

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to SUCCESS REHABILITATION, INC.
LEGAL ENTITY

To operate SUCCESS REHABILITATION AT ROCK RIDGE
NAME OF FACILITY OR AGENCY

Located at 5666 CLYMER ROAD, QUAKERTOWN, PA 18951
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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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 35
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (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 11, 2010 until May 11, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 127300

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.



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

ADULT RESIDENTIAL LICENSING

MAY 11 2010

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

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

Dear Ms. Galietta:

As a result of the Department of Public Welfare's licensing inspection on February 23, 2010 and April 22, 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

NAME AND ADDRESS OF PERSONAL CARE HOME Success Rehabilitation at Rock Ridge 5666 Clymer Road, Quakertown, PA 18951		CURRENT LICENSE NUMBER 127300	
INSPECTION DATE(S) (Include all dates of the inspection) February 23, 2010		REGIONAL REPRESENTATIVE Metzger, Stone	
SIGNATURE OF LEGAL ENTITY <i>Nashlyn Galietta</i>	DATE 3/29/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 4/22/10

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
25d-1SOP The resident-home contract must include whether the home collects a portion of a resident's rent rebate under § 2600.25(d) (relating to resident-home contract).	Contracts for residents # 1, 2,3,4,5 and 6 did not have addenda to include the home's rent rebate policy.	3/22/10	Addendum for Rent Rebates has been added to the resident-home contract for all residents and this requirement will be enforced for any new admissions as of this effective date. 4/21/10 Personal Care Home Administrator will review all future residential agreements to ensure addendum for Rent Rebate is included	Steps have been taken to correct violation; full compliance is not verifiable 4/22/10 Date Initials (DPW)

(SP)

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

NAME AND ADDRESS OF PERSONAL CARE HOME Success Rehabilitation at Rock Ridge 5666 Clymer Road, Quakertown, PA 18951		CURRENT LICENSE NUMBER 127300
INSPECTION DATE(S) (Include all dates of the inspection) February 23, 2010		REGIONAL REPRESENTATIVE Metzger, Stone
SIGNATURE OF LEGAL ENTITY <i>Marilyn Sabotta</i>	DATE 3/29/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Donald J.</i>
		DATE 4/22/10

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
51, 52 51 Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (protective services for older adults). 52 Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101—10225.5102) and 6 Pa.Code Chapter 15	<ul style="list-style-type: none"> Staff person A, hired 2/1/10, does not have a two year Pennsylvania residency. As of the date of this inspection, the home had not forwarded the FBI criminal history record check request to the Pennsylvania Department of Aging. The affidavit to allow provisional employment of this staff person by affirming that the staff person was not disqualified for employment under OAPSA did not include all of the OAPSA mandated prohibitive offenses. Staff person B was hired on 2/1/10. The Pennsylvania State Police record check for this employee on 2/2/10 indicated "request under review." The 	3/22/10	The affidavit to allow provisional employment has been modified to reference as an attachment all OAPSA mandated prohibitive offenses. Please see attached documentation. All new hires will complete this form. Staff Person A: FBI clearance was submitted and still pending. Please see attached application. We will submit a copy of clearance once received.	4/22/10 DJ

4/21/10 PCH administrator will oversee electronic approval
 (SP) all future hires to ensure compliance with OAPSA guidelines. done now on file DJ 4/22/10

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INSPECTION DATE(S) (Include all dates of the inspection) February 23, 2010		REGIONAL REPRESENTATIVE Metzger, Stone	
SIGNATURE OF LEGAL ENTITY <i>Maureen Galeotta</i>	DATE 3/29/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 4/22/10

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
(protective services for older adults), and other applicable regulations.	affidavit to allow provisional employment of this staff person by affirming that the staff person was not disqualified for employment under OAPSA did not include all of the OAPSA mandated prohibitive offenses.	3/22/10	Staff Person B: Criminal Record Check completed on 2/2/10. Please see attached documentation.	

