

Department of Human Services  
Bureau of Human Service Licensing

December 4, 2020

ADAM DEVLINS, REP  
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 Mr. Devlins,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 11/17/2020 of the above facility, no regulatory citations have been identified as a result of this inspection.

Sincerely,  
Shawn Parker

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

**Facility Information**

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

**Administrator**

Name: *Katie Pintabone* Phone: *2155382424* Email:  
*KPintabone@newvitaewellness.com;*  
*shparker@pa.gov*

**Legal Entity**

Name: *TRI-COUNTY RESPITE INC*  
Address: *219 EAST BROAD STREET, QUAKERTOWN, PA, 18951*  
Phone: *2155382424* Email: *ADAMDEVLIN518@YAHOO.COM*

**Certificate(s) of Occupancy**

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *44* Waking Staff: *33*

**Inspection**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint* Exit Conference Date: *11/24/2020*

**Inspection Dates and Department Representative**

*11/17/2020 - On-Site: Sabrina Freeman*

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *65* Residents Served: *40*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *15* Are 60 Years of Age or Older: *15*  
Diagnosed with Mental Illness: *40* Diagnosed with Intellectual Disability: *6*  
Have Mobility Need: *4* Have Physical Disability: *1*

Inspections / Reviews

11/17/2020 - Partial

Lead Inspector: *Sabrina Freeman*

Follow-Up Type: *Not Required*

**No Deficiencies Identified**