



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: January 8, 2013

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 November 28, 2013 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 initial "DM".

Chevon Miller
Regional Licensing Administrator

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

Page 1 of 2

PCH Name: TRI COUNTY RESPITE QUAKERTOWNE HOUSE		License Number: 126810
Address: 219 EAST BROAD STREET, QUAKERTOWN, PA 18951		County: Bucks
Administrator: Francie Hoch		Region: SOUTHEAST
Legal Entity Name: TRI COUNTY RESPITE INC		
Legal Entity Address: 219 EAST BROAD STREET, QUAKERTOWN, PA 18951		
Certificate(s) of Occupancy		
Staffing Hours		
Resident Support:	Total Daily Staff: 52	Waking Staff: 39
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Complaint		
On-Site Inspections Dates and Department Representatives On-Site		
11/28/2012: McHale, Christine; Sledge, Andrea		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 65 Number of Residents Served: 52 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: 	Number of Residents who: 	

Violation Report: 12681 - 11/28/2012 - McHale, Christine
 PCH Name: TRI COUNTY RESPITE QUAKERTOWNE HOUSE

1. REGULATION 55 Pa.Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

On 11/20/12, resident #1 struck resident #2 in the head causing resident #2 to have a lump on the side of their head and forehead and a cut on their upper lip. The home did not report the allegation to the local area agency on aging.

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.

11/28/12 Bucks County AAA was contacted to report the incident of suspected abuse and a verbal report was given over the phone. They requested we fax our reportable incident which was done the same day.

11/28/12 The Administrator reviewed with all supervisors the RCG regarding abuse reporting and reviewed the Flow sheet on Suspected Abuse of Resident Investigation Requirements in order to re-educate and ensure the procedure would be properly administered in the future.

11/30/12 Bucks County AAA contacted our Director of Social Services and requested we complete the ACT 13 Abuse Report form and fax it to their office. The Administrator will review all incident


Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/07/2012
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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, Administrator Date 12-19-12

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

The above plan of correction is approved as of 12/21/12
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 12/21/12
 (Date)

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

SECTION 3. CONTINUED

reports carefully and review the Flow sheet anytime suspected abuse occurs to ensure proper procedures/requirements for reporting are carried out in a timely fashion.

Francis K. Hall, Administrator

12-19-12