



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 3, 2010

Ms. Harilyn Galietta, President/CEO
Success Rehabilitation, Inc
5666 Clymer Road
Quakertown, Pennsylvania 18951

Re: Success Rehabilitation at Rock Ridge

Dear Mr. Clayton:

As a result of the Department of Public Welfare's licensing inspection on February 17, 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.

Sincerely,

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

Chevon 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 Success Rehabilitation at Rock Ridge 5666 Clymer Rd., Quakertown, PA 18951		CURRENT LICENSE NUMBER 127300	
INSPECTION DATE(S) (Include all dates of the inspection) February 17, 2010		REGIONAL REPRESENTATIVE Chevon Mitchell and Patricia Adams	
SIGNATURE OF LEGAL ENTITY <i>Marilyn Salotta</i>	DATE 7/29/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Chevon Mitchell</i>	DATE 7/30/10

1 REGULATION 55 Pa.Code § 2603.	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
201 The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself/herself or others.	On 1-19-10 resident #1 became upset when staff followed the resident onto the home's porch and poured water over the home's ashtray. In an effort to calm the resident down direct care staff member A threatened that the resident's trip to a local restaurant may be compromised if the resident did not calm down.		Success Rehabilitation Inc. uses positive reinforcement for the purpose of modifying and shaping behavior. (Please see Attachment "A" - Policy on use of restrictive and aversive procedures") The activity in question was an "individualized recreational activity". (Please see attachment "B" - Personal Served Residential Information taken from the "Persons Served Orientation Manual" which ██████ Resident received and signed. (Please see Attachment "C" - ██████ did attend ██████ weekly scheduled recreational activity for the week in question so 7/29/10. (Please see attachment "D") On the incident in question, resident 1 was engaged in an unsafe and unhealthy action. Employee "A" attempted to use positive verbal redirection several times and was unsuccessful in attempting to stop ██████ from this unsafe act. Employee "A" used poor choice of words when documenting the incident. Employee "A" was counseled on appropriate wording when redirecting clients and documenting incidents. The Program Administrator will review policies on appropriate client interactions when redirecting clients in upcoming staff meetings and will emphasize this topic when completing orientations.	Steps have been taken to correct violation; full compliance is not verifiable Date <u>7/30/10</u> Initials (DPW) <u>PCW</u>