

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, OUAKERTOWN, PA 18951

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

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 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 August 17, 2011 until August 17, 2012,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **127300**

*Robert E. Robinson*

ISSUING OFFICER

*R. C. King*

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.

PW 628 - 01/11



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

ADULT RESIDENTIAL LICENSING

AUG 25 2011

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

Ms. Harilyn Galietta, President  
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 May 2, 2011, May 12, 2011 and August 2, 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'.

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 SUCCESS REHABILITATION AT ROCK RIDGE, 5666 CLYMER ROAD QUAKERTOWN, PA 18951		CURRENT LICENSE NUMBER 127300	
INSPECTION DATES (Include all dates of the inspection) 05/02/2011		REGIONAL REPRESENTATIVE Christine McHale, Lori Knockstead, Justin Trupp	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Nancy Galietta</i>	DATE 6/20/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 8/2/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
42b A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.	On 3/24/11, Resident #1 attacked Resident #2 with a flashlight causing cuts and bruising to the resident's head causing Resident #2 to require treatment at an emergency room. Immediately before the incident occurred, Resident #1 reported to direct care staff member A that the resident hated Resident #2 and that if [redacted] decided to hit Resident #2, [redacted] would do it with a flashlight. Resident #1 has a history of aggressive behavior and despite discussing assaulting another resident was not provided with supervision.	5/2/11	<p>Plan is to continue to assign staff to provide supervision of a resident when verbal threats are made by another resident.</p> <p>In regards to the incident on 3/24/11, the time frame that the resident reported the verbal threat to a staff and the staff assigned another staff to supervise/monitor the area in order to provide support was approximately 3-4 minutes. By the time the staff member arrived to the area the incident was already occurring. [Supervision was intended and response was immediate (3-4 minutes)]</p> <p>* Please see attached copies from Clinical Manual in regards to staff training on ensuring "safety of person served."</p>	<p style="text-align: center;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: center;">Date: 8/2/11 Initials (DPW): <i>[Signature]</i></p>

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 DATES (Include all dates of the inspection) 05/02/2011		REGIONAL REPRESENTATIVE Christine McHale, Lori Knockstead, Justin Trupp	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Marilyn Salvetta</i>	DATE 6/20/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 7/10/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
65b Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following: (1) Resident rights. (2) Emergency medical plan. (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102). (4) Reporting of reportable incidents	Ancillary Staff member B, hired on 12/10/10, did not receive training in resident rights, the home's emergency medical plan, the Older Adult Protective Services Act, and reporting of reportable incidents.	5/5/11	Training completed on 5/5/11 with Ancillary Staff member B.  Moving forward, ancillary staff whether under contract or SRI employee will receive necessary training during new hire orientation and then annually.  This process will be monitored by SRI's Human Resource Administrator for compliance.  *Please see Attachment 1 and 2*	8/1/11 VAC

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 DATES (Include all dates of the inspection) 05/02/2011		REGIONAL REPRESENTATIVE Christine McHale, Lori Knockstead, Justin Trupp	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Narelyn Galotta</i>	DATE <i>6/20/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
and conditions.		<i>5/5/11</i>		

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 DATES (Include all dates of the inspection) 05/02/2011		REGIONAL REPRESENTATIVE Christine McHale, Lori Knockstead, Justin Trupp	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Harlyn Gabetta</i>	DATE <i>6/20/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>7/10/11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
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.	<p>Residents of the home, including Residents #3 through #7, have not been assessed capable of recognizing and using poisons safely.</p> <p>- A bottle of Swiffer Wet Jet Antibacterial Cleaner labeled, "Call a Poison Control Center or doctor for treatment advice," and a bottle of Sanizide Germicidal Solution labeled, "Call a Poison Control Center or doctor immediately for treatment advice," were unlocked and accessible to residents under the sink in the day program annex.</p> <p>- A bottle of "Liquid Alive" with a manufacturer's label stating, "Ingestion - Call a Physician or a Poison Control Center immediately," was unlocked on the side of the ramp in the "C" section of the home.</p> <p>- Four bottles of mouthwash with a manufacturer's label indicating, "If more than used for rinsing is accidentally swallowed, contact a physician or Poison Control Center right away," a bottle of Oxy Exfoliating Body Scrub and Oxy Cleansing Pads labeled, "If swallowed, get medical help or contact a Poison Control Center right away," and a bottle</p>	<i>5/13/11</i>	<p><i>All residents of the home were assessed from 5/3/11-5/10/11. All were capable of recognizing and using poisonous materials safely. All residents of the home's assessments have been updated and modified to reflect this.</i></p> <p><i>Plan: All new resident admissions will be assessed prior to admission into SRI of ability to recognize and use poisons safely.</i></p>	<i>8/12/11</i> <i>WAC</i>

