pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 10 2019

Ms. Toby Tarquin-Stackhouse
Administrator
Tri-County Respite, Inc.
219 East Broad Street
Quakertown, Pennsylvania 18951

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

Dear Ms. Tarquin-Stackhouse:

As a result of the Department's Bureau of Human Services Licensing annual inspection on December 11, 2018 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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.

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,

Jacqueline L. Rowe
Director

Enclosure
Violation Report

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



| | |
|---|---|
| PCH Name: TRI COUNTY RESPITE QUAKERTOWNE HOUSE | License Number: 12681 |
| Address: 219 EAST BROAD STREET, QUAKERTOWN, PA 18951 | County: Bucks |
| Administrator: Toby Tarquin | Region: SOUTHEAST |
| Legal Entity Name: TRI COUNTY RESPITE INC | |
| Legal Entity Address: 219 EAST BROAD STREET, QUAKERTOWN, PA 18951 | |

RECEIVED
FEB 19 2019

Certificate(s) of Occupancy
C-2 LP
01/10/1998
CWOPA/Dept. of LI

Staffing Hours

| | | |
|---|---|---|
| Resident Support: 74 | Total Daily Staff: 123 | Waking Staff: 92 |
| Type of Inspection: Full | BHA Docket Number: | Notice: Unannounced |

Reason(s) for Inspection(s)
Renewal, Incident

On-Site Inspections Dates and Department Representatives On-Site
12/11/2018: Freeman, Sabrina; Gillespie, Denise

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: 65 | Number of Residents who: |
| Number of Residents Served: 49 | Receive Supplemental Security Income: 18 |
| Secured Dementia Care Unit in Home: No | Are 60 Years of Age or Older: 14 |
| Area: | Have Mental Illness: 49 |
| Secured Dementia Unit Capacity, If Applicable: | Have an Intellectual Disability: 8 |
| Number of Residents Served in Secured Dementia Care Unit, If applicable: | Have a Mobility Need: 0 |
| Number of Current Hospice Residents: 0 | Have a Physical Disability: 0 |
| Number of Hospice Residents in past year: 0 | |

Violation Report: 12681 - 12/11/2018 - Freeman, Sabrina
PCH Name: TRI COUNTY RESPITE QUAKERTOWNE HOUSE

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
The Clobetasol Propionate prescribed for resident #1 was discontinued on 12/4/18. The medication was still on the med-cart on 12/13/18.

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.*

At the time of inspection one resident's medication, a cream, was found to be in the medication cart after it was discontinued.

The medication was removed from the cart / home at the time of the inspection.

All medications that are discontinued must be removed from the medication cart / home. The medication techs were all re-educated on this regulation and the process to ensure Compliance

The DON will perform regular checks to ensure compliance and the administrator will be responsible for overall and continued Compliance.

**Administrator or a designee will perfom weekly audit of the medication cart and MARS to ensure compliance with the cited reg. 3/7/19**

A.A.A

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

Signature of Legal Entity Representative (Required on EVERY Page) Tiffany Tarquin-Stackhouse

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Tiffany Tarquin-Stackhouse Date 2/19/19

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

The above plan of correction is approved as of 3/7/19 (Date)

The above plan of correction was approved by A.A.A (Initials)

Plan of correction implementation status as of 3/7/19 (Date)

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