

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395848	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2025
NAME OF PROVIDER OR SUPPLIER Barclay Friends		STREET ADDRESS, CITY, STATE, ZIP CODE 700 North Franklin West Chester, PA 19380	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>Based on facility requirements according to the Affordable Care Act (ACA), review of Payroll Based Journal (PBJ) Staffing Data Reports, and staff interview, it was determined that the facility failed to electronically submit accurate direct care staffing information for one of the last four quarters (Quarter One of 2025).</p> <p>Findings include:</p> <p>Review of Section 6106 of the ACA requires facilities to electronically submit direct care staffing information (including agency and contract staff) based on payroll and other auditable data to the Centers for Medicare and Medicaid Services (CMS).</p> <p>First quarter reporting includes data from October 1st through December 31st.</p> <p>Review of PBJ staffing data reports for fiscal year first quarter 2025 revealed the facility triggered for No RN hours on October 1, 2024, through October 31, 2024, November 1, 2024, through November 30, 2024, December 1, 2024, through December 31, 2024, and Failed to have Licensed Nursing Coverage 24 hours/day on October 1, 2024, through October 31, 2024, November 1, 2024, through November 30, 2024, and December 1, 2024, through December 31, 2024.</p> <p>Review of staffing documentation for October, November and December 2024, revealed the facility did have RN hours on October 1, 2024, through October 31, 2024, November 1, 2024, through November 30, 2024, and December 1, 2024, through December 31, 2024, the facility did have Licensed Nursing Coverage 24 hours/day, indicating the facility failed to submit accurate PBJ information as required by the ACA.</p> <p>During an interview on June 13, 2025, at 10:30 a.m., the DON confirmed that the PBJ report for Quarter One for 2025 was submitted inaccurately.</p> <p>28 Pa. Code 201.18(b)(3) Management</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------