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 DATES (Include all dates of the inspection) 05/02/2011		REGIONAL REPRESENTATIVE Christine McHale, Lori Knockstead, Justin Trupp	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Wardlyn Galietta</i>	DATE <i>6/20/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>L</i>	DATE <i>7/10/11</i>

REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
	<p>of head and shoulders shampoo labeled, "If swallowed contact a Poison Control Center right away," were found unlocked in the bathroom connected to resident room 12.</p> <p>- A jar of hair removal cream with a manufacturer's label indicating, "In case of ingestion, consult a doctor IMMEDIATELY," was found in resident room 6.</p>	<i>5/13/11</i>	<p><i>If any resident is determined to not be able to safely use or avoid poisonous materials, all poisonous materials will immediately be placed in a locked area.</i></p> <p style="text-align: right;"><i>use 7/10/11</i></p>	

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 DATES (Include all dates of the inspection) 05/02/2011		REGIONAL REPRESENTATIVE Christine McHale, Lori Knockstead, Justin Trupp	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Harilyn Galietta</i>	DATE <i>6/20/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>7/10/11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
85c Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.	The home's main dumpster in the rear of the home was uncovered and full of trash.	<i>5/3/11</i>	<p><i>Weather resistant signs placed in a visible area on dumpsters as a reminder to keep dumpster lids closed at all times</i></p> <p><i>* please see attachment *</i></p> <p><i>PCH Administrator and Maintenance Personnel will randomly check dumpster area weekly for follow through.</i></p>	<i>8/2/11</i> <i>[Signature]</i>

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 DATES (Include all dates of the inspection) 05/02/2011		REGIONAL REPRESENTATIVE Christine McHale, Lori Knockstead, Justin Trupp	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Norelyn Galietta</i>	DATE <i>6/20/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>7/10/11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
93a Each ramp, interior stairway and outside steps shall have a well-secured handrail.	The 6 inch exterior step next to resident room #12 does not have a handrail.	<i>5/5/11</i>	<p><i>Hand rail installed by PCH Administrator / Facilities Manager next to exterior step next to resident room #12 .</i></p> <p><i>Plan:</i> <i>Quarterly inspection of home's premises both interior and exterior will be completed by PCH Administrator and members of the Safety and Risk Management Committees to ensure all areas are safe and in compliance with DPW regulations.</i></p>	<i>8/2/11</i> <i>UAC</i>

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 DATES (Include all dates of the inspection) 05/02/2011		REGIONAL REPRESENTATIVE Christine McHale, Lori Knockstead, Justin Trupp	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Norelyn Galietta</i>	DATE <i>6/20/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Yes</i>	DATE <i>7/10/11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
103f Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers shall be required in refrigerators and freezers.	<p style="text-align: center;"><del>On 5/2/11, there was no thermometer in the freezer and refrigerator located in the day program annex.</del></p> <p style="text-align: center; font-size: 1.2em;"><i>Violation withdrawn</i></p> <p style="text-align: center;"><i>WBL</i> <i>8/2/11</i></p>	<i>5/3/11</i>	<p><i>Thermometers placed in refrigerator and freezer in the day program annex.</i></p> <p><i>Plan:</i></p> <p><i>Check that thermometers are in refrigerator and freezer of day program annex was added to monthly safety check form to ensure compliance.</i></p> <p><i>* please see attached *</i></p>	

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 DATES (Include all dates of the inspection) 05/02/2011		REGIONAL REPRESENTATIVE Christine McHale, Lori Knockstead, Justin Trupp	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Harilyn Galotta</i>	DATE 6/20/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 7/10/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
105g1 To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.	On 5/2/11, there was an accumulation of lint in the lint trap of the dryer in the home's "A" wing.	5/3/11	<p><i>Signs were posted on all dryers in the home to provide all residents and staff a visual reminder to check lint traps of dryers before and after each use.</i></p> <p><i>Plan:</i> <i>PCH Administrator and Maintenance Personnel will complete random weekly checks of all dryers in the home to ensure compliance.</i></p>	<p><i>8/2/11</i> <i>UAC</i></p>

