pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUL 17 2014

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

RE: Tri-County Respite Quakertown House
License #: 126810

Dear Ms. Hoch:

As a result of the Department of Public Welfare's licensing inspection on May 5, 2014, and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes).

Your regular license for the period May 21, 2014 to May 21, 2015 was issued on February 10, 2014. Your regular license remains in good standing.

Sincerely,

Matthew J. Jones
Director

Enclosure
Licensing Inspection Summary

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

PCH Name: TRI COUNTY RESPITE QUAKERTOWNE HOUSE	License Number: 12681
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

C-2 LP
01/10/1989
PA DEPT L&I

Staffing Hours

Resident Support: 0 | Total Daily Staff: 51 | Waking Staff: 38

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

Reason(s) for Inspection(s)

Renewal

On-Site Inspections Dates and Department Representatives On-Site

05/05/2014: Colon, Lissette; Keelty, Jennifer

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 who:
Number of Residents Served: 51	Receive Supplemental Security Income: 27
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 8
Area:	Have Mental Illness: 51
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 10
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 0
Number of Current Hospice Residents: 0	Have a Physical Disability: 0
Number of Hospice Residents in past year: 0	

Violation Report: 12681 - 05/05/2014 - Colon, Lissette
PCH Name: TRI COUNTY RESPITE QUAKERTOWNE HOUSE

1. REGULATION 55 Pa.Code §2600
2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
The hallway in the home's basement between the laundry room and library has a pipe in the ceiling dripping water every 8 seconds. A section of the ceiling is covered by a panel, in which a light bulb is hanging by it. This creates an electrical hazard. The carpet directly below the pipe has substantial water damage from the leak.

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) Francie K. Hoch

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

Date 6-9-14

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

The above plan of correction is approved as of 6/11/14 (Date)

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

Plan of correction implementation status as of 6/30/14 (Date)

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

1. **Regulation 2600.88(a)**
2. **Description of Violation:** The hallway in the home's basement between the laundry room and library has a pipe in the ceiling dripping water every 8 seconds. A section of the ceiling is covered by a panel, in which a light bulb is hanging by it. This creates an electrical hazard. The carpet directly below the pipe has substantial water damage from the leak.
3. **Plan of Correction:**
    - During the licensing inspection on 5/5/14, maintenance staff was able to utilize pipe tape to temporarily fix the leak in the pipe and stop the dripping.
    - The next day, the maintenance staff replaced the piece of pipe in order to permanently fix the leak.
    - Maintenance staff then repaired the ceiling with drywall so that there is no longer a removable panel.
    - Maintenance staff does ongoing checks of the facility to ensure proper maintenance and safety.
    - The administrator reviewed with all staff at the staff meeting on May 8, 2014 the importance of all staff reporting any maintenance or safety issues to the Director of Operations, maintenance staff or supervisor on duty immediately upon discovery.

See attached photo

Frances Hor

6-9-14

Violation Report: 12681 - 05/05/2014 - Colon, Lissette
PCH Name: TRI COUNTY RESPITE QUAKERTOWNE HOUSE

1. REGULATION 55 Pa.Code §2600
2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION
The following residents have a physician's order for PRN medications. On 5/5/14, the PRN medications were not available in the home;

- Resident # 1's, Deep Sea Inhaler and ProAir HFA Inhaler.

- Resident # 2's, Phillips Milk of Magnesium 30 ml, Mylanta 30ml, Guaifenesin Sol 100/5ml, and Loperamide 2mg cap.

- Resident # 3's, Mylanta 30ml, Guaifenesin Sol 100/5ml, Loperamide 2mg cap, and Phillips Milk of Magnesium 30 ml.

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) Francie K Hoch

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

Date 6-9-14

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The above plan of correction is approved as of 6/30/14 (Date)

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

Plan of correction implementation status as of 6/30/14 (Date)

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

1. Regulation 2600.185(a)
2. Description of Violation: The following residents have a physician's order for PRN medications. On 5/5/14 the medications were not available in the home. Resident #1's Deep Sea Inhaler and ProAir HFA Inhaler. Resident #2's Phillips Milk of Magnesium 30ml, Mylanta 30ml, Guaifenesin Sol 100/5ml and Loperamide 2mg cap. Resident #3's Mylanta 30ml, Gualifenesin Sol 100/5ml, Loperamide 2mg cap and Phillips Milk of Magnesium 30 ml.
3. Plan of Correction:
    - During the licensing inspection on 5/5/14, the nurse contacted the pharmacy to have the Prn, OTCs delivered to the facility. The medications were delivered to the facility that afternoon at approximately 4:30pm
    - After review of these medications, it was determined that these medications had not been utilized by the residents for a significant period of time. The nurse then contacted the prescribing physicians and these medications were discontinued and disposed of.
    - On 5/6/14, the nurse then reviewed all MARS to ensure all ordered medications are available in the facility. Any medications that were no longer in use were discontinued.
    - The Nurse and Administrator met with the pharmacy on 05/22/14 to ensure that all medications are delivered to the facility in a timely manner.
    - Each week the nurse reviews all MARs to ensure all ordered medications are available on site.

6-9-14