



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL -- RETURN RECEIPT REQUESTED**  
**MAILING DATE: MAR 08 2016**

Mr. Kenneth D. Hook, Administrator  
National Health Management, Inc.  
4415 Fifth Avenue  
Pittsburgh, Pennsylvania 15213

RE: Independence Court of Quakertown  
1660 Park Avenue  
Quakertown, Pennsylvania 18951  
Certificate #: 127030

Dear Mr. Hook:

As a result of the Department of Human Services' licensing inspection on 11/30/15, 12/9/15 and 12/21/15, on which we conducted on-site inspections] 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.

Sincerely,

Roslyn Brewer  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary

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

PCH Name: Independence court of Quakertown		License Number: 12703
Address: 1660 Park Ave., Quakertown, PA 18951		County: Bucks
Administrator: Kenneth Hook		Region: SOUTHEAST
Legal Entity Name: National Health Management INC		
Legal Entity Address: 4415 FIFTH AVENUE, PITTSBURGH, PA 15213		
<b>Certificate(s) of Occupancy</b> G-2 LP 06/13/1988 PA Dept of L and I		
<b>Staffing Hours</b>		
Resident Support:	Total Daily Staff: 121	Waking Staff: 91
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Incident		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
11/30/2015: Mcllvain, Shawn 12/09/2015: Mcllvain, Shawn 12/21/2015: Mcllvain, Shawn 12/22/2015: Mcllvain, Shawn		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 120 Number of Residents Served: 109 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: 3 Number of Hospice Residents in past year: 12	<b>Number of Residents who:</b> Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 90 Have Mental Illness: 2 Have an Intellectual Disability: 2 Have a Mobility Need: 12 Have a Physical Disability: 14	

Violation Report: 12703 - 11/30/2015 - Mcllvain, Shawn  
 PCH Name: Independence court of Quakertown

1. REGULATION 55 Pa.Code §2600

2600.182(c) - Medication administration includes the following activities, based on the needs of the resident:

- (1) Identify the correct resident.
- (2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
- (3) Remove the medication from the original container.
- (4) Crush or split the medication as ordered by the prescriber.
- (5) Place the medication in a medication cup or other appropriate container, or in the resident's hand.
- (6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in § 2600.182(b)(4).
- (7) Complete documentation in accordance with § 2600.187 (relating to medication records).

2a. DESCRIPTION OF VIOLATION

On 11/19/15 Resident #1 was not identified, and given incorrect medication of Resident #2, by Staff member A.

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.

Licensed nursing staff or Medication Assistants will identify the correct resident prior to administering medications accordingly to prescriber orders.

All staff will receive training on the proper procedures when administering medications, within 30 days of receipt of this plan of correction.

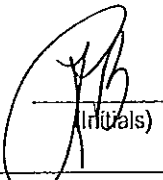
The administrator or designee will conduct periodic medication administration observations to ensure the staff are administering the correct medication to the correct resident, starting within 30 days of receipt of this plan of correction.

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

Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Patricia A. Howard Dir. of Res Care      Date 2/5/16

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

The above plan of correction is approved as of <u>2/18/16</u> (Date)	Plan of correction implementation status as of <u>2/18/16</u> (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented