

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-OUAKERTOWNE HOUSE

NAME OF FACILITY OR AGENCY

Located at 219 EAST BROAD STREET, OUAKERTOWN, PA 18951

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

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
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 20, 2011 until May 20, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 126810

Robert E. Robinson

ISSUING OFFICER

R C [Signature]

DIRECTOR

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 17 2011

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

Ms. Francie K. Hoch, Administrator
Tri-County Respite, Inc.
Tri-County Respite – Quakertown House
219 East Broad Street
Quakertown, Pennsylvania 18951

Dear Ms. Hoch:

As a result of the Department of Public Welfare's licensing inspection on March 1, 2011 and May 3, 2011 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 black ink, appearing to read 'R. Melusky', with a long horizontal flourish extending to the right.

Ronald Melusky
Acting Director

Enclosures
License
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME TRI COUNTY RESPITE QUAKERTOWNE HOUSE, 219 EAST BROAD STREET QUAKERTOWN, PA 18951		CURRENT LICENSE NUMBER 126810	
INSPECTION DATES (Include all dates of the inspection) 03/01/2011		REGIONAL REPRESENTATIVE Ryan Novak, Kimberli Fouikes	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p align="center"><i>Francie K. Hoch, Administrator</i></p>			
SIGNATURE OF LEGAL ENTITY <i>Francie Hoch</i>	DATE 4-22-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 5/3/11


REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
51/52 Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults). 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	Direct care staff A hired 6/1/08 had a criminal background check completed on 5/19/08. The background check indicates a record for CSI/Drug/Dev and Cosmetic Act. The state police were called to verify the grade of crime on 3/1/11. The state police verified the crime is a felony. The crime is a prohibited offense under the Older Adult Protective Services Act.	3-1-11	<i>Staff A was immediately suspended.</i>	Steps have been taken to correct violation; full compliance is not verifiable <u>5/3/11</u> Date Initials (DPW)
		3-1-11	<i>H.R. Coordinator contacted the PA State Police PATCH line to clarify the "grade" of the criminal charge.</i>	
		3-2-11	<i>We received clarification that it was a felony charge and therefore considered a prohibitive offense. Upon clarification, staff A's employment was terminated.</i>	

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

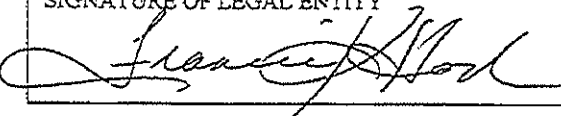
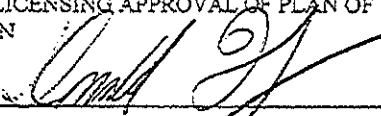
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(relating to protective services for older adults) and other applicable regulations.			<p>The HR Coordinator now runs a criminal history check on all employees prior to hire and reviews all responses against the list of prohibitive offenses and informs the hiring supervisor. This position</p> <p>A complete check of all H.R. files by the H.R. Coordinator is scheduled on 4/28/11 to ensure</p>	

100% compliance with this regulation.
The Administrator will oversee all future hires to ensure compliance with this regulation.


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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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53a The administrator shall have one of the following qualifications: (1) A license as a registered nurse from the Department of State. (2) An associate's degree or 60 credit hours from an accredited college or university. (3) A license as a licensed practical nurse from the Department of State and 1 year of work experience in a related field. (4) A license as a nursing home administrator from the Department of	Administrator B did not have official documentation of having a degree. The documentation was verified through a 3rd party corporation.	3-17-11	Administrator received official transcripts and placed in HR file. (please see copy attached). HR Coordinator requires copy of HS diploma or highest earned degree at time of hire. This item will also be checked in all HR files on 4/28/11.	5/3/11 

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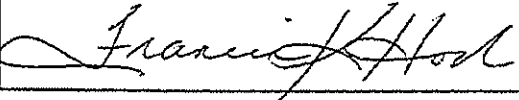
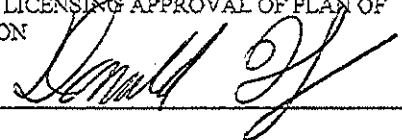
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State. (5) For a home serving 8 or fewer residents, a general education development diploma or high school diploma and 2 years direct care or administrative experience in the human services field.			<i>see above</i>	

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96a The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.	The first aid kit in the nurses office did not contain scissors and a thermometer.	3-2-11	Scissors + thermometers were purchased + placed in the 1st aid kit:	5/3/11 A
		3-4-11	Monthly walk through to check contents of all 1st Aid kits was increased in frequency to be completed 2x ea. month around the 1st + 15th. (see attached list) Director of Operations will also complete quarterly spot checks to ensure compliance with this regulation.	

