



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUN 21 2013

Mr. Kenneth D. Hook, Administrator
National Health Management, Inc.
4415 Fifth Avenue
Pittsburgh, Pennsylvania 15213

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

Dear Mr. Hook:

As a result of the Department of Public Welfare's licensing inspection on April 22, 2013 and April 23, 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.

Your regular license for the period of July 22, 2013 to July 22, 2014 was issued on April 29, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Ronald Melusky", with a long horizontal stroke extending to the right.

Ronald Melusky
Director

Enclosure
Violation Report

Violation Report: 12703 - 04/22/2013 - Kazimer, Lauren
 PCH Name: INDEPENDENCE COURT OF QUAKERTOWN

1. REGULATION 55 Pa.Code §2600
 2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION
 On 4/23/2013, there was an accumulation of lint in the lint trap of the first floor facility laundry room dryer.

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 lint trap was cleaned and immediately during the annual inspection.
 The staff member in question, that day, and all the other laundry staff were re-serviced on the proper use of dryer & the regulation requiring that the lint trap be cleaned after each use. 4/29/13
 Daily rounds will be completed by the housekeeping supervisor or designee to ensure continued compliance of the regulation, starts immediately
 a sign has been posted by each dryer to remind staff to clean lint trap after each use. Posted 4/29/13
 A daily lint log is posted in each dryer area for staff to sign after each time lint trap is cleaned. Posted 4/29/13

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

Signature of Legal Entity Representative
 (Required on EVERY Page)

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

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

The above plan of correction is approved as of 5/16/13 (Date) Plan of correction implementation status as of 5/16/13 (Date)

The above plan of correction was approved by CPM (Initials)

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

Violation Report: 12703 - 04/22/2013 - Kazimer, Lauren
 PCH Name: INDEPENDENCE COURT OF QUAKERTOWN

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
 Resident #2's last medical evaluation was completed on 2/06/2012.

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.

Resident #2 had a physical completed during the second day of our survey.
 All residents medical records are being audited for required annual ME.
 The trieler card file is being updated as the files are audited to assure annual compliance.
 After audits completed, any resident with a medical evaluation not in compliance will be scheduled and completed as soon as possible and annually thereafter. (completion by 5/13/13)
 Staff member responsible for violation was counseled on the differences between dates that appear on the OME to prevent further infraction.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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) <i>Hennel D. Stork, Administrator</i>	Date <i>5/9/13</i>
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The above plan of correction is approved as of <u>5/16/13</u> (Date)	Plan of correction implementation status as of <u>5/10/13</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

Violation Report: 12703 - 04/22/2013 - Kazimer, Lauren
 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.

2a. DESCRIPTION OF VIOLATION
 On 4/08/2012, at 8:30PM, Resident #1's Alprazolam 0.25mg, Hydrocod/APAP 5/500mg, and Lisinopril 140mg were administered. The staff person who administered the medications did not initial the resident's medication administration record.
 On 4/08/2012, at 4:00PM, Resident #2's Divalproex 250mg and Lorazepam 1mg were administered. On 4/08/2013, at 8:30PM, Resident #2's Clozaril 100mg, Docusate Sodium 100mg, and Lactulose 10gm/150ml were administered. The staff person who administered the medications did not initial the resident's medication administration record.
 On 4/08/2013, at 4PM, Resident #3's Coumadin 4mg and Pravastatin 80mg were administered. On 4/08/2013, at 8:30PM Resident #3's Docusate Sodium 100mg, Latanoprost 0.005%, Fluticasone 50mcg, and Calmoseptine Ointment were administered. The staff person who administered the medications did not initial the resident's medication administration record.
 On 4/08/2013, at 4:00PM, Resident #4's Pravastatin 80mg and Procel Powder were administered. The staff person who administered the medications did not initial the resident's medication administration record.

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 resident #1, 2, 3 & 4 were corrected immediately during the survey.
The nurse responsible for the violation was counseled on the regulation. 4/23/13
Random audits of the E-MAR will be conducted by the Director of Resident Care in August. To assure continued compliance with the regulation & new E-MAR system, if just started, this will assure an audit will occur @ the time of administration.
4/16/13 (E-MAR Begon)

Repeat Violation: Yes Date(s) of Previous Violation(s): 08/26/2012

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, Administrator* Date *5/9/13*

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 The above plan of correction was approved by [Signature] (Initials)
 Plan of correction implementation status as of 5/16/13 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 12703 - 04/22/2013 - Kazimer, Lauren
PCH Name: INDEPENDENCE COURT OF QUAKERTOWN

1. REGULATION 55 Pa.Code §2600
2600.251(b) - The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.

2a. DESCRIPTION OF VIOLATION
The medical evaluation form dated 11/1/2012 for Resident #1 had white-out used on the date the resident was evaluated.

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.

*Staff member responsible for violation was counseled on the proper method of correcting resident records on 4/24/13.
The resident care Director or Designee will conduct weekly audits of Medical Examination Forms that were completed to ensure no white-out was used by a staff member of physician office.
The Physician's Office (our medical directors) [redacted] were also notified regarding the proper procedure for making corrections in Medical Form on 4/24/13 by the administrator.*

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)

Hennelle D. Hook, Administrator

Date

5/9/13

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The above plan of correction is approved as of

5/16/13
(Date)

Plan of correction implementation status as of

5/16/13
(Date)

The above plan of correction was approved by

[Handwritten Initials]
(Initials)

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