



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
Norrstown State Hospital
1001 Sterigere Street
Bldg 2 Rm. 161
Norrstown, Pennsylvania 19401

ADULT RESIDENTIAL LICENSING

1-866-711-4115
610-270-1137

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
Mailing Date: November 15, 2011

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

RE: Tri-County Respite Quakertown House

Dear Ms. Hoch:

As a result of the Department of Public Welfare's licensing inspection on September 22, 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.

Sincerely,

Chevon Miller
Regional Licensing Administrator

Enclosure(s)
Violation Report

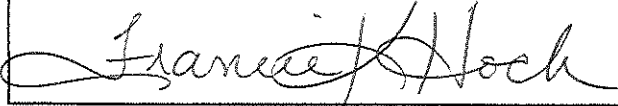
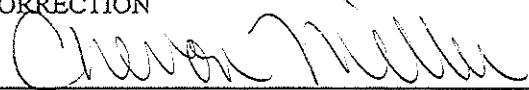
VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

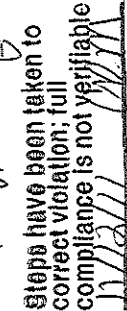
NAME AND ADDRESS OF PERSONAL CARE HOME TRI COUNTY RESPITE QUAKERTOWNE HOUSE, 219 EAST BROAD STREET QUAKERTOWN, PA 18951		CURRENT LICENSE NUMBER 126810	
INSPECTION DATES (Include all dates of the inspection) 09/22/2011		REGIONAL REPRESENTATIVE Christine McHale, Andrea Kurtz	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Francie K. Hoch, Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Francie K. Hoch</i>	DATE <i>10-7-11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Miller</i>	DATE <i>11/12/11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY CORRECTION WILL BE MADE	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
25d A home may not seek or accept payments from a resident in excess of one-half of any funds received by the resident under the Senior Citizens Rebate and Assistance Act (72 P. S. §§ 4751-1—4751-12). If the home will be assisting the resident to manage a portion of the rent rebate, the requirements of § 2600.20 (relating to financial management) may apply. There may be no charge for filling out this paperwork.	The Resident - Home Contract for Resident #1 dated 11-1-2008, Addendum C, List of all Services and Schedule of Charges, Supplement Services includes "assistance obtaining income and health care benefits including annual rent rebate."	9-22-11 10-14-11 ONGOING	EFFECTIVE IMMEDIATELY, NO RESIDENT WILL BE CHARGED FOR ASSISTANCE WITH FILING RENT REBATE PAPERWORK. THE RESIDENT-HOME CONTRACT WILL BE AMENDED. "ASSISTANCE WITH ANNUAL RENT REBATE" WILL BE REMOVED. A COPY WILL BE FORWARDED TO YOUR OFFICE VIA FAX. THE ADMINISTRATOR WILL REVIEW ALL RESIDENT-HOME CONTRACTS UPON EACH ADMISSION TO ENSURE THE AMENDED CONTRACT FORM IS UTILIZED CONSISTANTLY.	<i>11/12/11</i> Date Initials (DPW)

Steps have been taken to correct violation; full compliance is not verifiable
11/12/11
Date
Initials (DPW)

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) 09/22/2011		REGIONAL REPRESENTATIVE Christine McHale, Andrea Kurtz	
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 10-7-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 11/2/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY 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
27a If a home agrees to admit a resident eligible for SSI benefits, the home's charges for actual rent and other services may not exceed the SSI resident's actual current monthly income reduced by the current personal needs allowance.	Residents Resident #1, Resident #2, and Resident #3 are SSI recipients. The invoice for resident #1 dated 8-31-11 shows "Services Supplement" 09/01 - 09/30/2011 for \$699.70. There is no documented Third Party Agreement for these services. The invoice for resident #2 dated 8-31-11 shows "Services Supplement" 09/01 - 09/30/2011 for \$963.70. There is no documented Third Party Agreement for these services.	10-28-11	A THIRD PARTY AGREEMENT FORM WILL BE DEVELOPED FOR USE FOR SUPPLEMENTAL SERVICES FOR RESIDENTS RECEIVING SSI BENEFITS. THE FORM WILL BE FORWARDED TO YOUR OFFICE VIA FAX.	Steps have been taken to correct violation; full compliance is not verifiable  Date / Initials (DPW)
	Resident #3 is being charged \$1800 per month for room and board. The resident receives a total of \$1113.30 per month for SSI benefits. The \$1800 monthly charge is above the SSI limit for room and board and there is no documented Third Party Agreement.	11-25-11	ALL CURRENT RESIDENTS WHO RECEIVE SSI BENEFITS WILL RECEIVE A NEW RESIDENT-HOME CONTRACT SPECIFIC TO ROOM & BOARD CHARGES.	
		11-25-11	A THIRD PARTY AGREEMENT FOR SUPPLEMENTAL FOR THESE RESIDENTS WILL BE ESTABLISHED WITH THEIR DESIGNATED PAVORS. AS THEY ARE SIGNED AND RETURNED THEY WILL BE FORWARDED TO YOUR OFFICE VIA FAX.	