

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-QUAKERTOWNE HOUSE

NAME OF FACILITY OR AGENCY

Located at 219 EAST BROAD STREET, QUAKERTOWN, 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 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 21, 2012 until May 21, 2013,

unless sooner revoked for non-compliance with applicable laws and regulations.

No: **126810**

Robert E. Robinson

ISSUING OFFICER

[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.

PW 628 - 01/11



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

ADULT RESIDENTIAL LICENSING

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

MAY 08 2012

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

Dear Ms. Hoch:

As a result of the Department of Public Welfare's licensing inspection on March 7, 2012 and April 17, 2012, and the corrections you have made after our inspection, we have found the above personal care home to be in compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.


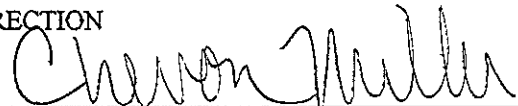
Sincerely,


A handwritten signature in black ink, appearing to read 'R. Melusky'.

Ronald Melusky
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) 03/07/2012		REGIONAL REPRESENTATIVE Amy Scharpf, Chevon Miller	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p style="text-align: center; font-size: 1.2em;">Francie K. Hoch, Administrator</p>			
SIGNATURE OF LEGAL ENTITY 	DATE 3/29/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 4/13/12

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
3c The personal care home shall post the current license, a copy of the current Violation Report (VR) issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.	On 3/7/12, the home's current license, violation report and copy of 55 Pa.Code Chapter 2600 are locked and inaccessible in an enclosed glass covered bulletin board.		See attached page.	4/17/12 

TCR-Quakertown House

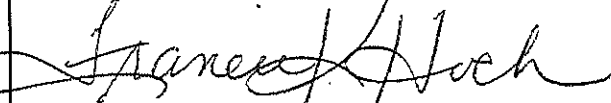
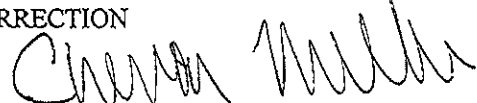
Plan of Correction

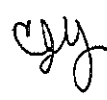
03/29/2012

Regulation:	Date of Correction:	
3c	03/08/12	The Cabinet was unlocked making all documents accessible as required.
	03/15/12	Maintenance installed a small latch on the cabinet to hold the doors shut. The latch still allows for easy access to all documents enclosed in the cabinet.
	03/28/12	The Administrator met with the Director of Operations and the Office Coordinator to discuss required Items and a plan to ensure compliance. The Administrator, Director of Operations and Office Coordinator will each check the cabinet weekly to ensure all required items are enclosed. The Administrator included in the cabinet a list of those items which are required for quick reference when checks are being made.

Francis Wood 3/29/12

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) 03/07/2012		REGIONAL REPRESENTATIVE Amy Scharpf, Chevon Miller	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p style="text-align: center; font-size: 1.2em;">Francie K. Hoch, Administrator</p>			
SIGNATURE OF LEGAL ENTITY 	DATE 3/29/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 4/13/12

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
16c The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).	<p>-On 1/25/12, Resident #1 purposely bumped into Resident #2, who then hit Resident #1. The home did not submit an incident report to the Department.</p> <p>-On 9/8/11, Resident #3 reported to the home that Resident #4 was following [redacted] around the home sexually harassing [redacted] using a threatening and forceful tone of voice causing [redacted] to feel frightened and intimidated. The home did not submit an incident report to the Department.</p>		See attached page	<p style="font-size: 1.2em;">4/17/12</p> 

Regulation:	Date of Correction:	
16c	Immediately	Any future incidents of this nature will be reported to the department according to regulation.
	03/09/12	At the staff meeting, the Administrator provided re-training on incident reporting to all staff. The specific incidents in question were reviewed and discussed. In addition, RCG sections 15a-d, 16b-f along with pages 180 & 181 and Appendix A were reviewed as part of the training.
	03/14/12	As part of the management team meeting, the Administrator reviewed abuse reporting and established a process to ensure all incident reports would be reviewed by the Administrator or a designee within 24 hours so that a determination could be made about whether a reportable incident is required. The Reportable Incidents Flow chart for Abuse Incidents from the RCG will be followed whenever suspected abuse occurs.

Francis Hoch 3/29/12

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) 03/07/2012		REGIONAL REPRESENTATIVE Amy Scharpf, Chevon Miller	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Francie K. Hoch			
SIGNATURE OF LEGAL ENTITY 	DATE 3/29/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 4/13/12

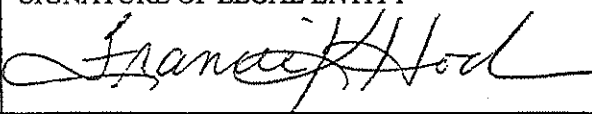
REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
15a The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.	<p>-On 1/25/12, an allegation of resident to resident abuse between Resident #1 and Resident #2 was reported to the home. The home did not report the allegation to the local area agency on aging.</p> <p>-On 9/8/11, an allegation of abuse against Resident #3 by Resident #4 was reported to the home. The home did not report the allegation to the local area agency on aging.</p>		See attached page.	<p style="font-size: 1.5em;">4/17/12</p> <p style="font-size: 1.5em;">CJM</p>

TCR Quakertown House
 Plan of Correction
 03/28/12

Regulation:	Date of Correction:	
15a	Immediately	Any future incidents of this nature will be reported to AAA according to regulation.
	03/09/12	At the staff meeting, the Administrator provided re-training on incident reporting to all staff. The specific incidents in question were reviewed and discussed. In addition, RCG sections 15a-d, 16b-f along with pages 180 & 181 and Appendix A were reviewed as part of the training.
	03/14/12	As part of the management team meeting, the Administrator reviewed abuse reporting and established a process to ensure all incident reports would be reviewed by the Administrator or a designee within 24 hours so that a determination could be made about whether a reportable incident is required. The Reportable Incidents Flow chart for Abuse Incidents from the RCG will be followed whenever suspected abuse occurs.