*\* please see attached form \**

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 DATES (Include all dates of the inspection) 05/02/2011		REGIONAL REPRESENTATIVE Christine McHale, Lori Knockstead, Justin Trupp	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Harilyn Sabetta</i>	DATE <i>6/20/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>7/10/11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
124 The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.	The home has not notified the local fire department in writing of the address of the home, the location of resident bedrooms or the assistance needed in an evacuation.	<i>6/13/11 and 6/14/11</i>	<i>Fire Marshall notified in writing of the address of the home, the location of resident bedrooms, and the assistance needed in an evacuation.  *Please see attached sheets of notification letter and email confirmation that the notifications were received and reviewed.* Plan: Any future changes of immobile/mobile residents to</i>	<i>8/1/11 UTC</i>

*different areas of the building will be sent in writing to local fire department.*

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 DATES (Include all dates of the inspection) 05/02/2011		REGIONAL REPRESENTATIVE Christine McHale, Lori Knockstead, Justin Trupp	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Narelyn Galotta</i>	DATE <i>6/20/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Yes</i>	DATE <i>7/10/11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
141a The medical evaluation shall include the following: (1) A general physical examination by a physician, physician's assistant or nurse practitioner. (2) Medical diagnosis including physical or mental disabilities of the resident, if any. (3) Medical information pertinent to diagnosis and treatment in case of an emergency. (4) Special health or dietary needs of the resident. (5) Allergies. (6) Immunization	The medical evaluation for resident #3, dated 5/6/10, states "see attached" for medications. There is no attachment to the medical evaluation.  Repeated Violations: 02/22/2010	<i>5/3/11</i>	<p><i>Case Managers were reminded when accompanying residents to <del>AAIS</del> <sup>medical evaluation</sup> appointments all documents must be verified that they were properly completed and all necessary information is included before leaving physician's office.</i></p> <p><i>Plan: PCH Administrators will review all resident <del>AAIS</del> <sup>medical evaluations</sup> after being completed at annual appointment to ensure that it is completed</i></p>	<i>8/2/11 WRC</i>

*properly with necessary documents attached.*

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 DATES (Include all dates of the inspection) 05/02/2011		REGIONAL REPRESENTATIVE Christine McHale, Lori Knockstead, Justin Trupp	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Marilyn Galotta</i>	DATE <i>6/29/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
history. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications. (8) Body positioning and movement stimulation for residents, if appropriate. (9) Health status. (10) Mobility assessment, updated annually or at the Department's request.		<i>5/3/11</i>		

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 DATES (Include all dates of the inspection) 05/02/2011		REGIONAL REPRESENTATIVE Christine McHale, Lori Knockstead, Justin Trupp	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Marilyn Galietta</i>	DATE <i>6/29/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JM</i>	DATE <i>8/2/11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
184a The original container for prescription medications shall be labeled with a pharmacy label that includes the following: (1) The resident's name. (2) The name of the medication. (3) The date the prescription was issued. (4) The prescribed dosage and instructions for administration. (5) The name and title of the prescriber.	<ul style="list-style-type: none"> <li>- The label for Resident #4's Nasonex 50 mcg does not include instructions to take 30 minutes before Astepro. The label for Resident #4's Astepro does not include instructions to take 30 minutes after Nasonex.</li> <li>- Resident #4 is prescribed Meloxicam 7.5 mg as needed. The label for this medication stated one tablet daily. A staff member of the home who is not legally authorized to alter a prescription label changed the medication's label to reflect the change in dosage.</li> <li>- Resident #4 is prescribed Fexofenadine HCL 180 mg 1 tablet twice a day as needed for hives. The label for this medication stated 1 tablet by mouth 1-2 times a day as needed for nasal allergies and/or hives. A staff member of the home who is not legally authorized to alter a prescription label changed the medication label to reflect the change in dosage and purpose of the medication.</li> <li>- Resident #5 is prescribed Cyclobenzaprine HCL F/C 10 mg 1 tablet at bedtime as needed. The label for this medication states 1 tablet three times</li> </ul>	<p style="font-size: 1.2em;"><i>5/13/11</i></p>	<p style="font-size: 1.2em;"><i>Registered Nurse on staff at JRI has been advised/trained to make changes and sign off on labels of prescriptions to ensure accuracy of information on MARs of residents matches labels of prescriptions after verification is completed.</i></p> <p style="font-size: 1.2em;"><i>Plan: JRI Registered Nurse will ensure and verify that Resident MARs match prescription labels.</i></p>	<p style="font-size: 1.2em;"><del><i>8/2/11 JRM</i></del></p> <p style="font-size: 0.8em; text-align: center;">                         Steps have been taken to correct violation; full compliance is not verifiable  <i>8/2/11 JRM</i>                          Date Initials (DPW)                     </p>

