



pennsylvania
DEPARTMENT OF HUMAN SERVICES

AUG 02 2016

Mr. Adam Devlin, President
Tri-County Respite, Inc.
219 East Broad Street
Quakertown, Pennsylvania 18951

RE: Tri-County Respite – Quakertowne House
License #: 126810

Dear Mr. Devlin:

As a result of the Department of Human Services' annual licensing inspection on May 18, 2016 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,

A handwritten signature in black ink, appearing to read "Jay Bausch".

Jay Bausch
Deputy Secretary

Enclosure
License Inspection Summary

Violation Report: 12881 - 05/18/2016 - Colon, Lissette
PCH Name: TRI COUNTY RESPITE QUAKERTOWNE HOUSE

1. REGULATION 55 Pa.Code §2600
2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION
- On 5/18/16, at 10:00am, the water temperature inside the 3rd floor common area bathroom measured 125.6 degrees Fahrenheit.
- On 5/18/16, at 11:40am, the water temperature inside the 2nd floor common area bathroom measured 144.8 degrees Fahrenheit.

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.

Hot water was fixed at the time of inspection. Periodic random water temper checks at random water sights will be taken and documented for compliance. Water temperature issues will be corrected immediately. The administrator will insure compliance.

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

Signature of Legal Entity Representative
(Required on EVERY Page) 

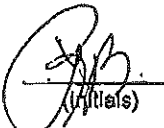
Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Tommy Tompkins - Stackhouse Date 6/17/16

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

The above plan of correction is approved as of 6/21/16
(Date)

Plan of correction implementation status as of 6/21/16
(Date)

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

The above plan of correction was approved by 
(Initials)

Violation Report: 12681 - 06/18/2016 - Colon, Lissette
PCH Name: TRI COUNTY RESPITE QUAKERTOWNE HOUSE

1. REGULATION 55 Pa.Code §2600
2600.101(j)(6) - Each resident shall have the following in the bedroom: A mirror.

2a. DESCRIPTION OF VIOLATION
There is no mirror inside bedroom #105.

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.

Corrected at the time of inspection. Direct care staff will complete and document quality assurance checks periodically to insure resident rooms have the requisite items needed for regulatory compliance. Items that are missing or damaged will be replaced. The administrator will insure compliance.

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) *Tobias Tarkenton-Stackhouse* Date *6/17/16*

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The above plan of correction is approved as of *6/21/16*
(Date)

Plan of correction implementation status as of *6/21/16*
(Date)

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- Partially Implemented - Inadequate Progress
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The above plan of correction was approved by *[Signature]*
(Initials)

Violation Report: 12681 - 05/18/2016 - Colon, Lissette
PCH Name: TRI COUNTY RESPITE QUAKERTOWNE HOUSE

1. REGULATION 55 Pa.Code §2600
2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION
The bed inside room #10 and room #304, does not have a source of light that can be turned on/off from bedside.

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.

Corrected at the time of inspection, Residents periodically remove or move lamps that are next to their bed to use the outlet for other items requiring power. Direct care staff will complete and document quality assurance checks periodically to insure resident rooms have the requisite items needed for regulatory compliance. Items that are missing or damaged will be replaced. Tap lights or an alternative light that does not require a power source may be utilized. The administrator will insure compliance.

The administrator will ensure biweekly checks are an ongoing compliance BB

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) *Ms. Tarvin Stachione* Date *6/17/16*

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Plan of correction implementation status as of *6/21/16* (Date)

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The above plan of correction was approved by *BB* (Initials)

Violation Report: 12681 - 05/18/2016 - Colon, Lissette
PCH Name: TRI COUNTY RESPITE QUAKERTOWNE HOUSE

1. REGULATION 65 Pa.Code §2600
2600.171(b)(6) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.96 (relating to first aid kit).

2a. DESCRIPTION OF VIOLATION
The alcohol cleansing pads located in the home's vehicle had an expiration date of 08/15.

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.

The first aid kit in the vehicle was recently purchased; unopened; and in factory wrapping. At the time of inspection the onsite licensing representative opened the kit to check for compliance. An expired alcohol pad was found in the sealed, unopened kit. The first aid kit was fixed at the time of inspection. Periodic reviews of the contents of the first aid kits in vehicles will be conducted by the transportation department. The administrator will insure compliance.

monthly
OB

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) Date

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(Date)

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

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Violation Report: 12681 - 05/18/2016 - Colon, Lissette
PCH Name: TRI COUNTY RESPITE QUAKERTOWNE HOUSE

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident # 1 has a prescribed order that reads "finger-stick once daily". The order was not written on the medication administration record.

Resident # 2 has a prescribed order for accu-checks once a day. The order was not written on the medication administration record.

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.

Corrected at time of inspection. The Director of Wellness will review all incoming orders and insure they are correctly transcribed into the resident's medication administration record. The administrator will insure compliance. quarterly RB

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)

Tobin Tarvin-Stackhouse

Date 6/17/16

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6/21/16
(Date)

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6/21/16
(Date)

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RB
(Initials)

Violation Report: 12681 - 05/18/2016 - Colon, Lissette
PCH Name: TRI COUNTY RESPITE QUAKERTOWNE HOUSE

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

The assessment for resident #3, indicates the resident has a need for laundry and shopping services. The resident's support plan does not document how this need will be met.

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.

BB

The Director of Social Services will quarterly review all Resident Assessment Support Plans to insure assessed needs have plans to address the needs. The administrator will insure compliance.

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) *Joey Tarquin-Stauch* Date *6/17/16*

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(Date)

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