pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUN 2 1 2013

Ms. Franice K. Hoch, Administrator
Tri-County Respite, Inc.
Tri-County Respite – Quakertown House
219 East Broad Street
Quakertown, Pennsylvania 18951

Dear Ms. Ingram:

As a result of the Department of Public Welfare's licensing inspection on May 7, 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 May 21, 2013 to May 21, 2014 was issued on February 8, 2013. Your regular license remains in good standing.

Sincerely,

Ronald Melusky
Director

Enclosure
Violation Report

PCH Name: TRI COUNTY RESPITE QUAKERTOWNE HOUSE	License Number: 126810
Address: 219 EAST BROAD STREET, QUAKERTOWN, PA 18951	County:
Administrator: Francie Hoch	Region:

Legal Entity Name: TRI COUNTY RESPITE INC

Legal Entity Address: 219 EAST BROAD STREET, QUAKERTOWN, PA 18951

Certificate(s) of Occupancy

C-2 LP
09/13/1988
Deptment of L&I

Staffing Hours

Resident Support: 5 | Total Daily Staff: 58 | Waking Staff: 44

Type of Inspection: Full | BHA Docket Number: | Notice: Unannounced

Reason(s) for Inspection(s)

Renewal

On-Site Inspections Dates and Department Representatives On-Site

05/07/2013: Brewer, Roslyn

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: 53

Secured Dementia Care Unit in Home: No

Area:

Secured Dementia Unit Capacity, if Applicable:

Number of Residents Served in Secured Dementia Care Unit, if applicable:

Number of Current Hospice Residents: 0

Number of Hospice Residents in past year: 0

Number of Residents who:

Receive Supplemental Security Income: 24

Are 60 Years of Age or Older: 9

Have Mental Illness: 53

Have an Intellectual Disability: 10

Have a Mobility Need: 0

Have a Physical Disability: 0

Violation Report: 12681 - - Brewer, Roslyn
PCH Name: TRI COUNTY RESPITE QUAKERTOWNE HOUSE

1. REGULATION 55 Pa.Code §2600
2600.104(b)(2) - Dishes, glassware, and utensils must be clean, and free of chips and cracks.

2a. DESCRIPTION OF VIOLATION
On 5/7/13 there were three chipped plates available for use with the daily serving plates.

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.

1. At the time of inspection the chipped dishes were disposed of immediately.

2. 5/8/13 Food Service Coordinator inspected all dishes to determine if there were any others that needed to be disposed of.

3. The Director of Operations will do a check of the kitchen 2x each month to ensure dishes, glassware & utensils are free of chips and cracks, starting 6/1/13 (BW)

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

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** 5-16-13

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

The above plan of correction is approved as of 5/22/13 (Date)

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

Plan of correction implementation status as of 5/22/13 (Date)

- [x] Fully Implemented
- [ ] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

Violation Report: 12681 - - Brewer, Roslyn
PCH Name: TRI COUNTY RESPITE QUAKERTOWNE HOUSE

1. REGULATION 55 Pa.Code §2600
144(c)(3) Prohibition of the use of tobacco during transportation by the home.

2a. DESCRIPTION OF VIOLATION
There was no indication in the policy if the use of tobacco is prohibited during transportation.

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.

1. Our Smoking policy and Vehicle Safety policy indicate no smoking in vehicles. I have attached those policies for your review.

2. In addition, as discussed during your visit we implemented signs on the dashboard of each vehicle letting passengers + drivers know of no smoking policy.

3. Our vehicles are inspected each month to address safety and cleanliness issues. Checking to ensure no smoking signs are in place has been added to that inspection list.

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

Signature of Legal Entity Representative (Required on EVERY Page) Francis K Hoch

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Francis K. Hoch

Date 5-20-13

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

The above plan of correction is approved as of 5/20/13 (Date)

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

Plan of correction implementation status as of 5/20/13 (Date)

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