



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 27 2016

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

RE: Success Rehabilitation at Rock Ridge
License #: 127300

Dear Ms. Tangney:

As a result of the Department of Human Services' annual licensing inspection on July 7, 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 "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: SUCCESS REHABILITATION AT ROCK RIDGE		License Number: 12730
Address: 5666 CLYMER ROAD, QUAKERTOWN, PA 18951		County: Bucks
Administrator: David Clayton, Susie Pina		Region: SOUTHEAST
Legal Entity Name: SUCCESS REHABILITATION INC		
Legal Entity Address: 5666 CLYMER ROAD, QUAKERTOWN, PA 18951		
Certificate(s) of Occupancy		
Staffing Hours		
Resident Support:	Total Daily Staff: 18	Waking Staff: 14
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 07/07/2016: Kazimer, Lauren; Gray, Dean		
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: 35 Number of Residents Served: 13 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: 0 Number of Hospice Residents in past year: 0		Number of Residents who: Receive Supplemental Security Income: 4 Are 60 Years of Age or Older: 1 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 5 Have a Physical Disability: 0

Violation Report: 12730 - 07/07/2016 - Kazimer, Lauren
 PCH Name: SUCCESS REHABILITATION AT ROCK RIDGE

1. REGULATION 55 Pa.Code §2600
 2600.52 - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.

2a. DESCRIPTION OF VIOLATION
 Staff person A, hired on [redacted] 2016, had a criminal background check requested on 2/3/2016.

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.

Criminal record checks are completed by the financial manager on the day of hire. In this case, the financial manager was out of the office and no one else knew how to do it. Success Rehabilitation Inc. has since trained 2 other administrators to now be back-up to complete criminal background checks on new hires in the event the financial manager is scheduled off or out unexpectedly. This training took place on August 2nd 2016 and new plan is in effect. This process will be monitored by the PCH Administrator to ensure there are no other issues with this current plan.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Joanne P. Tangley*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>JOANNE P. TANGLEY</i>	Date <i>8.16.16</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <i>8/16/16</i> (Date)	Plan of correction implementation status as of <i>8/16/16</i> (Date)
The above plan of correction was approved by <i>JB</i> (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

Violation Report: 12730 - 07/07/2016 - Kazimer, Lauren
 PCH Name: SUCCESS REHABILITATION AT ROCK RIDGE

1. REGULATION 55 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

The evacuation time of the fire drill conducted on 12/15/2016 was 4 minutes. This exceeds the home's 2 minute and 30 second maximum evacuation time.

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.

On 12/15/2016, Success Rehabilitation Inc conducted a fire drill with a fire safety expert. The evacuation time during this drill took 4 minutes vs. remaining under this home's 2 minute and 30 second maximum evacuation time goal. This was an isolated ^{incident} due to the fact that one resident was having difficulty with toileting and refusing staff's cues to finish up and exit the bathroom/building.

Since this incident, the resident's therapist has been reviewing alternate options in therapy sessions with this resident in the event a similar incident would occur (i.e. transferring to another chair and leaving the facility to continue using the bathroom at another location, temporarily placing depends on to avoid an accident while evacuating, etc.) The resident has been very receptive to these discussions and the PCH Administrator has been working with this resident and staff on role playing different scenarios since January 2016 to present on a monthly basis in order for the resident to gain familiarity with this.

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 8.16.16

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8/17/16
 (Date)

Plan of correction implementation status as of

8/17/16
 (Date)

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

The above plan of correction was approved by

AB
 (Initials)

Violation Report: 12730 - 07/07/2016 - Kazimer, Lauren
 PCH Name: SUCCESS REHABILITATION AT ROCK RIDGE

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
 Resident #1's last medical evaluation was completed on 6/4/2015.

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.

Resident #1 was scheduled for a medical evaluation on 6/11/2016 that would have kept him within the annual time frame. Resident #1 had an episode of incontinence prior to leaving for this med appt. The nursing department called the PCP office that they were running late - the office in turn stated it could not accommodate seeing Resident #1 later in day. Resident #1 was placed on a "cancellation list" at the PCP office and the next available appointment was not available until 7/19/2016. Resident #1 completed his medical evaluation on 7/19/2016.

Moving forward the case manager have been encouraged to schedule all resident medical evaluations 30 days prior to arrival due date, so in the event that a situation would arise, it would still allow ample time to reschedule the appointment and remain in compliance. A tracking sheet of med evaluation due dates was created on 7/10/16 and will be monitored by the PCP Administrator to ensure compliance.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Wendie P. Tangney*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Wendie P. Tangney* Date *8.16.16*

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Violation Report: 12730 - 07/07/2016 - Kazimer, Lauren
 PCH Name: SUCCESS REHABILITATION AT ROCK RIDGE

1. REGULATION 55 Pa.Code §2600

2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

Staff person B's initial medication administration training was completed on 5/30/2016, and their initial annual practicum was completed 7/1/2016.

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.

Success Rehabilitation's nursing department maintains a list of practicum due dates and releases due dates at least one month in advance. Staff are scheduled by the Staffing Coordinator, but do not always come for the practicum. The Staffing Coordinator and employee's supervisor will assure that the practicum appointments are kept and completed by one year anniversary date. This new plan went into effect on July 8, 2016. In addition, besides the nurses, there are only 2 additional practicum observers who can complete practicums for more than 80 med trained staff making completion of practicums within mandated time frames difficult. Additional Practicum observers will be trained by 8/29/16 and practicums will be completed by due dates. This process will be monitored by PCH Administrator

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

Signature of Legal Entity Representative (Required on EVERY Page) *Thomas P. Targney*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Thomas P. Targney* Date *8.16.16*

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