



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

SEP 27 2017

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  
License #: 127030

Dear Mr. Hook:

As a result of the Department of Human Services' annual licensing inspections on July 6, 2017 and July 7, 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink that reads "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary

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

PCH Name: INDEPENDENCE COURT OF QUAKERTOWN		License Number: 12703
Address: 1660 PARK AVENUE, 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> C-2 LP 06/13/1988 PA Department of L&I		
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 118	Waking Staff: 89
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Renewal, Incident		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
07/06/2017: Kazlmer, Lauren; Braswell, Natasha		
07/07/2017: Kazlmer, Lauren; Braswell, Natasha		
<b>Off-Site Inspection Dates and Inspectors, If Applicable</b>		
<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: 108 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, If Applicable:		<b>Number of Residents who:</b> Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 95 Have Mental Illness: 4 Have an Intellectual Disability: 1
Number of Residents Served in Secured Dementia Care Unit, If applicable: Number of Current Hospice Residents: 3 Number of Hospice Residents in past year: 10		Have a Mobility Need: 10 Have a Physical Disability: 1

Violation Report: 12703 - 07/06/2017 - Kazimer, Lauren  
 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  
 Staff person A, hired on [redacted]/17, had a criminal background check requested on 5/12/17.

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.

Independence Court will be sure to follow the Older Adult Protective Services Act in regards to Criminal History reports and hiring policies.  
 All Department managers will not hire an applicant until the criminal history report results are received and reviewed for hiring compliance.  
 Administrator or Business Office Manager will inform Department manager of Applicant's Criminal History report results and if applicant is hireable.

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)      Business Office Manager      Date 7/27/17

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The above plan of correction is approved as of 7/31/17  
 (Date)

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

Plan of correction implementation status as of 8/1/17  
 (Date)

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

Violation Report: 12703 - 07/06/2017 - Kazlmer, Lauren  
 PCH Name: INDEPENDENCE COURT OF QUAKERTOWN

1. REGULATION 55 Pa.Code §2600  
 2600.102(i) - A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

2a. DESCRIPTION OF VIOLATION  
 There were two unlabeled bars of soap located in the second floor common bath area.

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.

Soap Dispensers were available within reach of common area bathing room sinks, at time of on-site inspection. For the self-showeing residents that paper soap in bar form a Shower Caddy is available for individual use. The Caddy will be labeled c applicable resident name. This will be completed by Dir of Res Care or Designee

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 Howland Dir of Res Care      Date 7/27/17

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Plan of correction implementation status as of 8/1/17 (Date)

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- Not Implemented

Violation Report: 12703 - 07/06/2017 - Kazimar, Lauren  
 PCH Name: INDEPENDENCE COURT OF QUAKERTOWN

1. REGULATION 55 Pa.Code §2600  
 2600.102(j) - Towels and washcloths shall be in the possession of the resident in the resident's living space unless the resident has access to the home's linen supply.

2a. DESCRIPTION OF VIOLATION  
 There were two unlabeled mesh shower puffs in the second floor common bath area.

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.

*Mesh puffs were discarded @ time of on-site inspection. There is an abundant supply of linens available for common bathing room use. Residents that are assisted with bathing needs, staff use linens. If a resident that self-showers prefers a mesh puff a tagging system is available to mark residents name. Shower Caddies were purchased for individual use to hold toiletries (i.e. mesh puffs, Shampoo, powder, etc..) and will be labeled with Residents name. This will be completed by Dir of ResCare of DeSitter*

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) *Patricia Howland Dir, Res Care*      Date *7/27/17*

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Plan of correction implementation status as of *8/1/17* (Date)

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 Partially Implemented - Inadequate Progress  
 Not Implemented

Violation Report: 12703 - 07/06/2017 - Kazimer, Lauren  
 PCH Name: INDEPENDENCE COURT OF QUAKERTOWN

1. REGULATION 55 Pa.Code §2600  
 2600.181(c) - A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

2a. DESCRIPTION OF VIOLATION  
 Resident #1's Nystatin powder and Mupirocin 2% ointment, and resident #2's Calmoseptine ointment and Fluocinonide 0.05% cream were unlocked in the residents' rooms on 7/7/17. The residents have not been assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding ability to self-administer and the need for reminders to take medications.

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.

*This was corrected @ on-site inspection. Powder, ointment and cream were placed in locked medication room. For those residents that do not self-administer, but are safe to use or avoid poisonous materials. Nursing staff will obtain an order for treatments to be kept @ bedside for staff to administer, this would be reflected on support plan. For those residents that can self-medicate an order is received and is reflected on support plan. This will be completed by Dir of Res Care & Design*

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) *Patricia Howland Dir of Res Care*      Date *7/27/17*

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Violation Report: 12703 - 07/06/2017 - Kazlmer, Lauren  
 PCH Name: INDEPENDENCE COURT OF QUAKERTOWN

1. REGULATION 55 Pa.Code §2600  
 2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION  
 On 7/7/17, resident #1's Nystatin powder and Mupirocin 2% ointment, and resident #2's Calmoseptine ointment and Fluocinonide 0.05% cream were unlocked in the residents' rooms.

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.

This was corrected @ on-site inspection. Powder, ointment and cream were place in locked medication room. Resident #1 and spouse always keep room locked. If applicable for those residents that do not self-administer, but can avoid poisonous materials. Nursing staff will obtain an order for treatments to be kept @ bedside for staff to administer. This will be noted on support plan when applicable. If a resident self-medicates an order is secured and it is noted on support plan. This will be completed by Dir of Res Care of 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) Patricia Howland Dir of Res Care      Date 7/27/17

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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 - 07/06/2017 - Kazimer, Lauren  
 PCH Name: INDEPENDENCE COURT OF QUAKERTOWN

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

Resident #3's support plan, dated 5/18/17, listed the resident as being "Independent" for transferring. According to staff interviews, resident #3 required a two-person assist for transfers while in the facility.

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 was independent transferring in/out of bed/chair. Under Bladder/Bowel Management/Ambulating "moving from one place to another" Assessment was a "C" for some physical assistance and under Service need noted staff to assist in needs, and stand-by. Disagree will be re-trained to include updates with need change, when applicable and explain services more clearly (ie: Resident #3) had fluctuating needs with up to 2 person assist @ times. Resident also exhibited with caregivers and therapist impulsivity with instability with B/L knee giving out. Director of Res Care or Disagree will be responsible for any changes or clarity to be documented in a timely manner.

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) Patricia Howard Dimples Care      Date 7/27/17

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