



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [REDACTED]
May 28, 2021

[REDACTED]
[REDACTED]
Success Rehabilitation, Inc.
5666 Clymer Road
Quakertown, Pennsylvania 18951

RE: Success Rehabilitation at Rock Ridge
License #: 12730

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing (Department), licensing inspections on December 28, 29, and 30, 2020 and January 5, 6, and 7, 2021 found violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). The enclosed Licensing Inspection Summary (LIS) specifies the violations.

On February 3, 2021, we sent the above LIS along with a letter requesting that you complete a plan to correct the violations. On March 2, 2021, we sent an overdue plan of correction letter requesting that you complete and submit a plan to correct the violations by March 7, 2021. To date, we have not received an acceptable plan to correct the violations; therefore, we have attached a directed plan to correct the violations.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

If you have any questions, please contact me at 610-301-4812 or [REDACTED]

Sincerely,

[REDACTED]

[REDACTED]
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

Facility Information

Name: SUCCESS REHABILITATION AT ROCK RIDGE **License #:** 12730 **License Expiration Date:** 08/18/2021
Address: 5666 CLYMER ROAD, QUAKERTOWN, PA 18951
County: BUCKS **Region:** SOUTHEAST

Administrator

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

Legal Entity

Name: SUCCESS REHABILITATION, INC.
Address: 5666 CLYMER ROAD, QUAKERTOWN, PA, 18951
Phone: 2155383488 **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 11/15/1995 **Issued By:** Commonwealth of Pennsylvania

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 30 **Waking Staff:** 23

Inspection

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Incident **Exit Conference Date:** 01/07/2021

Inspection Dates and Department Representative

12/28/2020 - Off-Site: [REDACTED]
12/29/2020 - Off-Site: [REDACTED]
12/30/2020 - Off-Site: [REDACTED]
01/05/2021 - Off-Site: [REDACTED]
01/06/2021 - Off-Site: [REDACTED]
01/07/2021 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 35 **Residents Served:** 20

Secured Dementia Care Unit

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

Hospice

Current Residents: 0

Resident Demographic Data as of Inspection Dates (continued)

Number of Residents Who:

Receive Supplemental Security Income: 11

Are 60 Years of Age or Older: 5

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 20

Have Mobility Need: 10

Have Physical Disability: 10

Inspections / Reviews

12/28/2020 - Partial

Lead Inspector



Follow-Up Type: *Exception*

23b - Instrumental Activities of Daily Living Assistance

1. Requirements

2600.

23.b. A home shall provide each resident with assistance with IADLs as indicated in the resident's assessment and support plan.

Description of Violation

The assessment and support plan for resident #1, dated [REDACTED], indicates the resident has a need for 1:1 staffing 16 hours per day to be provided by the home. On 12/26/20, the resident did not receive this assistance as needed.

The assessment and support plan for resident #2, dated [REDACTED], indicates the resident has a need for 1:1 staffing 16 hours per day to be provided by the home. On 12/26/20, the resident did not receive this assistance as needed.

Plan of Correction

Directed

Directed)

Within 30 days of receipt of this plan of correction – All direct care staff persons will receive training on resident specific support plans behavioral management and positive behavioral modification techniques from a professional trainer or mental health professional approved by the Department. Documentation of education will be provided to the Department and kept in staff records. [REDACTED] 5/27/21

Completion Date:

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On 12/26/20, resident #1 and resident #2 were left without 1:1 staff support. Resident #1 was victimized by the unwanted sexual advances of resident #2. Resident #2 entered the room of the resident #1 and blocked [REDACTED] with [REDACTED] wheelchair in the corner while [REDACTED] groped [REDACTED]. Resident #1 became emotionally distressed and was heard screaming by staff person A for resident #2 to "Stop!" The home failed to follow the support plans for resident #1 and resident #2.

Plan of Correction

Directed

Directed)

Within 30 days of receipt of this plan of correction – All direct care staff, ancillary staff persons, substitute personnel, volunteers and management staff including the administrator will receive training in abuse reporting and prevention and resident rights from a Department-approved outside source. All direct care staff persons will receive training on resident specific support plans, behavioral management and positive behavioral modification techniques from a professional trainer or mental health professional approved by the Department. Documentation of education will be kept. [REDACTED] 5/27/21

Completion Date:

201 - Positive Interventions

1. Requirements

201 - Positive Interventions (continued)

2600.

201. Safe Management Techniques - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

Description of Violation

On 12/26/20, resident #2 groped the [redacted] of resident #1. Resident #2 has history of inappropriate behaviors of touching the breast of [redacted] staff, last occurrence being May of 2019. The home failed to implement any safety techniques to prevent the inappropriate behavior of resident #2.

Plan of Correction

Directed

Directed)

Within 30 days of receipt of this plan of correction – All direct care staff persons will receive training on resident specific support plans behavioral management and positive behavioral modification techniques from a professional trainer or mental health professional approved by the Department. Documentation of education will be provided to the Department and kept in staff records. MJ 5/27/21

Completion Date:

227d - Support Plan Medical/Dental

1. Requirements

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 #2 , dated 12/22/20, does not indicate the degree of personal care needed.

Plan of Correction

Directed

Directed)

Within 30 days of this plan of correction - The administrator or designated staff person will review all current and newly completed resident support plans for accuracy and completion accuracy of support plans including the care and services the home will provide. Also all staff persons completing or reviewing support plans will be educated regarding the completion and accuracy of support plans including the care and services the home will provide. Documentation of education shall be submitted to the Department and kept in staff records. MJ 5/27/21

Completion Date: