



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail jtangney@successrehab.com
Sent via e-mail spina@successrehab.com
Sent via e-mail dclayton@successrehab.com
May 28, 2020

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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on January 13, 2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Mia Johnson

Mia Johnson
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *SUCCESS REHABILITATION AT ROCK RIDGE*
Address: *5666 CLYMER ROAD,, QUAKERTOWN, PA 18951*
County: *BUCKS* Region: *SOUTHEAST*

License Number: *12730*

Administrator

Name: *Sue Pina* Phone: *2155383488* Email:
SPINA@SUCCESSREHAB.COM,
dclayton@successrehab.com

Legal Entity

Name: *SUCCESS REHABILITATION, INC.*
Address: *5666 CLYMER ROAD, QUAKERTOWN, PA, 18951*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *11/15/1995* Issued By: *Commonwealth of PA, L&I*

Staffing Hours

Resident Support Staff: *504* Total Daily Staff: *535* Waking Staff: *401*

Inspection

Type: *Full* BHA Docket #: Notice: *Unannounced*
Reason: *Renewal*

Inspection Dates and Department Representative

01/13/2020 - On-Site: Dean Gray, Michele Swisher, Alexander Goldstein

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *35* Residents Served: *21*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *0/0*

Number of Residents Who:

Receive Supplemental Security Income: *10* Are 60 Years of Age or Older: *1*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *10* Have Physical Disability: *11*

18 - Compliance With Laws

Regulations

- 2600.
- 18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The home has an emergency generator located in the pump room. The generator runs on propane and is tested monthly. The pump room does not have a carbon monoxide detector as required under the Carbon Monoxide Alarms Standards Act which went into effect September 23, 2016.

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.)

Carbon Monoxide detector was placed / installed in the pump room on 1/14/2020. The detector will be checked monthly during generator monthly tests by the maintenance dept. personnel to avoid repeat occurrences.
- please see attachment A.

Legal Entity Representative

Joanne Tangney
Signature

Joanne Tangney, CEO
Printed Name and Title

2/27/20
Date

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The above plan of correction is approved as of 5/27/20
(Date)

Plan of correction implementation status as of 5/27/20
(Date)

- Implemented
- Not Implemented

The above plan of correction was approved by MT
(Initials)

81b - Resident Personal Equipment

Regulations

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

On 01/13/2020, resident #1 had an uncovered hand rail on his bed presenting a hazard.

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 1/14/2020, new netting bag was placed over Resident #1's handrail. Hand rails are checked monthly during safety checks and staff are trained to report any hand rails that are uncovered immediately to Maintenance Dept for repair and to avoid repeat occurrences.
-please see Attachment B.

Legal Entity Representative

Joanne P. Tangney
Signature

Joanne Tangney CED 2/24/20
Printed Name and Title Date

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(Date)

The above plan of correction was approved by MSJ
(Initials)

Implemented
 Not Implemented

85d - Trash Receptacles

Regulations

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 01/13/2020 the trash can in the bathroom of room #2 did not have a lid.

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.)

Lid was found and immediately placed on trash can in the bathroom of room #2 on 1/13/20. Trash receptacles are checked by assigned staff during monthly safety checks to ensure trash receptacles are in good condition and with lids. Staff are also trained to report uncovered trash receptacles to the maintenance dept immediately if found for fix and/or replacement.
-please see Attachment C.

Legal Entity Representative

Joanne P. Tangney
Signature

Joanne Tangney CEO
Printed Name and Title

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(Initials)

Implemented
 Not Implemented

95 - Furniture and Equipment

Regulations

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

The lid to the "provisions freezer" in the basement is in severe disrepair and falling apart. The home has to use a barbell to keep the lid closed.

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 1/14/2020, a latch lock was placed on the freezer to keep lid properly closed. A new freezer has been ordered and scheduled for delivery on March 20th, 2020. Freezers and refrigerators onsite are scheduled to be checked monthly during safety checks by assigned staff. Please see Attachment + "F."

Legal Entity Representative

Joanne Tangney
Signature

Joanne Tangney CEO
Printed Name and Title

2/24/20
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(Initials)

101j2 - Bedroom Chairs

Regulations

2600.

- 101.j. Each resident shall have the following in the bedroom:
 2. A chair for each resident that meets the resident's needs.

Description of Violation

Bedroom #2 is occupied by one resident; however, no chair was present inside the room.

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 1/13/2020 at inspection, resident in bedroom #2 pulled his chair out of his bedroom to interact with another resident in a common area. Resident in bedroom #2 returned chair back to his bedroom following activity. Staff are trained to check bedrooms each shift to ensure clients have chairs in their individual bedrooms. This is also checked during monthly safety checks by assigned staff.

Legal Entity Representative


Signature

Joanne Tanghey CEO
Printed Name and Title

2/11/20
Date

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(Initials)

- Implemented
- Not Implemented

101j7 - Lighting/Operable Lamp

Regulations

2600.

101j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident #1 does not have access to a source of light that can be turned on/off at bedside.

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.)

Light bulb replaced in ^{overhead lighting +} bedside lamp for Resident # 1 on 1/13/2020. Please see attachment D.

During monthly safety checks by assigned staff all resident bedrooms are checked to ensure there is an operable lamp or other source of lighting that can be turned on/off at bedside. Staff are also trained to report any inoperable bedside lamps to the maintenance dept.

Legal Entity Representative

Joanne P. Tangrey
Signature

Joanne Tangrey CEO 2/4/20
Printed Name and Title Date

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

- Implemented
- Not Implemented

132g - Fire Drills Days/Times

Regulations

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The fire drills held on 08/29/19, 09/26/19 and 10/31/19 were all completed on a Thursday.

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.)

