

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

July 31, 2025

[REDACTED], CEO
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 07/08/2025, 07/09/2025 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: *05/31/2026*
 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: *West Chester Borough*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *72* Waking Staff: *54*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *07/09/2025*

Inspection Dates and Department Representative

07/08/2025 - On-Site: [REDACTED]
 07/09/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *103* Residents Served: *51*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Bartram Way and Goshen* Capacity: *51* Residents Served: *21*

Hospice
 Current Residents: *4*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *51*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *21* Have Physical Disability: *0*

Inspections / Reviews

07/08/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/02/2025*

Inspections / Reviews (*continued*)

07/29/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/31/2025

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 07/31/2025

07/31/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/31/2025

Reviewer: [REDACTED]

Follow-Up Type: Bypass Document
Submission

07/31/2025 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/31/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 07/08/25, at 9:57 AM, a computer monitor screen displaying resident personal information was unlocked, unattended, and accessible in the unlocked and open medication room in the Bartram Memory Care Unit.

Plan of Correction

Accept (█) - 07/29/2025

Immediately, door was repaired 7/8/25. Education completed with charge nurse by Director of Nursing on 7/8/2025. Current staff educated by Director of Nursing on 2600.17. 7/23/2025. Ongoing monthly checks will be completed by PCHA to ensure sensitive information remains private starting in August 2025 for 6 months.

Licensee's Proposed Overall Completion Date: 08/25/2025

Implemented (█) - 07/31/2025

28e - Death of a Resident

2. Requirements

2600.

28.e. In the event of a death of a resident under 60 years of age, the administrator shall refund the remainder of previously paid charges to the resident's estate within 30 days from the date the room is cleared of the resident's personal property. In the event of a death of a resident 60 years of age and older, the home shall provide a refund in accordance with the Elder Care Payment Restitution Act (35 P. S. § § 10226.101—10226.107). The home shall keep documentation of the refund in the resident's record.

Description of Violation

Resident #1 passed away on █ Resident #1's personal belongings were removed on █ however, as of 07/09/25, a refund of █ has not been processed to the resident's estate.

Plan of Correction

Accept (█) - 07/29/2025

Resident 1 received refund 7/9/2025. CFO educated by PCHA on regulation 2600.28e on 7/8/25. Ongoing CFO and Business office will provide refunds within requirements of regulation. CFO or Billing and AP Specialist will audit refunds monthly for 6 months to ensure compliance starting in July 2025.

Licensee's Proposed Overall Completion Date: 08/25/2025

Implemented (█) - 07/31/2025

42s - Privacy

3. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On 07/08/25, at approximately 10:00 AM, video recording devices were identified in the home's main entrance. The home does not have a sign posted in this area indicating images are being recorded.

42s - Privacy (continued)

Repeat Violation: 07/29/24, et al

Plan of Correction

Accept () - 07/29/2025

Video recording signs are located at the entrances to all personal care areas. Immediately a sign was added to skilled nursing/Barclay Friends entrance 7/8/25. Starting 7/26/25 weekly Manager on Duty will complete rounds to ensure compliance with regulation.

Licensee's Proposed Overall Completion Date: 08/25/2025

Implemented () - 07/31/2025

65a - FS Orientation 1st Day

4. 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 [redacted], did not receive orientation on the following topics: smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, and the location of fire extinguishers.

Staff person B, whose first day of work was [redacted], did not receive orientation on the following topics: smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, and the location of fire extinguishers.

Plan of Correction

Directed () - 07/31/2025

Staff Person A completed smoking safe areas as part of New Hire orientation on [redacted] as part of employee handbook. Staff Person B completed smoking safe areas as part of New Hire orientation [redacted] as part of employee handbook. Fire safety training updated to include location of fire extinguisher, education will be included with all new hires during first day worked. HR will complete monthly audit of new hires for 6 months starting in July 2025, to ensure all new hire trainings are completed.

Proposed Overall Completion Date: 08/25/2025

Directed

Immediately: The administrator or designee will ensure all trainings will be provided to the Department upon request. [redacted] 7/31/25

Directed Completion Date: 08/25/2025

65a - FS Orientation 1st Day (continued)

Implemented () - 07/31/2025)

65b - Rights/Abuse 40 Hours

5. 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 40th scheduled work hour by . However, this staff person did not complete training in resident rights until .

