



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
Norristown State Hospital
1001 Sterigere Street
Bldg 2 Rm. 161
Norristown, Pennsylvania 19401

ADULT RESIDENTIAL LICENSING

1-866-711-4115
610-270-1137

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
Mailing Date: September 13, 2010

Mr. Kenneth D. Hook, Administrator
Independence Court of Quakertown
1660 Park Avenue
Quakertown, Pennsylvania 18951

Dear Mr. Hook:

As a result of the Department of Public Welfare's licensing inspection on August 13, 2009 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.



Sincerely,

A handwritten signature in cursive script that reads "Chevón Mitchell".

Chevón Mitchell
Acting Regional Licensing Administrator

Enclosure(s)
Violation Report

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME Independence Court of Quakertown 1660 Park Avenue, Quakertown, PA 18951		CURRENT LICENSE NUMBER 127030	
INSPECTION DATE(S) (Include all dates of the inspection) August 13, 2009		REGIONAL REPRESENTATIVE Christine McHale, Leslie Erhardt, and Justin Trupp	
SIGNATURE OF LEGAL ENTITY 	DATE 5/4/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 5/19/10

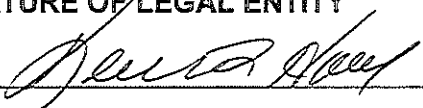
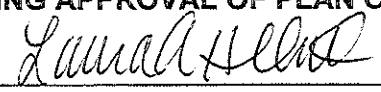
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
<p>22a1, 224a</p> <p>22a1 The following admission document shall be completed for each resident - Preadmission screening completed prior to admission on a form specified by the Department.</p> <p>224a A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.</p>	<p>Resident #1 was admitted to the home on 10/2/08 after being discharged from a hospital for psychiatric care following a suicide attempt. The resident's pre-admission screening does not address the resident's history of suicide attempts.</p>	<p>5/4/10 ONGOING</p> <p>5/4/10 ONGOING</p>	<p>The pre-admission screening form will be reviewed to ensure it is completed, prior to being placed on the resident record.</p> <p>To prevent recurrence pre-admission screening will be done within 30 days prior to admission to determine if services are able to meet the needs of the resident. The Administrator or Designee will oversee all future admissions to ensure compliance.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>5/19/10 LEH Date Initials (DPW)</p>

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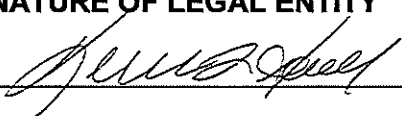
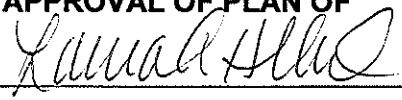
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141b2 A resident shall have a new medical evaluation if the medical condition of the resident changes prior to the annual medical evaluation.	Resident #1 was admitted to the home on 10/2/08. A medical evaluation was completed for the resident on 10/8/08 that states the resident cannot self-administer medications. On 10/31/08 the resident's physician determined that the resident was able to self-administer all medications as per doctor's orders and nurses' notes. The home did not have the medical evaluation updated to reflect this information.	4/28/10 5/4/10 ON GOING	An updated Medical evaluation was completed to address change in status and ability to self-medicate with assistance to store medication in a secure place. *attached Director of Resident Care or Designee will implement the completion of a new medical evaluation for residents with significant change	Steps have been taken to correct violation; full compliance is not verifiable 5/19/10 <i>[Initials]</i> Date Initials (DPW)

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225c The resident shall have additional assessments as follows: (1) Annually. (2) If the condition of the resident significantly changes prior to the annual assessment. (3) At the request of the Department upon cause to believe that an update is required.	Resident #1's physician determined that the resident was able to self-administer medications on 10/31/08. The home did not update the resident's assessment to reflect this information.	4/28/10 5/4/10+ ON GOING	Assessment was completed to indicate change and reflect self medicating as per order. * see attached current assessment Res Care Director or Director will complete and update assessment if condition significantly changes	Steps have been taken to correct violation; full compliance is not verifiable 5/19/10 LAH Date Initials (DPW)

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227c The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.	Resident #1's physician determined that the resident was able to self-administer medications on 10/31/08. The home did not update the resident's support plan to reflect this information.	4/28/10 5/4/10+ ONGOING	Support plan was revised to indicate change and reflect self medication with assistance provided # see attached current support plan Audits will be done by Res Care Director or Designee to ensure updates to assessments and support plans are completed.	Steps have been taken to correct violation; full compliance is not verifiable 5/19/10 Date Initials (DPW) 