CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: February 28, 2014

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

RE: Tri-County Respite Quakertowne House
License # 126810

Dear Ms. Hoch:

As a result of the Department of Public Welfare's licensing inspection on October 17, 2013 and November 6, 2013 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care homes) must be maintained.

Sincerely,

Chevon Miller
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

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

PCH Name: TRI COUNTY RESPITE QUAKERTOWNE HOUSE	**License Number:** 126810
Address: 219 EAST BROAD STREET, QUAKERTOWN, PA 18951	**County:** Butler
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:** **Waking Staff:**

Type of Inspection: Partial **BHA Docket Number:** **Notice:** Unannounced

Reason(s) for Inspection(s)

Incident

On-Site Inspections Dates and Department Representatives On-Site

Off-Site Inspection Dates and Inspectors, if Applicable

10/17/2013: Miller, Chevon
11/06/2013: Miller, Chevon

Other Details

Partial or Full Triggers: **Random Indicators:**

Resident Demographic Data as of Inspection Dates

Licensed Capacity:	**Number of Residents who:**
Number of Residents Served:	**Receive Supplemental Security Income:**
Secured Dementia Care Unit in Home: No	**Are 60 Years of Age or Older:**
Area:	**Have Mental Illness:**
Secured Dementia Unit Capacity, if Applicable:	**Have an Intellectual Disablity:**
Number of Residents Served in Secured Dementia Care Unit, if applicable:	**Have a Mobility Need:**
Number of Current Hospice Residents:	**Have a Physical Disability:**
Number of Hospice Residents in past year:	

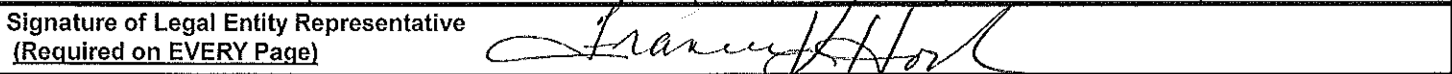
Violation Report: 12681 - 10/17/2013 - Miller, Chevon
PCH Name: TRI COUNTY RESPITE QUAKERTOWNE HOUSE

1. REGULATION 55 Pa.Code §2600
2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION
On 10/10/13 resident #1 was sent to the hospital because the resident was observed as "groggy, unable to speak clearly, lethargic and in general not herself." On 10/15/13 staff member A reported to management that a medication error had occurred concerning resident #1 on 10/10/13. An investigation was concluded on 10/10/13 which indicated that resident #1 received over a double dose of the prescribed medication Haldol from staff member B. Both staff members A and B were aware of the medication error and neglected to report the error to anyone until 10/15/13. Resident #1's doctor was contacted once the medication error was reported and confirmed that the medication error caused the symptoms that sent the resident to the hospital on 10/10/13.

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.

Please see attached.



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

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

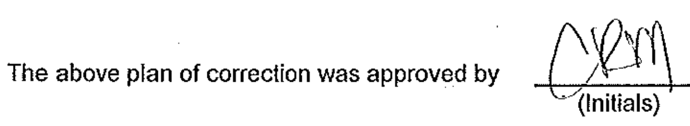
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)

Date 1-10-14

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

The above plan of correction is approved as of 2/19/14 (Date)

Plan of correction implementation status as of 2/19/14 (Date)



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

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

3. Plan of Correction:

The Administrator of the facility in conjunction with the Director of wellness conducted a prompt and thorough investigation of the medication error that had resulted in harm to the resident. Upon determination that the staff member (B) was in fact aware that the error had occurred and had intentionally withheld that information from supervisory staff on duty, that employee was immediately terminated. In addition, staff member (A) was counseled on the seriousness of allowing time to pass before coming forward with the information she had about the error.

The Administrator and the Director of Wellness met with all med techs to debrief the incident and to re-educate them on the importance of reporting all medication errors to the supervisor on duty immediately. It was made very clear that the employee was terminated for endangering the resident by not reporting the medication error. We discussed that employees who have made medication errors in the past have not been terminated they have been retrained and provided increased supervision.

The Director of wellness implemented the following training plan for employees in the med. room in an effort to minimize the occurrence of medication administration errors and therefore minimize the potential for harm to a resident:

Plan for training and orientation of new staff in the med room will include:

1. New employees will first observe in the med room administration of medication for 1 week prior to administering medication themselves.
2. The employee will then administer medications under the supervision of the nurse for another week prior to administering medications independently.
3. The employee will then work with an experience med tech with at least 1 year experience, for the remainder of their first 90 days of employment.

In addition, during the 30 days following the incident, the nurse observed 3 med passes for each of our current med techs and provided feedback and supervision.

The Administrator reviewed the incident and provided re-training on the incident reporting policy as part of the Resident Rights/Abuse Prevention training on November 14, 2013. This training was provided to all staff and the importance of reporting all incidents promptly was discussed.

The Administrator will ensure that all employees continue to meet the requirements for training in medication administration, annual incident report training and annual abuse prevention and reporting training.

Francine K Hood
1-10-14