*See next page*

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 DATES (Include all dates of the inspection) 05/02/2011		REGIONAL REPRESENTATIVE Christine McHale, Lori Knockstead, Justin Trupp	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Narilyn Galietta</i>	DATE <i>6/20/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>8/10/11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
	<p>daily as needed.</p> <p>- Resident #6 is prescribed Warfarin Sodium 5mg 1 tablet daily. The label for this medication states 1 tablet by mouth on Tuesday, Thursday, Saturday, and Sunday. A staff member of the home who is not legally authorized to alter a prescription label changed the medication's label to reflect the change in dosage.</p> <p>- Resident #6 is prescribed Dephenhydramine HCL 25 mg 1 tablet every 4 to 6 hours as needed. The label for this medication states 1 tablet every 4 to 6 hours.</p>	<i>5/13/11</i>	<p><i>The home will keep written physician's orders for any change in medication.</i></p> <p><i>MAR's will be updated to include any change in prescription order.</i></p> <p><i>Staff will be instructed to check the physician's orders to clarify the correct instructions for administration if the label on the medication does not match the MAR.</i></p> <p style="text-align: right;"><i>MAC 8/14/11</i></p>	

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 DATES (Include all dates of the inspection) 05/02/2011		REGIONAL REPRESENTATIVE Christine McHale, Lori Knockstead, Justin Trupp	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Naivelyn Galietta</i>	DATE <i>6/20/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jur</i>	DATE <i>7/10/11</i>

REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
184b If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.	<ul style="list-style-type: none"> <li>- On 5/12/11, a package of Hydrophor Ointment belonging to resident #3 was located in the home's medication cart and was not labeled with the resident's name.</li> <li>- On 5/12/11, a package of Icy Hot Extra Strength cream belonging to resident #5 was located in the home's medication cart and was not labeled with the resident's name.</li> </ul>	<i>5/13/11</i>	<p><i>Nursing staff has been advised to ensure that all resident medications are properly labeled with patient's name</i></p> <p><i>Plan: PCH Administrator will monitor through routine Med Room checks for accuracy and compliance.</i></p>	<i>8/2/11</i> <i>WAC</i>

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 DATES (Include all dates of the inspection) 05/02/2011		REGIONAL REPRESENTATIVE Christine McHale, Lori Knockstead, Justin Trupp	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Harilyn Galietta</i>	DATE <i>6/20/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>8/2/11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
185a The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.	Resident #7 is prescribed Acetaminophen 650 mg as needed. This medication was not present in the home.	<i>5/13/11</i>	<p><i>Nurses and case managers will ensure that all ordered medications are on site and safely stored.</i></p> <p><i>During the monthly med exchange, nurses will review the MAR's and medications to ensure all medications are present.</i></p> <p style="text-align: right;"><i>VAC 9/2/11</i></p>	<i>8/2/11</i> <i>VAC</i>

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 DATES (Include all dates of the inspection) 05/02/2011		REGIONAL REPRESENTATIVE Christine McHale, Lori Knockstead, Justin Trupp	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Nardyn Galietta</i>	DATE <i>6/20/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>LM</i>	DATE <i>8/2/11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
191 The home shall educate the resident of his/her right to question or refuse a medication if he/she believes there may be a medication error. Documentation of this resident education shall be kept.	Resident #3 and #6 have not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.	<i>6/15/11</i>	<p><i>Residents #3 and #6 met with individual case managers in order to be educated and given a copy of "Resident Rights" (please see attached copies confirming receipt by resident) All current records were audited for compliance. Plan: UWC 8/2/11</i></p> <p><i>Home's Resident Contract which includes a copy of "Resident Rights" has been verified that it includes the most up-to-date copy</i></p>	<i>8/2/11</i> <i>UWC</i>

*reflecting resident's right to refuse medication and packet will be used for all future resident admissions. All incorrect packets were destroyed.*

