



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUL 23 2015

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 Human Services' licensing inspection on May 19, 2015 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 must be maintained.

Your regular license for the period May 21, 2015 to May 21, 2016 was issued on February 5, 2015. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew Jones".

Matthew J. Jones
Director

Enclosure
License Inspection Summary

Violation Report: 12681 - 05/19/2016 - Kazimer, Lauren
 PGH Name: Tri-County Respite- Quakerstown House

1. REGULATION 56 Pa.Code §2600
 2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION
 Resident #1, admitted on 2/10/2015, medical evaluation was completed on 4/16/2015.

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 Date
 (Required on EVERY Page) *Francie K. Hoch* *6-16-15*

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

The above plan of correction is approved as of *6/22/15*
 (Date)

Plan of correction implementation status as of *6/22/15*
 (Date)

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

The above plan of correction was approved by *[Signature]*
 (Initials)

3. Plan of Correction:

We are unable to correct the citation, as the time for the medical evaluation to be completed on time has passed. To ensure that a medical evaluation will be conducted either within 60 days prior to admission or within 30 days after admission for all residents admitted to Quakertown House, the Director of Social Services and the Care Coordinator Supervisor have put the following process in place:

- If an individual is admitted to our care and does not have a medical evaluation that has been completed within the 60 days prior to admission, then the Director of Social Services or the Care Coordinator Supervisor will prepare the medical evaluation form on the day of admission and give the prepared form to the Director of Wellness.
- The Director of Wellness will then call to schedule the appointment for the medical evaluation with the individual's primary care physician.
- The Director of Social Services or the Care Coordinator Supervisor will follow up with the Director of Wellness prior to the 30 day deadline to make sure the medical evaluation has been scheduled and completed.
- The Director of Social Services and the Care Coordinator Supervisor will conduct regular chart audits to ensure compliance with all regulations for documentation. Any identified issues are reported to the Director of Social Services for follow up and correction.

Francis K. Hoch 6/17/15