



pennsylvania
DEPARTMENT OF HUMAN SERVICES

**Sent via e-mail khicq@independencecourt.com
March 20, 2020**

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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on January 28 and 29, 2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Shawn Parker

Shawn Parker
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: INDEPENDENCE COURT OF QUAKERTOWN

License Number: 12703

Address: 1660 PARK AVENUE,, QUAKERTOWN, PA 18951

County: BUCKS

Region: SOUTHEAST

Administrator

Name: Kenneth Hook

Phone:

Email: khicq@independencecourt.com

Legal Entity

Name: NATIONAL HEALTH MANAGEMENT LLC

Address: 437 GRANT STREET, PITTSBURGH, PA, 15219

Certificate(s) of Occupancy

Type: C-2 LP

Date: 06/13/1988

Issued By: L&I

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 126

Waking Staff: 95

Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

Inspection Dates and Department Representative

01/28/2020 - On-Site: Christina Eberhart, Dean Gray

01/29/2020 - On-Site: Christina Eberhart, Dean Gray

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 120

Residents Served: 113

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 9

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 110

Diagnosed with Mental Illness: 6

Diagnosed with Intellectual Disability: 1

Have Mobility Need: 13

Have Physical Disability: 2

42s - Privacy

Regulations

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

The home has video cameras that monitor and record surveillance. There are no signs posted indicating video or images are being recorded.

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.)

Signs have been posted at ~~the~~ the entrance of the building "Notice Video Surveillance in Use on These Premises". (See Attached.)

Legal Entity Representative

[Handwritten Signature]
Signature

Denise M. D. Hook 2/25/20
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 03-16-2020 (Date)

Plan of correction implementation status as of 03-16-2020 (Date)

- Implemented
- Not Implemented

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

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 1/29/20 there was an uncovered, unattended trash can in the second floor men's bathing room.

On 1/29/20 there was an uncovered, unattended trash can in the second floor women's bathing 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.)

The trash cans were immediately replaced in the two above mentioned bathrooms. Both trash cans have lids. In the future the housekeeping staff will be charged with the task of insuring all trash cans in bathroom have lids. We have added that task to the daily checklist that housekeepers use to clean resident rooms and common areas including bathrooms. Furthermore kitchen staff will keep kitchen trash cans covered.

Legal Entity Representative

[Handwritten Signature]
Signature

Denise D. Hook
Printed Name and Title

2-25-20
Date

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103f - Refrigerator/Freezer Temps

Regulations

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

There was no thermometer in the ice cream freezer in the kitchen.

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.)

A Thermometer was placed in the ice cream freezer in the kitchen. In the future the Executive Director will hold the Food Service Director accountable to check placement of thermometers. A checklist will be posted in kitchen to include such as things verification that all thermometers are in place & in working order.

Legal Entity Representative

[Signature]
Signature

Kenneth D. Hook
Printed Name and Title

2/25/20
Date

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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 home held fire drills for on Thursdays for three consecutive months as evidenced by the following drills: 5/2/19, 6/20/19, and 7/18/19.

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.)

AS WE GO FORWARD THE EXECUTIVE DIRECTOR ALONG WITH THE MAINTENANCE DIRECTOR WILL INSURE THAT FIRE DRILLS WILL BE HELD ON DIFFERENT DAYS OF THE WEEK, AT DIFFERENT TIMES OF DAY AND NIGHT, NOT ROUTINELY HELD WHEN ADDITIONAL STAFF PERSONS ARE PRESENT, WILL BE HELD ON VARIOUS SHIFTS AND IN DIFFERENT SECTIONS OF THE BUILDING. WE WILL NOW INCLUDE DAY OF THE WEEK IN FIREDRILL LOG NEXT TO THE DATE!

Legal Entity Representative

[Handwritten Signature]
Signature

Kenneth D. Hook
Printed Name and Title

ED 2/25/20
Date

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141a.1-10 Medical Evaluation Information

Regulations

2600.

