

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to TRI-COUNTY RESPITE, INC.

LEGAL ENTITY

To operate TRI-COUNTY RESPITE-QUAKERTOWNE HOUSE

NAME OF FACILITY OR AGENCY

Located at 219 EAST BROAD STREET, QUAKERTOWN, PA 18951

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 65

(MAXIMUM CAPACITY)

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from May 19, 2010 until May 19, 2011,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 126810

*Robert E. Robinson*

ISSUING OFFICER

*Kevin T. Casey*

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
PO BOX 2675  
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

MAY 19 2010

PHONE: (717) 783-3670  
FAX: (717) 783-5662

Mr. Adam Devlin, President  
Tri-County Respite, Inc.  
219 East Broad Street  
Quakertown, Pennsylvania 18951

RE: Tri-County Respite-Quakertown House  
219 East Broad Street  
Quakertown, Pennsylvania 18951

Dear Mr. Devlin:

As a result of the Department of Public Welfare's licensing inspection on January 12, 2010 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.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey  
Deputy Secretary

Enclosures  
License  
Violation Report



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

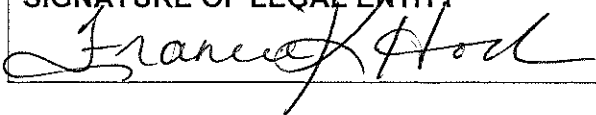
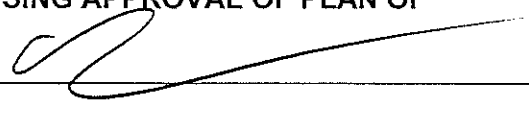
<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Tri-County Respite – Quakertowne House, 219 East Broad Street, Quakertown, PA 18951		<b>CURRENT LICENSE NUMBER</b> 126810	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> January 12, 2010		<b>REGIONAL REPRESENTATIVE</b> Laura Santa Maria and Doug Hoover	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Francis J. Hod</i>	<b>DATE</b> 3-3-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>[Signature]</i>	<b>DATE</b> 3/17/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	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
82c Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.	<ul style="list-style-type: none"> <li>In the resident's basement laundry room, there was unlocked and accessible Austin's bleach. The label read "if swallowed call poison control center."</li> <li>In the basement room that is adjacent to the maintenance room, there was an unlocked and accessible container of Rich Lux Semigloss Interior Latex Enamel. The label read "if swallowed call poison control center."</li> </ul> <p>Repeated Violation: 12/15/08</p>	<p>1-12-10</p> <p>3-2-10</p>	<p>BLEACH WAS REMOVED FROM LAUNDRY ROOM IMMEDIATELY.</p> <p>LOCKED CABINET TO STORE BLEACH FOR RESIDENTS HAS BEEN PLACED OUTSIDE THE LAUNDRY ROOM. EACH RESIDENT'S BLEACH WILL BE CLEARLY MARKED.</p> <p>RESIDENTS WILL ASK STAFF TO OPEN CABINET FOR USE, UTILIZE BLEACH AND RETURN TO CABINET IMMEDIATELY.</p> <p>RESIDENTS EDUCATED ABOUT THIS PROCESS AT RESIDENT COUNCIL MTG. ON 2-23-10.</p> <p>BASEMENT ROOM WHERE CHEMICALS WERE STORED</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>5/4/10 <i>[Signature]</i></p> <p>Date Initials (DPW)</p>

IS DESIGNATED "STAFF ONLY" AREA. NEW KEYPAD LOCKS HAVE BEEN PUT ON THE DOORS TO ENSURE RESIDENTS DO NOT HAVE ACCESS.

SEE ATTACHMENT #2.

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

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88a Floors, walls, ceilings, windows, doors and other surfaces shall be clean, in good repair and free of hazards.	The third floor bathroom had a small door next to the toilet that was stuck ajar, which allowed access to the plumbing and wires.	3-5-10	THIRD FLOOR BATHROOM HAD BEEN SCHEDULED FOR REMODEL WHICH WILL BE COMPLETED ON 3-5-10. THE DOOR HAS BEEN ELIMINATED AND PLUMBING/WIRES NO LONGER ACCESSIBLE. PICTURES WILL BE FORWARDED UPON COMPLETION.	5/4/10 CB

