



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

ADULT RESIDENTIAL LICENSING

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

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
Mailing Date: May 22, 2012

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 April 17, 2012 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,

A handwritten signature in black ink that reads "Chevon Miller" followed by a stylized monogram.

Chevon Miller
Regional Licensing Administrator

Enclosure(s)
Violation Report

Violation Report: 12681 - 04/17/2012 - Yellenic, Cindy

1. REGULATION 55 Pa.Code §2600
 2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2. DESCRIPTION OF VIOLATION
 On 4/15/12, at 8:00pm, Resident #1's Medication Administration Record was initialed that the resident received their medication, however the resident was found deceased at 5:00pm this day.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See attached

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Francie K. Hoch	Date 5-15-12
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>5/22/12</u> (Date)	Verification of Legal Entity Representative Signature <u>5/22/12</u> (Date)
The above plan of correction was approved by <u>CRM</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Regulation 2600.187(b)

Plan of Correction:

On 04/17/12, the Director of Wellness corrected the MAR indicating medications had not been given.

On 04/17/12, the Administrator met with the staff who had documented inaccurately and reviewed the regulation and the importance of taking the time to complete the med pass and documentation of the med pass accurately.

On 04/18/12, the Director of Wellness met with the staff member to re-educate on the medication administration procedures.

On 04/18/12 and 04/25/12, the Director of Wellness observed the staff during med pass to ensure she was practicing proper administration procedures.

On 05/14/12, the Director of Wellness had the staff review the Medication Administration power point presentation 2011/2012 for additional training.

The Director of Wellness conducts all required medication training and observations according to regulation. In addition, she will do random checks of MARs as well as random observation of all staff during med pass to ensure regulations are adhered to consistently.

 5/15/12

Violation Report: 12681 - 04/17/2012 - Yellenic, Cindy

1. REGULATION 55 Pa.Code §2600
 2600.201 - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself/herself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

2. DESCRIPTION OF VIOLATION
 Resident #1, while at a therapy session on 4/9/12, had suicidal ideations. The therapist called the facility and requested 15 minute checks on the resident. The home failed to provide these 15 minute checks. The resident committed suicide on 4/15/12

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

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Signature of Legal Entity Representative
 (Required on EVERY Page) *Francie K. Hoch*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Francie K. Hoch</i>	Date <i>5-15-12</i>
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Regulation 2600.201

Plan of Correction:

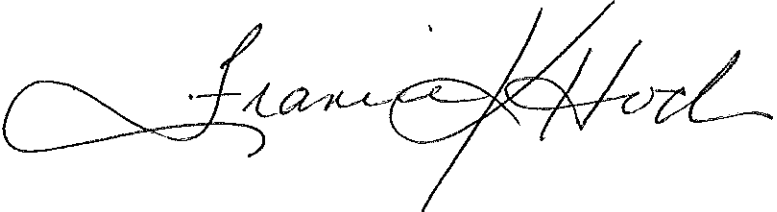
On 04/24/12 and 05/01/12 the Administrator met with the Executive VP of TCR, the Administrator of Mount Trexler Manor and the Director of New Vitae to discuss policy and procedure regarding the ability to implement safety checks within the personal care boarding home.

On 04/25/12 the Administrator met with the management team of Quakertown House to discuss the development of a policy and procedure regarding safety checks. All members of the management team had input and a draft form for documentation of safety checks was reviewed.

On 05/10/12 the Administrator reviewed the current process for the over site of safety checks at the staff meeting. The importance of completing safety checks was discussed as well as the need for good communication between staff regarding who is completing the checks. Some of the limitations and challenges in completing safety checks were also discussed. One of our biggest challenges in regard to carrying out safety checks is the resident's ability to sign in / sign out at will and leave the facility.

On 05/16/12 the Administrator will attend the meeting of New Vitae psychiatrists and Directors to discuss this issue in order to develop our policy and procedure.

By 06/29/12 the Administrator will complete a policy and procedure for the implementation of safety checks within Quakertown House and accompanying the policy will be the final draft of a form for documenting these checks. These items will be submitted to the regional office for review by July 6, 2012.

 Francis Wood, 5-15-12

Violation Report: 12681 - 04/17/2012 - Yellenic, Cindy

1. REGULATION 55 Pa.Code §2600

2600.252 - Each resident's record must include the following information: (1) through (26)

2. DESCRIPTION OF VIOLATION

Resident #1's record does not include a designee in the event of an emergency.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

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Signature of Legal Entity Representative (Required on EVERY Page) *Francie K. Hoch*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Francie K. Hoch* Date *5-15-12*

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Verification of Legal Entity Representative Signature 5/22/12 (Date)

The above plan of correction was approved by *OKM* (Initials)

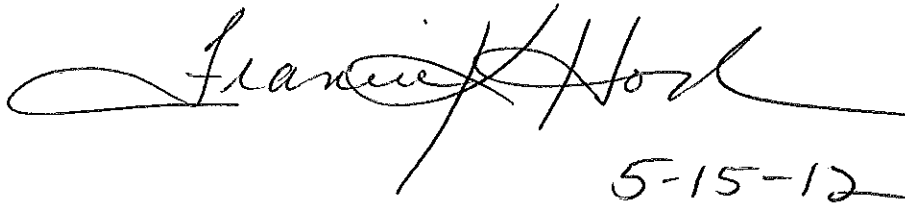
- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Regulation 2600.252

Plan of Correction:

On 04/25/12, the Care Coordinator Supervisor completed a review of all resident records to determine if there was a designated emergency person for each resident. There were 3 residents identified and an emergency contact was established for each.

The Director of Social Services or designee will review each resident record at time of admission to ensure a Emergency contact person has been designated.


5-15-12