141.a. 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. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

The medical evaluation completed on 9/17/19 for Resident #1 did not include the resident's health status.

The medical evaluation completed on 9/13/19 for Resident #2 did not include the resident's health status.

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

please see attached.....

Legal Entity Representative



Signature

Patricia Horlan Dir of Res Care

Printed Name and Title

2/26/2020

Date

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Plan of Correction 2600.141.(a)

Review with Nurses and Medication Assistants for completion of Medical Evaluations upon receiving, on 3/25/2020 scheduled meeting.

Resident #1 Health and Cognition Section noted and initialed at time of inspection. A Change of Status DME completed on 1/30/2020. (see attached)

Resident #2 Health and Cognition Section noted and initialed at time of inspection.

Director of Resident Care or Designee will review medical evaluations at time of receipt to assure completion.

183a. Original Containers and Injections

Regulations:

2600.
183.a. Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration. Assistance with insulin and epinephrine injections and sterile liquids shall be provided immediately upon removal of the medication from its container.

Description of Violation

On 1/29/20, resident #3's pills for Sodium Bicarb 650 Mg Tab and Hydralazine 50 Mg Tab were placed back in their respective blister packs and sealed with surgical tape. Both pills were located in spot number 28 in their respective blister packs.

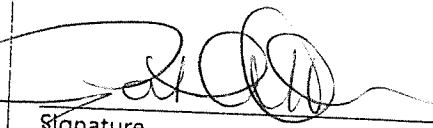
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Patricia Howland Dir of Res Care
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01/28/2020

Plan of Correction 2600.183(a)

Review of disposal of medications, if resident is out of facility during medication pass times. Review of Medication Storage, Access, Security, Distribution of Medication Policy. (Meeting Scheduled 3/25/2020).

Director of Resident Care or Designee will complete monthly audits to assure compliance.

183.d. Prescription Current

Regulations

2600.
183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 1/29/20, Eesomeprazole mag Dr Cap 40 Mg prescribed for Resident #1, was in the home's second floor medication cart; however, the medication was discontinued on 1/28/20.
On 1/29/20, Acidophilus Probiotic Cap prescribed for Resident #1, was in the home's second floor medication cart; however, the medication was discontinued on 1/24/20.
On 1/29/20, Mucinex ER 600 Mg prescribed for Resident #1, was in the home's second floor medication cart; however, the medication was discontinued on 1/24/20.
On 1/29/20, Nitrofurantoin MCR 100 Mg prescribed for Resident #1, was in the home's second floor medication cart; however, the medication was discontinued on 1/24/20.
On 1/29/20, Metolazone 5 Mg Tab prescribed for Resident #2, was in the home's first floor medication cart; however, the medication was discontinued on 1/28/20.

Repeat Violation: 2/4/19 et al.

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 Plan of Correction attached

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Plan of Correction 2600.183(d)

Nursing staff and medication assistants will be re-trained to remove any medications whether prescription, OTC, samples or CAM that are not current for individual resident in the home/facility. (Meeting scheduled for 3/25/2020). Director of Resident Care or Designee will complete audit at time of discontinuation of the medication when approving the order in Point Click Care, to assure compliance of regulation 2600.183(d) This was corrected at on-site inspection medication was removed from cart, for resident #1

Resident #2 had a current order for Metolazone 5mg at time of inspection (see attached, change of direction was on 1/28/2020). Resident received Metolazone 5mg on 1/29/2020 as ordered by PCP for twice weekly on Wed and Sat.

Review of Medication Storage, Access, Security and Distribution of Medication Policy as well as Medication Disposition and Destruction Policy (Meeting scheduled for 3/25/2020).

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 1/29/20, the glucometer for Resident #2 was not calibrated with the correct date and time.

Medication Administration Record for Resident #1 is signed off indicating Prednisone 10 Mg Tab was administered 1/29/20 but the medication is not on the cart.

Medication Administration Record for Resident #1 is signed off indicating Stable GI 250 Mg Cap was administered 1/29/20 but the medication is not on the cart.

Repeat Violation: 2/4/19 et al.

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 plan of correction attached

please see attached.....

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Plan of Correction 2600185(a)

Review of Medication Storage, Access, Security, and Distribution of Medication Policy will be reviewed with all nurses and Medication to assure compliance of regulation 2600.185(a) are being followed. (Meeting scheduled 3/25/2020).

Resident #2 received new glucometer on 1/29/2020 (see attached delivery sheet) secondary to malfunction.

Resident #1 PCP D/C Florastar (Stable GI) and ordered Acidophilus on 1/30/2020

Monthly audits by Director of Resident Care or Designee will be completed to assure compliance.

185b - Medication Procedures

Regulations

2600.

185.b. At a minimum, the procedures must 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 to a resident who self-administers medication without the assistance of a staff person and stores the medication in his room.

Description of Violation

On 1/29/20, at 11:30 am, a bottle of Morphine prescribed to Resident #4 had 30 mL left. The narcotic count read 20 mL remaining.

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

please see attached

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Plan of Correction 2600.185(b)

Review Medication Storage, Access, Security, Distribution of Medication Policy with all Nurses and Medication Assistants (Meeting scheduled 3/25/2020).

Resident #4 Nurse inadvertently documented mg dose from count instead of ml dose, all medication was accounted for and corrected at time of inspection to reflect correct count.

Director of Resident Care or Designee will do monthly audits to assure compliance.

187.d. Follow Prescriber's Orders

Regulations:

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation:

Resident #1 is prescribed Refresh Liquigel 1% Eye Drop. However, on 1/29/20 this medication was not available in the home.
Resident #1 is prescribed Prednisone 10 Mg Tab. However, on 1/29/20 this medication was not available in the home.
Resident #1 is prescribed Senna Plus Tab. However, on 1/29/20 this medication was not available in the home.
Resident #1 is prescribed Stable GI 250 Mg Cap. However, on 1/29/20 this medication was not available in the home.
Resident #1 is prescribed Cetirizine HCL 10 mg. However, on 1/29/20 this medication was not available in the home.
Resident #2 is prescribed Pantoprazole Sod Dr 40 Mg. However, on 1/29/20 this medication was not available in the home.

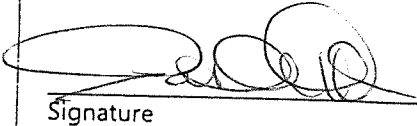
Plan of Correction (POC)

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*See Attached

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Plan of Correction 2600.187(d)

Review Medication Storage, Access, Security, Distribution of Medications to all Nurses and Medication Assistants. (Meeting scheduled 3/25/2020).

Resident #1 PCP D/C Refresh and Stable GI on 1/30/2020 and ordered Blink Tears and Acidophilus (family supplies).
Senna Plus and Cetirizine was put in cart during inspection from residents “overflow supply”

Resident #2 Pantoprazole was administered at 6AM morning of inspection and monthly medication exchange/supply was received 1/29/2020 for administration on the 30th (attached delivery sheet)

Director of Resident Care or Designee will complete monthly audits to assure compliance.

227.d. Support Plan Medical/Dental

Regulations

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. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment for Resident 5, dated 1/16/20, does not document an assessment of the resident's communication of needs, understanding instructions, short term memory, long term memory, and the ability to safely use and avoid poisons .

Plan of correction (POC)

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Plan of Correction 2600.227(d)

Resident #5 assessment dated 1/16/2020, communication of needs, understanding instructions, short term memory, long term memory, and the ability to safely use and avoid poisons sections were completed at time of inspection. RASP was reviewed with resident and signed by resident on 1/30/2020, resident had just returned on 1/29/2020 from Skilled Nursing stay for Rehab. A Change of status DME and RASP completed on 1/30/2020 secondary to significant change.

All RASP will be reviewed to assure completion by Director of Resident Care or Designee to assure compliance of 2600.227(d)