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

December 22, 2022

[redacted]
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 05/10/2021, 05/11/2021 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* **Licen e #**: *12681* **Licen e Expiration**: *05/21/2022*

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**: *01/10/1998* **Issued By**: *Dept of L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *41* **Waking Staff**: *31*

Inspection Information

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

Reason: *Renewal* **Exit Conference Date**: *05/11/2021*

Inspection Dates and Department Representative

05/10/2021 - On-Site: [redacted]

05/11/2021 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

Licen e Capacity: *65* **Re ident Served**: *41*

Secured Dementia Care Unit

In Home: *No* **Area**: **Capacity**: **Re ident Served**:

Hospice

Current Re ident : *0*

Number of Residents Who:

Receive Supplemental Security Income: *15* **Are 60 Years of Age or Older**: *15*

Diagnosed with Mental Illness: *41* **Diagnosed with Intellectual Disability**: *5*

Have Mobility Need: *0* **Have Physical Disability**: *0*

Inspections / Reviews

05/10/2021 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *05/27/2021*

Inspections / Reviews *(continued)*

12/22/2022 - POC Submission

Submitted By: [redacted] **Date Submitted:** *05/27/2021*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *11/28/2022*

12/22/2022 - Document Submission

Submitted By: [redacted] **Date Submitted:** *12/22/2022*

Reviewer: [redacted] **Follow-Up Type:** *Not Required*

103f - Refrigerator/Freezer Temps

2. Requirements

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

On 5/10/21 at 10:30am the temperature in the basement freezer was 10 degrees Fahrenheit and contained resident food.

Plan of Correction ***Accept (- 11/17/2022)***

To prevent recurrence, freezer thermometers will be checked weekly by the Director of Dietary Service. A temperature check chart has been added to the outside of the freezers for staff to document temperature readings and initial. This will ensure thermometers are present in the freezers and any potential problems are discovered in a timely manner.

Licensee's Proposed Overall Completion Date: *05/27/2021*

Implemented - 12/22/2022)

103i - Outdated Food

3. Requirements

2600.
103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

On 5/10/21 at 9:30am, there were 2 bottles of Gulden's spicy brown mustard were in the main kitchen fridge with a best by date of 10/19/2020.
On 5/10/21 at 9:30am, there was Crystal Light Iced Tea in dry food storage best when used by 1/9/18.
On 5/10/21 at 9:30am there was a 5LB white chicken salad in the main kitchen fridge with a use by date of 5/4/21.

Plan of Correction ***Accept - 11/17/2022)***

The outdated food was discarded immediately. Kitchen staff have been retrained on safe food handling and labeling of food in the home to prevent the use of outdated food items by the Director of Dietary Services, by 5/27/21. Safe handling of food guidelines has been posted in the kitchen and food storage area. Director of Operations and kitchen staff will complete and document biweekly checks of the food storage area to ensure all food items are labeled properly and not expired.

Licensee's Proposed Overall Completion Date: *05/27/2021*

Implemented - 12/22/2022)

141a - Medical Evaluation

4. Requirements

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.

Description of Violation

Resident #1 was admitted on /20 and initial DME was completed on /20. The medical evaluation was not complete within 60 days prior to admission or within 30 days after admission of the resident.

141a - Medical Evaluation *(continued)*

Plan of Correction ***Accept***

Due to the pandemic, and this resident already being seen by their primary care physician within 4 months of admission to the home, their PCP was unable to schedule their appointment within the established timeframe. Moving forward, the Administrator will request all new admissions come with a completed DME within 60 days of admission; if this is not a possibility, staff will schedule an appointment with the resident's primary care physician to ensure an appointment is scheduled prior to 30 days of admission.

Licensee's Proposed Overall Completion Date: *05/27/2021*

Implemented ([redacted] - 12/22/2022)

171b5 - First Aid Kit

5. Requirements

2600.
171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:
5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

Description of Violation

The first aid kit in the van used to transport residents does not include nonporous gloves, a thermometer, and adhesive tape.

Plan of Correction ***Accept***

The missing items were immediately added to the First Aid Kit. All First Aid Kits were checked to confirm they contained all required contents. A list of all items is included in the kit was signed and dated by the staff that checked the kit. Breakable zip ties were used to seal the kit; a broken zip tie will alert the staff to check the kit because it's an indication that the kit was opened, and something inside may have been used or removed and needs to be replaced.

Licensee's Proposed Overall Completion Date: *05/27/2021*

Implemented ([redacted] - 12/22/2022)

187a - Medication Record

6. Requirements

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:
1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).

187a - Medication Record *(continued)*

13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #2 is prescribed [redacted] take 1 tablet by mouth 2 times a day. The 5/8/21 7:00am administration was documented as 5/9/21 7:00am

Resident #3 is prescribed [redacted] take 1 tablet by mouth every day at bedtime. The 4/30/21 at 7:35pm administration is documented as 4/29/21 at 7:35pm.

Plan of Correction ***Accept [redacted] - 11/17/2022)***

When reviewing the paper narc count vs the electronic mar documentation, it appeared the Medication Technician documented the incorrect date, however the medication was administered on the correct date and no medication error occurred. Medication Technicians will be remediated on the importance of accurate documentation by 5/27/21. The Director of Wellness or designee will periodically audit narc count documentation to ensure accuracy, starting mmediately.

Licensee's Proposed Overall Completion Date: *05/27/2021*

Implemented ([redacted] - 12/22/2022)