

Department of Human Services  
Bureau of Human Service Licensing  
**LICENSING INSPECTION SUMMARY PUBLIC**

December 28, 2022

[REDACTED], PRESIDENT  
TRI-COUNTY RESPITE INC  
219 EAST BROAD STREET  
QUAKERTOWN, PA, 18951

RE: TRI-COUNTY RESPITE-  
QUAKERTOWN HOUSE  
219 EAST BROAD STREET  
QUAKERTOWN, PA, 18951  
LICENSE/COC#: 12681

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/26/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

**Name:** TRI-COUNTY RESPITE-QUAKERTOWN HOUSE      **License #:** 12681      **License Expiration:** 05/21/2021  
**Address:** 219 EAST BROAD STREET, QUAKERTOWN, PA 18951  
**County:** BUCKS      **Region:** SOUTHEAST

**Administrator**

**Name:** [REDACTED]      **Phone:** [REDACTED]      **Email:** [REDACTED]

**Legal Entity**

**Name:** TRI COUNTY RESPITE INC  
**Address:** 219 EAST BROAD STREET, QUAKERTOWN, PA, 18951  
**Phone:** [REDACTED]      **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** C 2 LP      **Date:** 10/26/1988      **Issued By:** Dept of LI

**Staffing Hours**

**Resident Support Staff:** 44      **Total Daily Staff:** 88      **Waking Staff:** 66

**Inspection Information**

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Incident      **Exit Conference Date:** 07/08/2020

**Inspection Dates and Department Representative**

06/26/2020 Off Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

<b>General Information</b>			
<b>License Capacity:</b> 65	<b>Residents Served:</b> 39		
<b>Secured Dementia Care Unit</b>			
<b>In Home:</b> No	<b>Area:</b>	<b>Capacity:</b>	<b>Residents Served:</b>
<b>Hospice</b>			
<b>Current Residents:</b> 0			
<b>Number of Residents Who:</b>			
<b>Receive Supplemental Security Income:</b> 16	<b>Are 60 Years of Age or Older:</b> 15		
<b>Diagnosed with Mental Illness:</b> 39	<b>Diagnosed with Intellectual Disability:</b> 8		
<b>Have Mobility Need:</b> 5	<b>Have Physical Disability:</b> 1		

**Inspections / Reviews**

06/26/2020 - Partial  
**Lead Inspector:** [REDACTED]      **Follow Up Type:** POC Submission      **Follow Up Date:** 08/07/2020

Inspections / Reviews (*continued*)

## 08/11/2020 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/22/2022

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 08/21/2020

## 12/28/2022 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/22/2022

Reviewer: [REDACTED]

Follow Up Type: Not Required

223a - Description of Service

1. Requirements

2600.

223.a. The home shall have a current written description of services and activities that the home provides including the following:

- 1. The scope and general description of the services and activities that the home provides.
- 2. The criteria for admission and discharge.
- 3. Specific services that the home does not provide, but will arrange or coordinate.

Description of Violation

The home's current written description of services states that the home is licensed to service adults of age 21 and older. Resident #1 is currently under the age of [redacted] and doesn't meet the admission age criteria.

POC Submission

Accept

The description of services has been updated and now states that the home serves adults age 18 and older.

See attached

Licensee's Proposed Overall Completion Date: 07/09/2020

Document Submission

Implemented ([redacted] - 12/28/2022)

Licensee's Proposed Overall Completion Date: 12/22/2022

227f - Resident Participation

2. Requirements

2600.

227.f. A resident may participate in the development and implementation of the support plan. A resident may include a designated person in making decisions about services.

Description of Violation

The home deemed resident#1 unable to participate in the development and implementation of resident#1's own support plan.

POC Submission

Accept

The home did not deem the resident unable to participate; the resident was offered an opportunity to participate and declined. The rasp was developed based on staff observations and interactions, history, information provided by previous facility/family members.

The home will invite each resident to participate in the development/update of his/her RASP. The resident will be informed that their designated person may also participate in the development of their plan. If the resident chooses not to participate the reason will be documented in their record.

Licensee's Proposed Overall Completion Date: 07/09/2020

Document Submission

Implemented ([redacted] - 12/28/2022)

Licensee's Proposed Overall Completion Date: 12/22/2022

227h - Support Plan Refuse Sign

3. Requirements

227h Support Plan Refuse Sign (continued)

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.

**Description of Violation**

*Resident #1 refused to sign the support plan completed on [REDACTED]. The home did not make a notation regarding the resident's inability or refusal to sign .*

**POC Submission**

**Accept**

*A notation in the record mentioned that the resident declined to participate; it did not specify the reason the resident chose not to sign.*

*Moving forward, if a resident does not sign their RASP a note in the resident record will specify the reason; if the reason is because the resident did not agree with what was written the note will include the individual's preference for what is entered into the plan.*

Licensee's Proposed Overall Completion Date: 07/09/2020

**Document Submission**

**Implemented [REDACTED] - 12/28/2022)**

Licensee's Proposed Overall Completion Date: 12/22/2022