administration record does not include the initials of the staff person who administered Lidocaine Pain Relief 4% PA on 6/2 and 6/8 at 6:00 AM.

Plan of Correction ***Accept ([redacted] - 08/12/2026)***

8/5/2026 Re-education completed by Clinical Care Coordinator to ensure medication are administered and signed out per the physician order. (See attached education)

Ongoing weekly audits to be completed by charge nurse to monitor medication are administered and recorded per physician order to the resident starting week of 8/10/26. (see medication audit form)

Ongoing at the end of shift med techs and nurses will review EMAR in Point Click Care to ensure all medications were given and signed out for there shift. Weekly the Director of Nursing or Clinical Care Coordinator will complete audits of the EMAR to ensure medications are signed out for 1 month then monthly for for 3 consecutive months of compliance. (See attached QAPI plan)

Licensee's Proposed Overall Completion Date: *08/31/2026*

Implemented ([redacted] - 08/12/2026)