Plan of Correction

Accept () - 07/29/2025)

Staff person A completed Resident Rights as part of NEO training . All staff that attend NEO receive resident rights on the first day. HR will complete monthly audit of new hires for 6 months starting in July 2025 to ensure continued compliance with regulation 2600.65b.

Licensee's Proposed Overall Completion Date: 08/25/2025

Implemented () - 07/31/2025)

95 - Furniture and Equipment

7. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On 07/08/25, at 9:57 AM, the door to the medication room in the Bartram Memory Care Unit was unable to close completely due to a problem with the door's hardware.

Plan of Correction

Accept () - 07/29/2025)

Immediately the door was repaired 7/8/25. Ongoing door to be inspected during Monthly Maintenance Rounds starting August 2025. Rounds will be reviewed at monthly QAPI meetings until 6 months of consecutive months of compliance.

Licensee's Proposed Overall Completion Date: 08/25/2025

Implemented () - 07/31/2025)

103i - Outdated Food

8. Requirements

2600.

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

Description of Violation

The following unlabeled and undated food items were found in the Bartram Memory Care Unit's kitchenette; a piece

103i - Outdated Food (continued)

of pie and half a sheet cake of iced lemon squares.

Plan of Correction

Accept (█) - 07/29/2025

Immediately the food item was removed and disposed of. All Kitchenette areas audited for undated food items on 7/8 by PCHA. Education provided to dietary staff by Dining Director 7/23/25. Ongoing Dining Director or Dining Supervisor will conduct weekly audits of kitchenettes to ensure no undated or expired items are in the unit for 3 months then monthly for 3 months.

Licensee's Proposed Overall Completion Date: 08/25/2025

Implemented (█) - 07/31/2025

125a - Combustible Storage

9. Requirements

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

Several flammable materials including cardboard boxes, Rust-Oleum spray paint and 3M Corner Bead Adhesive were stored near the home's heating equipment in the boiler room.

Plan of Correction

Accept (█) - 07/29/2025

Immediately items removed from boiler room. Ongoing combustible items in boiler room to be inspected during Monthly Maintenance Rounds. Rounds will be reviewed at monthly QAPI meetings until 6 months of consecutive compliance.

Licensee's Proposed Overall Completion Date: 08/25/2025

Implemented (█) - 07/31/2025

162c - Menus Posted

11. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

On Tuesday 07/08/25, at 9:53 AM, the posted menus in both memory care and personal care were not posted for a week in advance. The posted menu titled "Week 1" has the days/dates listed as: Wednesday Jun-11, Jul-09, Thursday Jun-12, Friday Jun-13, Saturday Jun-14, Sunday Jun-15, Monday Jun-16 and Tuesday Jun-17. The posted menu titled "Week 4" is the current week, dated Wednesday Jul-02 through Tuesday Jul-08.

Repeat Violation: 07/29/24, et al.

Plan of Correction

Accept (█) - 07/29/2025

Immediately menus updated 7/8/25. On going: Director of Dining to inspect all kitchenette area's weekly for 3 months starting week of 7/21/25, then every 2 weeks for 3 months to ensure appropriate menus are posted.

Licensee's Proposed Overall Completion Date: 08/25/2025

162c - Menus Posted (*continued*)

Implemented (█ - 07/31/2025)

234a - Admission Support Plan

12. Requirements

2600.

234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident #3 was admitted to the Secure Dementia Care Unit (SDCU) on █ However, the resident's initial support plan was completed on █

Plan of Correction

Accept (█ - 07/29/2025)

Audit completed for compliance with 2600.234a regulation by PCHA on 7/21/25. Education provided to DON by PCHA on requirements of SDCU admissions and time from for RASP on 7/9/25. Ongoing DON and PCHA will audit all new admissions to ensure compliance with regulation 2600.234a. Audits will be reviewed at monthly QAPI meetings until 6 months of consecutive months of compliance.

Licensee's Proposed Overall Completion Date: 08/25/2025

Implemented (█ - 07/31/2025)