Francis Hoch 3/29/12

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) 03/07/2012		REGIONAL REPRESENTATIVE Amy Scharpf, Chevon Miller	
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 	DATE <i>3/29/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Chevon Miller</i>	DATE <i>4/13/12</i>

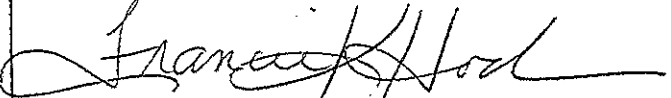

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
63a At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.	<p>-On 3/4/12, from 6:00am to 10:00am and from 10:00pm to 6:00am, 53 residents were present in the home. During this time only 1 staff person was present in the home who was certified in First Aid.</p> <p>-On 3/4/12, from 8:00pm to 10:00pm, 53 residents were present in the home. During this time, only 1 staff person was present in the home who was certified in obstructed airway techniques and CPR and there were no staff present in the home who were certified in First Aid.</p>		<i>See attached page.</i>	<i>4/17/12</i> <i>CGY</i>


TCR Quakertown House
 Plan of Correction
 03/28/12

Regulation:	Date of Correction:	
63a	03/07/12	Administrator reviewed the staffing schedule for the next 2 weeks and implemented any necessary changes to ensure 2 CPR/First Aid certified staff would be present at all times. The Administrator also reviewed all staff training records and made a list of staff who needed the training.
	03/14/12 & 03/15/12	Trainings were held and 6 additional staff were trained in CPR/First Aid. Key weekend and second shift employees were included in these trainings to ensure coverage during the specified times when coverage had not been adequate to ensure compliance on an on-going basis
	04/09/12 & 04/10/12	All remaining staff requiring CPR/First Aid training are scheduled to complete the training.
	Ongoing	The Office Coordinator will review staff training on a monthly basis and will report at the management meeting on the 2nd Wednesday of each month, to ensure compliance with all training requirements. These reports will also be included in the quality management process and report.

Francis Wood 3/29/12

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) 03/07/2012		REGIONAL REPRESENTATIVE Amy Scharpf, Chevon Miller	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p style="text-align: center; font-size: 1.2em;">Francie K. Hoch, Administrator</p>			
SIGNATURE OF LEGAL ENTITY 	DATE 3/29/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 4/30/12

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
101r2 Window coverings shall be clean, in good repair, provide privacy and cover the entire window when drawn.	The window coverings on the window in Room 306 do not cover the entire window to provide for privacy.		See attached page.	4-17-12 

TCR Quakertown House
Plan of Correction
03/28/12



Regulation:	Date of Correction:	
1-1r2	03/08/12	Miniblinds wer added behind the existing valence in room 306 so that the entire window can be covered for privacy.
	03/08/12	The administrator reviewed this regulation with the Director of Operations and maintenance staff.
	03/09/12	Maintenance personnel checked each resident room wthin the facility to ensure compliance with this regulation. Curtains and miniblinds were added to 2 additional rooms.


Francis Ford 3/29/12

Maintenance checksheet gets done 2x/month. We will add checking of window treatments to the checksheet. by 4/20/12

Francis Ford

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) 03/07/2012		REGIONAL REPRESENTATIVE Amy Scharpf, Chevon Miller	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p style="text-align: center; font-size: 1.2em;">Francie K. Hoch, Administrator</p>			
SIGNATURE OF LEGAL ENTITY 	DATE 3/29/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 4/13/12

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
123b Copies of the emergency procedures 107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.	<ul style="list-style-type: none"> -The home's emergency procedures are not posted in a conspicuous and public place in the home. -The emergency preparedness plan for the municipality in which the home is located is locked and inaccessible in an enclosed glass covered bulletin board. 		See attached page.	<p style="font-size: 1.2em;">4/17/12</p> 

TCR Quakertown House
Plan of Correction
03/28/12

Regulation:	Date of Correction:	
123b	03/09/12	Administrator posted Emergency procedures in the unlocked cabinet which is now easily accessible.
	03/15/12	Maintenance installed a small latch on the cabinet to hold the doors shut. The latch still allows for easy access to all documents enclosed in the cabinet.
	03/28/12	The Administrator met with the Director of Operations and the Office Coordinator to discuss required items and a plan to ensure compliance. The Administrator, Director of Operations and Office Coordinator will each check the cabinet weekly to ensure all required items are enclosed. The Administrator included in the cabinet a list of those items which are required for quick reference when checks are being made.

Francis Hood 3/29/12