

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to NATIONAL HEALTH MANAGEMENT, INC.

LEGAL ENTITY

To operate INDEPENDENCE COURT OF QUAKERTOWN

NAME OF FACILITY OR AGENCY

Located at 1660 PARK AVENUE, 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 120
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 July 22, 2012 until July 22, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 127030

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

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

JUL 27 2012

Mr. Brian Harkins, President
National Health Management, Inc.
4415 Fifth Avenue
Pittsburgh, Pennsylvania 15213

RE: Independence Court of Quakertown
1660 Park Avenue
Quakertown, Pennsylvania 18951

Dear Mr. Harkins:

As a result of the Department of Public Welfare's licensing inspection on June 25, 2012 and June 26, 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.

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 "Ronald Melusky".

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 12703 - 09/25/2012 - Kurtz, Andrea
POH Name: INDEPENDENCE COURT OF QUAKERTOWN

1. REGULATION 55 Pa.Code §2600

2600.103(e) - 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.

2. DESCRIPTION OF VIOLATION

-A container of canned fruit, a container of cooked roast beef, and a container with four pieces of cake were not dated or labeled in the refrigerator.

-A package of what appeared to be sausage was in the freezer and was not labeled or dated.

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.

All food noted above was thrown out immediately the day of inspection.

The Food Service Director reviewed with all cooks the regulation that all leftover food must be labeled and dated, prior to storage.

A sign off sheet has been implemented that requires the cooks initial daily all refrigerator has been checked for leftovers packaging containers be labeled and dated.

Food Service Director will perform random checks to assure continued compliance.

In service, implementation by 7/13/12 and ongoing

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Ken McK D Cook, Adm* Date *7/9/12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *[Signature]* (Date)

Verification of Legal Entity Representative Signature *[Signature]* (Date) *7/11/12*

The above plan of correction was approved by *[Signature]* (Initials)

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

Violation Report: 12703 - 06/25/2012 - Kurtz, Andrea
PCH Name: INDEPENDENCE COURT OF QUAKERTOWN

1. REGULATION 65 Pa.Code §2600

2600.103(g) - Food shall be stored in closed or sealed containers.

2. DESCRIPTION OF VIOLATION

A package of potato cheese pierogies was opened and unsealed in the freezer.

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.

The food noted above was thrown out immediately the day of inspection.

The Food Service Director reviewed with all cooks the regulation and importance for all food to be in a sealed or closed container.

A sign off sheet has been implemented that requires the cooks to initial clearly all items in refrigerator/freezer units are properly closed/sealed.

Food Service Director conduct random audits to assure compliance

in service, implementation by 7/15/12 and ongoing

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Handwritten Signature]

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

DENNIS D. HOEK, RDM

Date

7/9/12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of

7/11/12
(Date)

Verification of Legal Entity Representative Signature

7/11/12
(Date)

The above plan of correction was approved by

CRM
(Initials)

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

Violation Report: 12703 - 06/28/2012 - Kurtz, Andrea PCH Name: INDEPENDENCE COURT OF QUAKERTOWN	
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 -The medication administration record for Resident #2 does not include initials for the 2:00PM dose of Brimonidine Tartrate on 5-1-12 and the 8:30PM dose of Eye Drops on 5-31-12. -The medication administration record for Resident #3 does not include initials for the 8:00AM dose of Fiber Capsule on 5-31-12. -The medication administration record for Resident #4 does not include initials for the 3-16-12 dose of Vitamin D3, 1000Units. -The medication administration record for Resident #5 does not include initials for the 3-8-12 dose of Novalog 14U at 11:30AM, doses of Renagel 800mg on 4-14-12 and 4-16-12, Calcitriol 0.25mg on 3-14-12, and Ipratropine on 3-16-12. -The medication administration record for Resident #6 does not include initials for the 5-14-12 dose of APAP 325mg. -The medication administration record for Resident #7 does not include initials for the 4-15-12 Accucheck. There were no initials for any 8:00AM doses of medications on 3-31-12. These include Amlodipine, Aspirin, Dally Vite, Melformin, Sertraline, and Vitamin D3.	
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. The MAR's for #2, 3, 4, 5, 6 & 7 were corrected. All Nurses and Medication Assistants were counseled on the regulation. The nurses and Medication Assistants are to audit themselves @ the end of each shift, and make needed corrections. Monthly audits of MAR's will be conducted by the resident care Director / Designee, any further counseling or training will be done in a timely manner (after the monthly audits) to assure continued compliance. Date by which corrections will be completed 7/13/12 and ongoing.	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>James Hall</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kevin D. Hook, Adm</i>	Date <i>7/9/12</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>7/11/12</u> (Date)	Verification of Legal Entity Representative Signature <u>7/11/12</u> (Date)
The above plan of correction was approved by <u>ORM</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

Violation Report: 12703 - 06/26/2012 - Kurtz, Andrea
 PCH Name: INDEPENDENCE COURT OF QUAKERTOWN

1. REGULATION 65 Pa.Code §2800

2800.187(d) - The home shall follow the directions of the prescriber.

2. DESCRIPTION OF VIOLATION

- ProSource No Carb Nutritional Supplement was not available for Resident #1 on 6-3-12 and 6-4-12, and was not given as prescribed.
- Glucerna Nutritional Supplement was not available for Resident #2 on 5-29-12, and was not given as prescribed.
- Aspirin was not available for Resident #2 on 5-2-12, and was not given as prescribed.
- Fiber Capsule was not available for Resident #3 on 5-30-12, and was not given as prescribed.

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.

Primary Care Physicians of Residents #1, 2 and 3 were notified of above omissions.
 Resident #2 family had supplied Aspirin up until date not available they now order and secure medication.
 Resident #3 family supplies Fiber Capsule. All nurses and medication assistants asked to make a Courtesy call to responsible party when family supplies medications and they are running low. All Nurses Medication Assistants involved in regulation. All Nurses and medication assistants were counseled on re-ordering and securing medications in a timely manner. Nurses and Medication Assistants will conduct audits every Thursday and Friday from the day and evening shifts for a cross check to assure availability of medications. Director of Resident Care/Deputy will conduct audits monthly to assure compliance Date by which corrections completed 7/13/12

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/10/2011
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Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kenneth D Hook* Date *7/9/12*

DEPARTMENT USE ONLY, HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>7/11/12</u> (Date)	Verification of Legal Entity Representative Signature <u>7/11/12</u> (Date)
The above plan of correction was approved by <u>[Signature]</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