

Department of Human Services
Bureau of Human Service Licensing

May 12, 2021

[REDACTED], ADMINISTRATOR
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 02/23/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: BARCLAY FRIENDS **License #:** 14682 **License Expiration Date:** 08/11/2021
Address: 700 NORTH FRANKLIN STREET, WEST CHESTER, PA 19380
County: CHESTER **Region:** SOUTHEAST

Administrator

Name: [REDACTED] **Phone:** 484-319-1168 **Email:** [REDACTED]

Legal Entity

Name: BARCLAY FRIENDS
Address: 700 NORTH FRANKLIN STREET, WEST CHESTER, PA, 19380
Phone: 6106965211 **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: I-1 **Date:** 06/26/2020 **Issued By:** BOROUGH OF WEST CHESTER

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 32 **Waking Staff:** 24

Inspection

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Incident **Exit Conference Date:** 02/23/2021

Inspection Dates and Department Representative

02/23/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 75 **Residents Served:** 18

Secured Dementia Care Unit

In Home: Yes **Area:** BATRUM WAY **Capacity:** 23 **Residents Served:** 14

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 18
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 14 **Have Physical Disability:** 0

Inspections / Reviews

02/23/2021 - Partial

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow-Up Date: *05/03/2021*

5/4/2021 POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *05/07/2021*

5/12/2021 - Document Submission

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

185a - Implement Storage Procedures**1. 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 #1 is prescribed Tylenol as needed. On 2/23/21, the Tylenol 325 mg was not available in the home.

Plan of Correction**Accept**

*Tylenol as needed was ordered on 2/24/2021. To ensure compliance with this regulation the 11pm-7am staff will audit 3 resident "as needed" medications each night to make sure they are available.
please see attached.*

Completion Date: 02/24/2021

Document Submission**Implemented**

Staff has completed an initial audit of all residents medication and will audit medications monthly to ensure compliance with this regulation.

**Violation Withdrawn
5/3/21**