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 DATES (Include all dates of the inspection) 05/02/2011		REGIONAL REPRESENTATIVE Christine McHale, Lori Knockstead, Justin Trupp	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Verilyn Galietta</i>	DATE <i>6/20/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Yes</i>	DATE <i>8/2/11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
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 medication administration record for resident #3 does not include a diagnosis for Epipen Auto Injector 0.3 mg Disp. Syringe and Saline Mist 0.65% spray.  - The medication administration record for resident #6 does not include a diagnosis for Nystatin Powder and Warfarin Sodium 12.5 mg. Resident #6 is prescribed Bisacodyl 5 mg 2 tablets at bedtime as needed. This medication is not listed on the resident's medication administration record.	<i>5/13/11</i>	Nursing staff has been advised to ensure that all resident medications are properly labeled and notated correctly on MARs.  Plan: PCH Administrator will monitor through routine Med Room checks for accuracy and compliance	Steps have been taken to correct violation; full compliance is not verifiable <i>8/2/11</i> Date <i>KAC</i> Initials (DPW)

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 DATES (Include all dates of the inspection) 05/02/2011		REGIONAL REPRESENTATIVE Christine McHale, Lori Knockstead, Justin Trupp	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Harelyn Galeotta</i>	DATE <i>6/20/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>LR</i>	DATE <i>8/2/11</i>

REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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>5/13/11</i>	<i>During monthly med exchanges the RN is checking all MAR's for content.</i>  <i>Once a month, the administrator conducts a random audit of the MAR's to insure content is present.</i>	

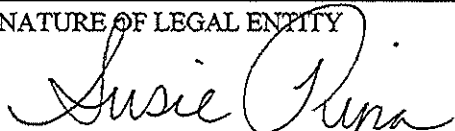

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME SUCCESS REHABILITATION AT ROCK RIDGE, 5666 CLYMER ROAD QUAKERTOWN, PA 18951		CURRENT LICENSE NUMBER 127300	
INSPECTION DATES (Include all dates of the inspection) 05/02/2011		REGIONAL REPRESENTATIVE Christine McHale, Lori Knockstead, Justin Trupp	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Harelyn Galietta</i>	DATE <i>6/20/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>8/2/11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
225a A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.	<ul style="list-style-type: none"> <li>- Resident #2's assessment dated 10/1/10 does not address the resident's diagnoses of anxiety, diabetes, and sleep apnea.</li> <li>- Resident #5's assessment dated 10/5/10 does not address the resident's diagnoses of hypothyroidism, quadriplegia, and aphasia.</li> </ul>	<i>6/17/11</i>	<p><i>Resident #2:</i> Assessment Form updated reflecting resident's diagnosis on <span style="background-color: black; color: black;">[REDACTED]</span> most recent <sup>medical evaluation</sup> <del>first</del> appointment and signed by resident * please see attached *</p> <p><i>Resident #5:</i> Assessment form updated also reflecting resident's diagnosis on <span style="background-color: black; color: black;">[REDACTED]</span> most recent <sup>medical evaluation</sup> <del>first</del> appointment and signed by resident. * please see attached *</p>	<i>8/2/11</i> <i>VAC</i>

*Plan: new tracking sheet started to monitor significant changes*

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 DATES (Include all dates of the inspection) 05/02/2011		REGIONAL REPRESENTATIVE Christine McHale, Lori Knockstead, Justin Trupp	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 8/2/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 8/2/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
225a A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.	<ul style="list-style-type: none"> <li>- Resident #2's assessment dated 10/1/10 does not address the resident's diagnoses of anxiety, diabetes, and sleep apnea.</li> <li>- Resident #5's assessment dated 10/5/10 does not address the resident's diagnoses of hypothyroidism, quadriplegia, and aphasia.</li> </ul>	6/17/11	<p>Continue...</p> <p>Clinical team and PCH administrators will review in monthly meetings resident case records to ensure all changes for the month are notated on mandatory DPW forms for resident</p>	

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 DATES (Include all dates of the inspection) 05/02/2011		REGIONAL REPRESENTATIVE Christine McHale, Lori Knockstead, Justin Trupp	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Harelyn Galeotta</i>	DATE <i>6/20/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>8/2/11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
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.	On 8/5/10, the home completed a new support plan indicating that Resident #3 had a significant change. The home did not complete an assessment at this time.	<i>5/5/11</i>	<p><i>-Assessment completed and reflecting changes.</i></p> <p><i>* please see attached *</i></p> <p><i>Plan:</i></p> <p><i>Personal Care Home Administrator is working with Clinical Administrative Assistant with updating and monitoring a tracking sheet to identify and track when mandatory DPW forms are due and/or require a significant change.</i></p>	<i>8/2/11</i> <i>VAC</i>