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INSPECTION DATE(S) (Include all dates of the inspection) February 23, 2010		REGIONAL REPRESENTATIVE Metzger, Stone	
SIGNATURE OF LEGAL ENTITY <i>Harsten Galotta</i>	DATE 3/29/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Small J</i>	DATE 4/22/10

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
65g Direct care staff persons, ancillary staff persons, substitute personnel and regularly-scheduled volunteers shall be trained annually in the following areas: (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.	Staff persons C, D, and E lacked annual fire safety training by a fire safety expert or by a staff person trained by a fire safety expert.	4/16/10	Fire marshall will provide fire safety training to administrator, [redacted] by 4/16/10 in order for him to be trained as a fire safety expert. All staff will be scheduled to complete annual fire safety training by [redacted] after fire safety expert designation is received. Documentation of training will be provided to DPW upon completion of training.	Steps have been taken to correct violation; full compliance is not verifiable 4/22/10 Date Initials (DPW)

4/22/10 - (SP) - PCH will ensure and establish a schedule to ensure annual fire safety training is completed.

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INSPECTION DATE(S) (Include all dates of the inspection) February 23, 2010		REGIONAL REPRESENTATIVE Metzger, Stone	
SIGNATURE OF LEGAL ENTITY <i>Marilyn Galante</i>	DATE <i>3/29/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>4/22/10</i>

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
123a Exit doors shall be equipped so that they can be easily opened by residents from the inside without the use of a key or other manual device that can be removed, misplaced or lost.	Seven of the home's doors that lead to outside exits had internal locks that were operated with a key.	<i>3/12/10</i>	<i>Seven door locks disabled on 3/12/10 by Bucks County Lock and Key. Please see attached form. 4/22/10 PCH administrator/designee will conduct weekly inspections of the physical site to ensure all safety regulations are in compliance.</i>	<i>4/22/10</i> <i>[Signature]</i>

VIOLATION REPORT
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NAME AND ADDRESS OF PERSONAL CARE HOME Success Rehabilitation at Rock Ridge 5666 Clymer Road, Quakertown, PA 18951		CURRENT LICENSE NUMBER 127300	
INSPECTION DATE(S) (Include all dates of the inspection) February 23, 2010		REGIONAL REPRESENTATIVE Metzger, Stone	
SIGNATURE OF LEGAL ENTITY <i>Sheryl Galietta</i>	DATE <i>3/29/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>4/22/10</i>

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
131c A fire extinguisher with a minimum 2A-10BC rating shall be located in each kitchen. The kitchen extinguisher meets the requirements for one floor as required in 131a.	The kitchen lacked a 2A-10BC rated fire extinguisher.	3/16/10 4/22/10 (SP)	A new 2A-10BC fire extinguisher was purchased and installed by program administrator, Dave Clayton, on 3/16/10. PCH administrator/designee will conduct weekly safety checks to ensure ongoing compliance with safety guidelines.	4/22/10 SP

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SIGNATURE OF LEGAL ENTITY <i>Marilyn Galietta</i>	DATE 3/29/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 4/22/10

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
141a-2 The medical evaluation shall include the following: (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.	Medical evaluations for residents # 2, 4, 5, and 7 had attachments that listed the residents' medication regimens. The attachments had not been signed and/or dated by the physician on the same date as the medical evaluations.	3/22/10 4/22/10 (SP)	All future medical evaluations for residents will have attachments signed and for dated by the attending physician on the same date as the medical evaluations. Case Manager will audit all future MAs for compliance.	Steps have been taken to correct violation; full compliance is not verifiable 4/22/10 Date Initials (DPW)

VIOLATION REPORT
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SIGNATURE OF LEGAL ENTITY <i>Harley Salvetta</i>	DATE 3/29/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Tom J</i>	DATE 4/22/10

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
202 The following procedures are prohibited: (5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited.	Half-length bed rails are on resident #3's bed. The resident's assessment and support plan addressing the resident's need for these bed rails were not completed every 6 months. The documents had last been updated on 7/1/2009. A physician's note on 11/20/2009 indicating the need for these bedrails had the physician's printed name but not the physician's actual signature. Repeated Violation - 2/11/2009	3/22/10 3/29/10 4/22/10 (JP)	Assessment for Resident #3 was completed to support the resident's need for bed rails. (every 6 mths with script) Support Plan for Resident #3 was completed to support the resident's need for bed rails. (every 6 mths with script) If bed rails are needed in the future, PCH Administrator will ensure requirements are met and documentation is created to support.	Steps have been taken to correct violation; full compliance is not verifiable 4/22/10 Date: Initials (DPW)