VIOLATION REPORT
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1021 Shelves or hooks for the resident's towel and clothing shall be provided.	<ul style="list-style-type: none"> Room #'s 104 and #6 have two residents occupying the room. 2 towel bars are present in the room however, the bars are not labeled with the residents names. Room #'s 216 and 218 share a joined bathroom, one towel bar is present in the bathroom with two towels on the rack. The towels are not labeled with a resident's name. 	3-18-11 All complete	<p>Towel bars in Rm 104 + Rm 6, along with all other shared rooms, have now been labeled.</p> <p>In Rms. 216 + 218 hooks were placed of the rm. doors of ea. residents + labeled.</p> <p>(see attached photo)</p>	5/3/11 <i>[Signature]</i>

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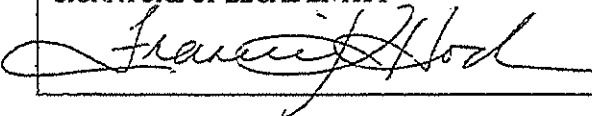
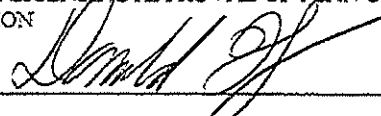
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103e Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.	The following items were found in the large freezer in the homes food storage room, the items were not labeled or dated: <ul style="list-style-type: none"> • 6 bags of flat bread • 2 bags of chicken • 4 brown bags of unidentified food • 1 bag of hamburgers 	3-1-11	Freezers were cleaned out and all unmarked items were disposed of. All items are now stored in their original containers with identifying information and dated with a permanent marker. Food Service Coordinators checks all food storage areas after each delivery to ensure compliance with this regulation	5/5/11 <i>[Signature]</i>

Director of Operations completes spot checks at least monthly.

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105g2 Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.	The following items were found behind the dryers in the resident laundry area: <ul style="list-style-type: none"> Multiple large accumulations of lint 2 Tissues Dryer sheet 	3-1-11	Maintenance personnel immediately cleaned behind the dryers and cleaned all dryer vents.	5/3/11 
		3-4-11	Maintenance personnel replaced clamps and resecured flexible vent pipes to ensure they would not continue to come off causing lint to accumulate. (see attached photo) Increased frequency of maintenance checksheet to 2x/mo. (see attached form)	
		4-28-11	Residents educated at Resident Council about proper disposal of dryer sheets and fire hazard associated with trash around dryers.	

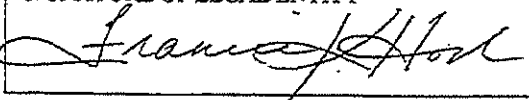
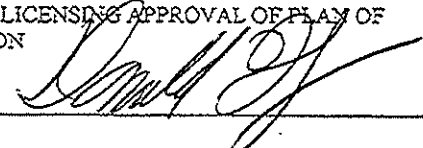
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171b5 If staff persons or volunteers of the home provide transportation for the residents, the vehicle shall have a first aid kit with the contents in 96.	The first aid kit for the home's white ford minivan used to transport residents did not contain tweezers.	3-2-11	<p>Tweezers were purchased + placed in 1st aid kit.</p> <p>Monthly with check sheet to check contents of all 1st aid kits will now be completed 2x/mo instead of 1x/mo. (see attached list)</p> <p>Director of Operations will also complete spot checks at least monthly to ensure compliance with this regulation.</p>	5/3/11

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182b Prescription medication that is not self-administered by a resident shall be administered by one of the following: (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic. (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.	The following Staff members are not medical professionals and have not completed the Department's medication administration training: • Staff member C administered PRN ativan to Resident #1 on 2/28/11 at 1:40am. • Staff member D administered PRN ativan to Resident #1 on 2/14/11 at 5:15am.	3-1-11	<i>Scheduled med. certified staff in med. rm. for next 24 hrs.</i>	Steps have been taken to correct violation; full compliance is not verifiable Date <u>5/3/11</u> Initials (DPW)
		3-2-11	<i>Scheduled 2 trainers to re-train all staff with expired certification. Staff C + D were trained. (see attached documentation)</i>	
		3-3-11	<i>Office Coordinator created binder with training documentation for all certified staff.</i>	

12/28

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

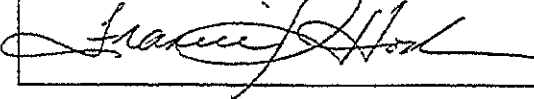

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(3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home. (4) A staff person who has completed the medication administration training in 190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.			<i>Director of Wellness will monitor border on a monthly basis to ensure all required training and precautions are completed and documentation is present.</i>	

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190a A staff person who has successfully completed a Department-approved medication administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.	<ul style="list-style-type: none"> Staff member E's initial medication training was completed on 11/8/07. Annual practicums were completed for 2009 and 2010. There was no documentation of an annual practicum being completed in 2008. Staff member F's initial medication training was completed on 11/8/07. Annual practicums were completed for 2009 and 2010. There was no documentation of an annual practicum being completed in 2008. Staff member G's initial medication training was completed on 10/27/08. An annual practicum was completed for 2010. There was no documentation of an annual practicum being completed in 2009. Staff member H's initial medication training was completed on 4/29/09. There was no documentation of an annual practicum being completed in 2010. 	3-2-11	Staff members E, G and H were retrained in medication administration (see attached documentation)	Steps have been taken to correct violation; full compliance is not verifiable 3/3/11
		3-3-11	Binder to track medication training + practicum documentation created. Director of Wellness will complete monthly checks of binder to ensure compliance.	Initials (DPW)

Staff F had left our employ prior to 3-1-11.

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187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special	The master key for the medication administration record did not contain printed staff names.	3-2-11	Director of Wellness implemented new master key form which includes printed name. (see attached) All med. room staff were educated on new key. Director of Wellness will review ongoing MAR key weekly to ensure ongoing compliance	5/3/11 <i>[Signature]</i>

Director of Wellness will review ongoing MAR key weekly to ensure ongoing compliance *[Signature]* 5/3/11

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SIGNATURE OF LEGAL ENTITY <i>Francis Hood</i>	DATE 4/22/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Donald JF</i>	DATE 5/3/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.			<i>see above</i>	