



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: AUG 09 2017

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
License #: 127030

Dear Mr. Hook:

As a result of the Department of Human Services' licensing inspection on April 13, 2017 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,



Patricia Adams
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 12703 - 04/13/2017 - Gray, Dean
 PCH Name: INDEPENDENCE COURT OF QUAKERTOWN

1. REGULATION 55 Pa.Code §2600
 2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION
 The home is utilizing contracted employees who are in direct contact with residents. Criminal background checks for these individuals were not available on 04/13/17.

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 history background checks were obtained from [redacted] contractor. In the future all contractors having direct access to residents shall be obtained prior to work in building. Criminal history.

The administrator is responsible for continued compliance

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Benjamin D. Hook*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Benjamin D. Hook</i>	Date <i>5/23/17</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>5/23/17</u> (Date)	Plan of correction implementation status as of <u>5/23/17</u> (Date)
The above plan of correction was approved by <i>[Signature]</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: 12703 - 04/13/2017 - Gray, Dean
 PCH Name: INDEPENDENCE COURT OF QUAKERTOWN

1. REGULATION 55 Pa.Code §2600
 2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION
 On 4/13/17, an open and unattended can of paint was observed in the first floor hallway by the laundry room. All of the home's residents have not been assessed capable of recognizing and using poisons safely.

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.

Paint was removed immediately & locked in Secure Room. In the future all hazardous/poisonous material will be either locked in secure place or closely monitored by person using material, by not letting said material out of sight. This rule will be strictly enforced with our housekeepers & maintenance staff.

The staff (housekeeping and maintenance) will be trained, & in 10 days receipt of approved POC, on the storage of poisonous materials. Training to be maintained for Departmental review.

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) *Kenneth D. Hook* Date *5/2/17*

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The above plan of correction is approved as of *5/23/17* (Date) Plan of correction implementation status as of *5/23/17* (Date)

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

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

Violation Report: 12703 - 04/13/2017 - Gray, Dean
 PCH Name: INDEPENDENCE COURT OF QUAKERTOWN

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION
 - The refrigerator in resident room #132 had mold and mildew. It was not cleaned during the two weeks the home was evacuated and nor was it cleaned before the residents returned on 4/13/17.
 - On 4/12/17, the refrigerator located in the 2nd floor medication room had mold and mildew and was not immediately available for use. The refrigerator was turned off for a period of two week during the home's emergency evacuation.

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 refrigerator in room #132 was cleaned immediately. In the future housekeeping staff will check all resident refrigerators as part of their weekly scheduled cleaning. The housekeeping staff will be immediately trained on sanitary conditions @, training to be maintained for department review.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kenneth D. Hook</i>	Date <i>5/23/17</i>
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Violation Report: 12703 - 04/13/2017 - Gray, Dean
 PCH Name: INDEPENDENCE COURT OF QUAKERTOWN

1. REGULATION 55 Pa.Code §2600
 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
 The home was in general disrepair following a two week evacuation; specifically:
 Pieces of cardboard were taped to the floor in hallways used by residents presenting tripping hazards,
 The carpet for the central stairwell has been ripped up and not replaced leaving carpet tacking strips exposed,
 Room #208 is unlocked while under construction and has various outlets and light switches uncovered with wires exposed;
 A long piece of the base board was ripped off the wall for painting and balled up at the end of the second floor main hallway.

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 cardboard was removed immediately.
The stairway carpet was replaced the next day.
All light switches were covered & Room 208 was locked.
The baseboard carpet was removed.
In the future when work is being done in the buildy, it will be closely monitored for resident safety and cleaned-up immediately.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kenneth D. Hook</i>	Date <i>5/23/17</i>
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Violation Report: 12703 - 04/13/2017 - Gray, Dean
 PCH Name: INDEPENDENCE COURT OF QUAKERTOWN

1. REGULATION 55 Pa.Code §2600
 2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
 A cinder block was observed outside the fire door on the north wing; presenting a tripping hazard.

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 cinder block was removed immediately.
 The Director of Maintenance will check the exterior & interior of building daily for hazards. In his absence the building will be checked weekly by the administrator or designee.*

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) *Denise D. Hook* Date *5/23/17*

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The above plan of correction was approved by <u>[Signature]</u> (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: 12703 - 04/13/2017 - Gray, Dean
 PCH Name: INDEPENDENCE COURT OF QUAKERTOWN

1. REGULATION 55 Pa.Code §2600
 2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION
 - On 04/13/17, at 9:00 AM, a wall of plastic separated the lobby from the first floor hallway. Residents were required to pass through a zippered area on the plastic sheet to get to and from their rooms.
 - On 04/13/17, at 11:15 AM, two folded up banquet tables and an "A" frame ladder were partially blocking the back door of the second floor activity room.

