



JUL 28 2014

Ms. Joanne P. Tangney, President
Success Rehabilitation, Inc.
5666 Clymer Road
Quakertown, Pennsylvania 18951


RE: Success Rehabilitation at Rock
RidgeLicense #: 127300

Dear Ms. Tangney:

As a result of the Department of Public Welfare's licensing inspection on June 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 August 18, 2014 to August 18, 2015 was issued on June 9, 2014. Your regular license remains in good standing.

Sincerely,


Matthew J. Jones
Director
/s/

Enclosure
Licensing Inspection Summary

Violation Report: 12730 - 06/05/2014 - Kazimer, Lauren
 PCH Name: SUCCESS REHABILITATION AT ROCK RIDGE

1. REGULATION 55 Pa.Code §2600

2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

2a. DESCRIPTION OF VIOLATION

Since the notification of resident evacuation needs to the local fire department on 6/13/11, the specific resident rooms that were listed to be occupied by residents with a mobility need has changed. The home has not notified the fire department of these changes.

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.

Notification, including floor plans identifying the location of residents who are assessed as immobile, was mailed to the fire marshall on July 9th, 2014 by certified mail. Notification and documentation of mail are attached.

In the future, notification will be made whenever there is a change or, at minimum, annually.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Joanne P. Tangney

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

JOANNE P. TANGNEY

Date 7.17.14

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

The above plan of correction is approved as of

7/18/14
 (Date)

Plan of correction implementation status as of

7/18/14
 (Date)

The above plan of correction was approved by

CRM
 (Initials)

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