



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 22 2019

Mr. Kenneth D. Hook
Executive Director
National Health Management, LLC
437 Grant Street
Pittsburgh, Pennsylvania 15219

RE: Independence Court of Quakertown
1660 Park Avenue
Quakertown, Pennsylvania 18951
License #:127030

Dear Mr. Hook:

As a result of the Department's Bureau of Human Services Licensing annual inspection on February 4 and 6, 2019 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 (relating to Personal Care Homes) 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,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
Violation Report

Violation Report: 12703 - 02/04/2019 - Thomas, Tahesia
 PCH Name: INDEPENDENCE COURT OF QUAKERTOWN

1. REGULATION 55 Pa.Code §2600
 2600.103(d) - Food shall be stored off the floor.

2a. DESCRIPTION OF VIOLATION
 On 02/06/2019, at 11:30 AM, 7 boxes of frozen food items were stored on the floor in the home's freezer.

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.

Food will be stored off the floor in home's freezer. Food Service Director or Designee will train all staff to follow through to storage protocol. Food Service Director or Designee will complete audits to assure compliance (Meeting scheduled 3/27/19)

Maintain audits for Department review for a period of three years 4/4/19

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) *Pastora Howard Dir of Res Care* Date *3/20/19*

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

The above plan of correction is approved as of <u>4/4/19</u> (Date)	Plan of correction implementation status as of <u>4/4/19</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></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 - 02/04/2019 - Thomas, Tahesia
 PCH Name: INDEPENDENCE COURT OF QUAKERTOWN

1. REGULATION 55 Pa.Code §2600
 2600.103(i) - Outdated or spoiled food or dented cans may not be used.


2a. DESCRIPTION OF VIOLATION
 On 02/06/2019, there were 2 dented cans, a 6 pound can of apples and a 6 pound can of peaches, in the home's pantry.

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.

Food Service Director or Designee will place dented cans in a storage bin marked "Dented Cans." These cans will be returned to supplier @ time of receiving or when noted. All Kitchen staff will be trained on inability to use dented cans and storage bin use. (Meeting scheduled 3/27/19)


Maintain audits for Department review for a period of three years 4/4/19

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Patricia Holland Dir of Res Care	Date 3/20/19
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Violation Report: 12703 - 02/04/2019 - Thomas, Tahesia
 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 02/06/2019, Hydroxyzine 25 mg tab prescribed for resident #1, order date 10/17/18 for 10 days was still located in the home's medication cart.

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. See attached 4/4/19 *ML*

Nursing staff and medication assistants will be re-trained to remove any medications whether prescription, OTC, samples or CAM that are not current for individuals residing in the home/facility. (Meeting scheduled for 4/11/19). Director of Resident Care or Designee will complete monthly audits to assure compliance of regulation 2600.183(d). This was corrected @ on-site inspection medication was destroyed. Renewal of Medication Storage, Access, Security and Distribution of Medication Policy will also be renewed @ the 4/11/19 meeting w/ Nurses & Medication Cust.

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 Horland* Date *3/28/19*

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The above plan of correction is approved as of 4/4/19 (Date)

Plan of correction implementation status as of 4/4/19 (Date)

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

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

2600.183 d

Provide documentation upon completion. Maintain audits for Department review for a period of three years 4/4/19 *MJ*

Violation Report: 12703 - 02/04/2019 - Thomas, Tahesia
 PCH Name: INDEPENDENCE COURT OF QUAKERTOWN

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

The labels for resident #2's Lantus 100 Units and Novolog 100 Units do not match her medication administration record. The label for her Lantus reads 40 units Sub-Q while her MAR indicates 45 units Sub-Q. The label for her Novolog reads 10 units while her MAR indicates 5 units.

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. See attached 4/4/19 *MLJ*

A sticker noting a change of directions will be adhered to original container label. Nursing staff and medication assistants will be re-trained on the importance of compliance that, note a change in direction @ the time of change in direction. Renewal of Reg 2600.184(a) will be addressed @ 4/11/19 meeting. Monthly audits by Dir of Res Care or Designer will be completed to assure compliance.



DIRECTIONS CHANGED
REFER TO CHART

example of label

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

3/28/19

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4/4/19
(Date)

Plan of correction implementation status as of

4/4/19
(Date)

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

The above plan of correction was approved by

MLJ
(Initials)

2600.184 a

Provide documentation upon completion. Maintain audits for Department review for a period of three years 4/4/19 *mgj*

Violation Report: 12703 - 02/04/2019 - Thomas, Tahesia
 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 02/06/2019, a Lantus Solostar Pen with an open date of 01/03/2019 for resident #3 was located in the medication cart.

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 2600.185(a) are being followed. (April 11 meeting) Lantus pen dated opened 1/3/19 was destroyed @ on-site inspection. Monthly Audits by Dir of Res Care a Degree will be completed to assure compliance

Provide documentation upon completion. Maintain audits for Department review for a period of three years 4/4/19 *MJ*

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 Horneaux Dir of Res Care* Date *3/28/19*

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- Not Implemented

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

Violation Report: 12703 - 02/04/2019 - Thomas, Tahesia
 PCH Name: INDEPENDENCE COURT OF QUAKERTOWN

1. REGULATION 55 Pa.Code §2600
 2600.227(h) - If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

2a. DESCRIPTION OF VIOLATION
 Resident #4 participated in the development of her support plan on 05/28/2018. The resident did not sign the support plan. The home did not make a notation regarding the resident's refusal/inability to sign.

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 regulation 2600.27(h) will be addressed @ meeting 4/11/19. Director of Resident Care or Designee will review RASP for all needed signatures of participants and note the inability or refusal to sign.

Resident #4 signed RASP on 2/15/19 as noted signature date.

Audits of RASP will be completed monthly by Dir of Resident Care or Designee

Provide documentation upon completion. Maintain audits for Department review for a period of three years 4/4/19 *MLJ*

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 Ann Maul Dir of Res Care* Date *3/28/19*

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Violation Report: 12703 - 02/04/2019 - Thomas, Tahesia
 PCH Name: INDEPENDENCE COURT OF QUAKERTOWN

1. REGULATION 55 Pa.Code §2600
 2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION
 Resident #5's record does not include a picture taken within the past two years. The picture in her file was dated 12/14/2016.

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.

Resident #5 Photo obtained on 12/14/18, @ on-site
 in specimen was placed in her chart. It was
 in P.C.C. program and Quark Mar programs.
 When updated photos are obtained they will
 be placed in charts in a timely manner.
 Audits will be completed quarterly by Director
 of Resident Care a Designee to assure
 Compliance of Reg 2600.252

Maintain audits for Department review for a period of three years 4/4/19

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) *Ramona Holland, Director of Resident Care* Date *3/28/19*

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