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 Plastic was removed immediately.
 The Banquet Tables & Ladder were removed immediately.
 The Maintenance Director and the Administrator will check the building daily for egress hazards.
 This was an unusual situation; we do not normally conduct our operation in such a manner.*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Dennis D. Hook</i>	Date <i>5/23/17</i>
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Violation Report: 12703 - 04/13/2017 - Gray, Dean
 PCH Name: INDEPENDENCE COURT OF QUAKERTOWN

1. REGULATION 55 Pa.Code §2600
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

On 04/13/17, a bottle of Tylenol 650 mg was located in the home's medication cart for resident #1. This resident does not have a current prescription for this medication.

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.

Review of Medication Storage, Access, Security, Distribution of Medication Policy will be reviewed with all Nurses and Medication Assistants to assure compliance of regulation 2600.183(d) are being followed. (May 18th meeting)
 Resident #1 current prescription for Tylenol order which was filled on 12/22/16 was available and being used as ordered. Vial brought in by resident's POA was destroyed.
 Director of Resident Care or Designee will audit orders and medication availability to ensure compliance

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Patricia Howland, Dir of Res Care* Date *5/2/17*

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

The above plan of correction is approved as of *7/24/17* (Date) Plan of correction implementation status as of *7/24/17* (Date)

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

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

Violation Report: 12703 - 04/13/2017 - Gray, Dean
 PCH Name: INDEPENDENCE COURT OF QUAKERTOWN

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

On 04/13/17, the following PRN medications were not available for administration:

- Resident #1's Systane eye drops.
- Resident #2's Icy Hot 5% ADH Patch.
- Resident #3's Milk of Magnesia.

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.

Review of Medication Storage, Access, Security, Distribution of Medications policy will be reviewed with all Nurses and Medication Assistants to assure compliance. (May 18th Meeting)
 Resident #1, #2 & #3 medications needed re-order and received. (see attached delivery Receipt)
 Director of Resident Care or Designee will audit orders and medications to ensure compliance

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature]

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

Dir of Res Care
 Patricia Homan / Date 5/2/17

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The above plan of correction is approved as of

7/29/17
 (Date)

Plan of correction implementation status as of

8/24/17
 (Date)

The above plan of correction was approved by

[Handwritten Initials]
 (Initials)

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

Violation Report: 12703 - 04/13/2017 - Gray, Dean
 PCH Name: INDEPENDENCE COURT OF QUAKERTOWN

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

On 4/13/17, the home did not have access to any of the residents' medical evaluations.

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 home didn't have access to any resident medical evaluations obtained prior to contractor accident/incident on 3/28/17. All residents charts were transferred for duplication secondary to unsanitary and brittle conditions. Medical evaluations will continue to be completed in a timely manner within 60 days prior to admission or 30 days after admission. Director of Resident Care or Designee will continue to audit charts to ensure 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) Director of Resident Care
 PATRICIA HOWARD Date 4/12/17

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The above plan of correction is approved as of 7/24/17 (Date)

Plan of correction implementation status as of 7/24/17 (Date)

The above plan of correction was approved by  (Initials)

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

Violation Report: 12703 - 04/13/2017 - Gray, Dean
 PCH Name: INDEPENDENCE COURT OF QUAKERTOWN

1. REGULATION 55 Pa.Code §2600

2600.185(b) - At a minimum, the procedures in § 2600.185(a) shall include:

- (1) Documentation of the receipt of controlled substances and prescription medications.
- (2) A process to investigate and account for missing medications and medication errors.
- (3) Limited access to medication storage areas.
- (4) Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration. This requirement does not apply for a resident who self-administers medication without the assistance of a staff person and stores the medication in his/her room.

2a. DESCRIPTION OF VIOLATION

The home's procedures for the safe use of medications and medical equipment do not include a procedure for documenting the release and return of medications when a resident leaves the home on a temporary basis.

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.

Release and Return of Medication log will be added to Policy for Medication Storage, Access, Security, Distribution of Medication Policies (see attached revised policy with step #12 added)

All Nurses and Medication Assistants will be advised of addition to Policy as noted above at May 18th meeting for review of Policy and addition of Release and Return of Medication log (attached) Director of Resident Care will assign will audit LOA's for compliance.

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Dir of Res Care*
 Patricia Howland *[Signature]* Date 5/2/17

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The above plan of correction is approved as of 7/24/17
 (Date)

Plan of correction implementation status as of 7/24/17
 (Date)

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

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

Violation Report: 12703 - 04/13/2017 - Gray, Dean
PCH Name: INDEPENDENCE COURT OF QUAKERTOWN

1. REGULATION 55 Pa.Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
Resident # 3 is prescribed Metoprolol 50 mg at bedtime. It was not administered on 4/12/17.

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 #3 was home with family from 3/27 Contractor accident/patient returning to Independence Court on 4/12. Medication Assistant didn't have medication to administer and noted on E-MAR log, family didn't return upon resident's return to Independence Court.
Release and Return of Medication log will be implemented to aid in accountability for release and return of medications.
Director of Resident Care or Designer will Audit W/A to ensure follow through and compliance of policy.


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 Honland Date 5/2/17

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The above plan of correction is approved as of 7/24/17
(Date)

The above plan of correction was approved by 
(Initials)

Plan of correction implementation status as of 7/24/17
(Date)

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