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

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93a Each ramp, interior stairway and outside steps shall have a well-secured handrail.	<p>The secondary front porch to the right of the main entrance did not have a handrail for the front stoop which is approximately 6 to 8 inches in height.</p> <p>There is a step leading from the kitchen exit that does not have a handrail. This step is from the kitchen into a small foyer that leads outside.</p> <p><b>Repeated Violation: 12/15/08</b></p>	3-19-10	<p>6 Small handrails have BEEN ORDERED AND WILL BE INSTALLED TO ADDRESS THE STEP DOWN IN ALL 3 DIRECTIONS, RIGHT, LEFT AND FRONT. WORK IS SCHEDULED TO BE COMPLETED BY 3-19-10.</p> <p>2 SMALL HANDRAILS HAVE BEEN ORDERED AND WILL BE INSTALLED IN THE AREA EXITING THE KITCHEN. WORK IS SCHEDULED TO BE COMPLETED BY 3-19-10</p> <p>PHOTOS WILL BE SUBMITTED UPON COMPLETION</p>	5/10/10 CB.

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95 Furniture and equipment shall be in good repair, clean and free of hazards.	The outside emergency light by the second floor fire escape was in disrepair as one side of the light was hanging by its electrical connections from the exterior wall.	1-13-10	LIGHT FIXTURE WAS REPAIRED. ITEM WAS ADDED TO THE MONTHLY MAINTENANCE CHECKLIST TO ENSURE REGULAR INSPECTION. SEE ATTACHMENTS 3 AND 4.  THE OPERATIONS SUPERVISOR AND ADMINISTRATOR MET WITH HOUSEKEEPING STAFF ON 2-23-10 TO STRESS THE IMPORTANCE OF PROMPT REPORTING OF ANY ITEMS FOUND IN DISREPAIR.	5/4/10 CB

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<b>SIGNATURE OF LEGAL ENTITY</b> <i>Francis Hoover</i>	<b>DATE</b> 3-3-10	<b>REGIONAL LICENSING/APPROVAL OF PLAN OF CORRECTION</b> <i>Cyrl Bomberg</i>	<b>DATE</b> 5/10/10


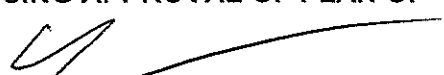
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101e Ceiling height in each bedroom shall be an average of at least 7 feet.	Room 301 has a slanted ceiling with the exception of a small area near the bed to stand up and a small area for the dresser along with the closet space. This slanted ceiling runs the entire length of the room with the exception of the dresser area. The length of the room was 19.8 feet. The widest area of the room measured 12.25 feet. This included the dresser area and the closet. The narrowest area of the room measured 6.9 feet. This area measured from the door to the slanted wall. The only areas where the ceiling measured at least 7 feet was over the bed, closet and dresser area. The ceiling does not average 7 feet throughout the room.	2-24-10	RESIDENT, [REDACTED], WHO HAD PREVIOUSLY RESIDED IN ROOM 301 WAS RELOCATED TO ROOM 5. ROOM 301 WILL NOT BE UTILIZED AS A RESIDENT ROOM UNTIL A WAIVER CAN BE OBTAINED.  THE ADMINISTRATOR WILL SUBMIT A REQUEST FOR WAIVER BY 6-30-10.  <i>The room is not being used and will not be used unless the waiver is approved. Room will be converted to a staff room if not approved.</i>	Steps have been taken to correct violation; full compliance is not verifiable <i>3/10/10</i> Date <i>CB</i> Initials (DPW)


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<b>SIGNATURE OF LEGAL ENTITY</b> <i>Francis Hood</i>	<b>DATE</b> 3-3-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Cybil Bombers</i>	<b>DATE</b> 5/10/10



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107d The written emergency procedures shall be reviewed, updated and submitted annually to the municipal emergency management agency.	Review of the facility procedures and submission to the local emergency management agency was last completed on 6/30/08.	2-12-10	<p>UPDATED EMERGENCY ACTION PLAN WAS SUBMITTED TO THE QUAKERTOWN BOROUGH MANAGER. PLEASE SEE ATTACHED LETTER. (ATTACHMENT # 5)</p> <p><i>The administrator will enter on her electronic calendar that an update to the emergency procedures is due, 1 month to due date, to recur annually.</i>  <i>CB 5/10/10</i></p>	5/10/10 <i>CB</i>