Personal Care Home Administrator assigned to perform monthly fire drills will ensure that fire drills are held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low. Tracking form developed to ensure compliance and this will be checked monthly by Safety Committee members. This plan in effect 1/14/2020.

Legal Entity Representative

Joanne P. Tangney
Signature

Joanne Tangney CEO 2/24/20
Printed Name and Title Date

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Implemented
 Not Implemented

144d - Smoking Outside

Regulations

2600.
144.d. Smoking outside of the smoking room is prohibited.

Description of Violation

Unknown persons are smoking outside of the designated smoking areas as evidenced by cigarette butts found on the ground by the back door of "E" wing.

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 1/13/2020 following inspection, maintenance dept personnel cleaned up cigarette butts found on the ground by the back door of "E" wing. Clients have been reminded and notified that this area ("E" wing) is not a designated smoke areas by reviewing House Rules, discussion in Town Hall meetings, and posting a larger non smoking sign on door leading to outside of "E" wing. During monthly safety checks, the outside perimeter of the building will be checked by assigned staff to ensure compliance in this are. Please see attachment E.

Legal Entity Representative

Joanne P. Tangney
Signature

Joanne Tangney CEO 2/24/20
Printed Name and Title Date

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(Date) (Date)

The above plan of correction was approved by MTJ Implemented
(Initials) Not Implemented

183e - Storing Medications

Regulations

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 01/13/2020, 1 small round peach colored tablet was found loose in the top left drawer of medication cart #2.

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 1/14/2020, plan to audit med carts was adjusted to include checks at each shift to ensure meds in blister packs are secured and not compromised where a medication can come loose from the blister pack. Tracking form updated and will be checked weekly by nursing dept supervisor for compliance in this area.

Legal Entity Representative

Joanne P. Tangney
Signature

Joanne Tangney CEO
Printed Name and Title

2/24/20
Date

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The above plan of correction was approved by MCJ
(Initials)

Implemented
 Not Implemented

184b - Resident's Meds Labeled

Regulations

2600.
184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On 01/13/2020, a bottle of fish oil capsules was present in the bottom right drawer of medication cart #2, the bottle was not labeled with a resident's name.

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 1/14/2020, plan to audit med carts was adjusted to include checks at each shift to ensure any discontinued medications are pulled from drawers and discarded properly following procedure. no medications will remain in med cart without correct label.
Tracking form updated and will be checked weekly by nursing dept. supervisor for compliance in this area.

Legal Entity Representative

Joanne P. Tangney
Signature

Joanne Tangney CEO 2/24/20
Printed Name and Title Date

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(Date) (Date)

The above plan of correction was approved by MJ Implemented
(Initials) Not Implemented

185a - Implement Storage Procedures

Regulations

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.

Description of Violation

On 01/13/2020, at 2:00 pm, resident #2's glucometer was not calibrated to the current date and time.

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 1/14/2020, resident # 2 was reassessed in proper use of glucometer. It was found that resident # 2 was unable to properly calibrate to the current date and time each use. Moving forward and as a result, an assigned med staff will assist+monitor resident # 2's use of her glucometer daily to ensure it's calibrated properly to the current date and time.

Legal Entity Representative

Joanne P. Tangney
Signature

Joanne Tangney CEO 2/24/20
Printed Name and Title Date

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(Initials)

224a - Preadmission Screen Form

Regulations

2600.
224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #3 was admitted to the home on 04/16/2018; however, the resident's preadmission screening form was completed on 04/19/2018.

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 1/14/2020, PCH administrator met with Admissions Director responsible for completing preadmission screener for all new resident admissions that it must be made within 30 days prior to admission. Case Records will be audited by the PCH Administrator monthly to ensure compliance.

Legal Entity Representative

Joanne P. Tangney
Signature

Joanne Tangney CEO 2/24/20
Printed Name and Title Date

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Implemented
 Not Implemented

252 - Record Content

Regulations

2600.

252. Content of Resident Records - Each resident's record must include the following information:
1. Name, gender, admission date, birth date and Social Security number.
 2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
 3. A photograph of the resident that is no more than 2 years old.
 4. Language or means of communication spoken or used by the resident.
 5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.
 6. The name, address and telephone number of the resident's physician or source of health care.
 7. The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms.
 8. A list of prescribed medications, OTC medications and CAM.
 9. Dietary restrictions.
 10. A record of incident reports for the individual resident.
 11. A list of allergies.
 12. The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies.
 13. The preadmission screening, initial intake assessment and the most current version of the annual assessment.
 14. A support plan.
 15. Applicable court order, if any.
 16. The resident's medical insurance information.
 17. The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity.
 18. An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.
 19. An inventory of the resident's property entrusted to the administrator for safekeeping.
 20. The financial records of residents receiving assistance with financial management.
 21. The reason for termination of services or transfer of the resident, the date of transfer and the destination.
 22. Copies of transfer and discharge summaries from hospitals, if available.
 23. If the resident dies in the home, a copy of the official death certificate.
 24. Signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 2600.41 (relating to notification of rights and complaint procedures).
 25. A copy of the resident-home contract.
 26. A termination notice, if any.

Description of Violation

Resident #2's record does not include a photograph of the resident that is no more than 2 years old.

Resident #4's record does not include a photograph of the resident that is no more than 2 years old.

252 - Record Content (continued)

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 1/14/2020, Resident #2 and #4 took new photos to be added to their individual case records.

Resident photographs are taken upon admission and annually thereafter by Success Rehab's Clinical Administrative Assistant.

Tracking form created and will be monitored by the PCH Administrator to ensure compliance in this area.

Legal Entity Representative

Joanne P. Tangney

Signature

Joanne Tangney CEO 2/24/20

Printed Name and Title

Date

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(Initials)

- Implemented
- Not Implemented