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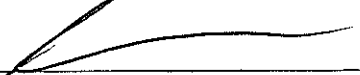
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121a Stairways, hallways, doorways, passageways and egress routes from rooms and from the building shall be unlocked and unobstructed.	<ul style="list-style-type: none"> <li>The second floor hallway was partially obstructed by an artificial plant and a bench along one side of the wall</li> <li>The first floor hallway was partially obstructed by a bench that was along one side of the wall.</li> </ul>	2-23-10  2-23-10	BENCH AND PLANT WERE REMOVED FROM HALLWAY.  BENCH WAS REMOVED FROM HALLWAY.  SEE ATTACHED PHOTOS (ATTACHMENT # 6)  ADMINISTRATOR EDUCATED ALL STAFF ON THIS REGULATION AS PART OF THE REVIEW OF THE LICENSING VISIT AT THE STAFF MTG. ON 1-21-10.	5/4/10 

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132f Alternate exit routes shall be used during fire drills.	The fire drill log for 2009-2010 did not specify alternate exit routes, only "all exits."	2-26-10	ADMINISTRATOR EDUCATED ALL STAFF ON THIS REGULATION AT STAFF MTG. ON 1-21-10.  DURING THE FIREDRILL COMPLETED ON 2-26-10, A HYPOTHETICAL FIRE WAS LOCATED AT THE INTERIOR DOOR TO THE KITCHEN, PREVENTING EXIT THROUGH THE KITCHEN AS WELL AS USE OF HALLWAY OUTSIDE OF KITCHEN. SEE ATTACHMENT # 7  A HYPOTHETICAL FIRE WILL BE STAGED IN VARYING AREAS DURING ALL FIREDRILLS AND WILL BE DOCUMENTED ACCORDINGLY ON ALL FIRELOGS.	5/10/10 

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133a1 If the home serves nine or more residents, signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.	<ul style="list-style-type: none"> <li>The door from the kitchen that leads to the small foyer, which opens to the outside, does not have an exit sign.</li> <li>The smaller of the two dining rooms did not have an exit sign over the smaller left door which leads out to the porch.</li> <li>The third floor interior stairwell did not have an exit sign over the entrance of the stairwell on the third floor.</li> </ul>	2-12-10	<p>EXITS SIGNS WERE ADDED ABOVE THE DOOR IN THE KITCHEN AND ABOVE THE DOOR IN THE SMALL FOYER. SEE ATTACHMENT # 8.</p> <p>UPON REVIEW WITH STAFF IT WAS DETERMINED THAT AN EXIT SIGN HAD PREVIOUSLY BEEN IN PLACE ABOVE 2ND DOOR IN SMALL DINING ROOM AND THAT THE FIRE MARSHAL HAD INSTRUCTED VS TO REMOVE IT AS THE DOOR OPENS IN AND THEREFOR SHOULD NOT BE POSTED AS A FIRE EXIT. THERE IS ANOTHER CLEARLY MARKED FIRE EXIT IN THAT DINING ROOM.</p>	5/10/10 CB.



AN EXIT SIGN WAS PLACED ABOVE THE DOOR TO THE STAIRWELL ON THE 3RD FLOOR.

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133a2 If the home serves nine or more residents, if the exit or way to reach the exit is not immediately visible, access to exits shall be marked with readily visible signs indicating the direction to travel.	There were no directional signs indicating that the third floor stairwell was an exit.	3-1-10	A LIT, DIRECTIONAL EXIT SIGN WAS INSTALLED AT THE TOP OF THE STAIRWELL ON THE 3RD FLOOR. PLEASE SEE ATTACHMENT # 8.	5/10/10 CB

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141a-2 The medical evaluation shall include the following:  (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.	<ul style="list-style-type: none"> <li>The medication section of current medical evaluation for resident #1, admitted 8/12/09, lists "see list." No list of medication is attached.</li> <li>The medication section of current medical evaluation for resident #2, admitted 8/20/09, lists "see attached." No list of medications is attached.</li> <li>The medication section of 11/4/09 medical evaluation for resident #3, admitted 11/5/09, lists "see attached." No list of medications is attached.</li> </ul>	3-3-10	FOR ALL FUTURE MEDICAL EVALUATIONS THE MEDICATION SECTION WILL BE COMPLETED ON BOTH THE MEDICAL EVAL. AND MA-51.  THE DIRECTOR OF SOCIAL SERVICES WILL CHECK TO ENSURE THE MEDICATION SECTION IS COMPLETE WHEN REVIEWING ALL MEDICAL EVALUATIONS PRIOR TO FILING.	3/16/10 CB.