

Department of Human Services
Bureau of Human Service Licensing

September 1, 2022

[REDACTED]
NATIONAL HEALTH MANAGEMENT LLC
437 GRANT STREET
PITTSBURGH, PA, 15219

RE: INDEPENDENCE COURT OF
QUAKERTOWN
1660 PARK AVENUE
QUAKERTOWN, PA, 18951
LICENSE/COC#: 12703

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/03/2021, 06/04/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

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: *INDEPENDENCE COURT OF QUAKERTOWN* License #: *12703* License Expiration: *07/22/2021*
Address: *1660 PARK AVENUE, QUAKERTOWN, PA 18951*
County: *BUCKS* Region: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *NATIONAL HEALTH MANAGEMENT LLC*
Address: *437 GRANT STREET, PITTSBURGH, PA, 15219*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *06/13/1988* Issued By: *Dept of L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *90* Waking Staff: *68*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *06/04/2021*

Inspection Dates and Department Representative

06/03/2021 - On-Site: [REDACTED]
06/04/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *120* Residents Served: *77*

Secured Dementia Care Unit

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

Hospice

Current Residents: *7*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *72*
Diagnosed with Mental Illness: *8* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *13* Have Physical Disability: *3*

Inspections / Reviews

06/03/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/25/2021*

Inspections / Reviews (*continued*)

06/28/2021 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *07/25/2021*

09/01/2022 - Document Submission

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

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

A new Act for licensed personal care homes and assisted living residences was put into effect as of September 23, 2016. Carbon monoxide alarms must be installed in close proximity of, but not less than 15 feet from any fossil-fuel burning device or appliance. Fossil-fuel burning devices include coal, kerosene, oil, wood, fuel gases and other petroleum or hydrocarbon products which emit carbon monoxide as a by-product of combustion. The home has 3 gas hot water heaters and a gas dryer on the 1st floor, however there is not a carbon monoxide detector.

Plan of Correction**Accept**

Maintenance Director placed three carbon monoxide detectors on 6/13/21. One in room with gas dryer, one in hot water heater room, and one in hallways between. Maintenance Director or designee will complete quarterly audits to be sure detectors are in place.

Completion Date: 06/24/2021

Document Submission**Implemented**

Audit checklist attached showing 3 detectors. Photos of 3 detectors attached.

65a - FS Orientation 1st Day

1. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff person A, whose first day of work was [REDACTED] received first day orientation on [REDACTED].

Plan of Correction**Accept**

Staff Person A was rehired on [REDACTED] [REDACTED] employee file had the wrong orientation form completed. Orientation was completed on [REDACTED] annual Fire Safety Training for facility was on [REDACTED] Administrator or Designee will audit all employee files by [REDACTED] assure compliance of 2600. 65a. Administrator or Designee will audit new hire forms once hired to assure new hire compliance with 2600.65a.

Completion Date: 06/21/2021

Document Submission**Implemented**

Document of employee file audit done on [REDACTED]

65b - Rights/Abuse 40 Hours

1. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- 1. Resident rights.
- 2. Emergency medical plan.
- 3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
- 4. Reporting of reportable incidents and conditions.

Description of Violation

Staff person A's first day of work was [REDACTED]. However, this staff person did not complete training in the following topics until [REDACTED]:

- 1. Resident rights.
- 3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).

Plan of Correction

Accept

Staff person A did not have Facility's Orientation form in [REDACTED] file. Orientation was completed on [REDACTED] but was recorded on [REDACTED] annual training record in error. [REDACTED] attended Facility's annual training on Resident Rights and Older Adult protective services act again on [REDACTED]. Administrator or Designee will audit all employee files by [REDACTED] to assure compliance of 2600.65b.

Completion Date: 06/21/2021

Document Submission

Implemented

Document of employee record audit completed on 7/20/21

86b - Bathroom

1. Requirements

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

The bathroom in resident [REDACTED], does not have an operable window or ventilation fan. The fan is inoperable and there is no window in the bathroom.

Plan of Correction

Accept

Contractor came on 6/4/21 to repair roof exhaust. [REDACTED]'s exhaust fan is now operable. See attached work order. Maintenance Director will complete quarterly audits on resident bathroom exhaust fans.

Completion Date: 06/24/2021

Document Submission

Implemented

Attached service repair invoice and monthly audit checklist for vents.

95 - Furniture and Equipment

1. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

95 - Furniture and Equipment (continued)

Description of Violation

On 6/3/21 at 10:15am, Resident [REDACTED] had a broken toilet paper holder in the bathroom.

Plan of Correction

Accept

[REDACTED]s toilet paper holder was fixed 6/4/21. Maintenance Director or Designee will complete building bathroom audit to assurance compliance of 2600.95 by 7/25/21. By 7/25/21, Administrator will met with Housekeeping and Maintenance Staff by 7/25/21 to review 2600.95. Housekeeping Supervisor will complete building audit utilizing a checklist with 2060095 requirements by 7/25/21.

Completion Date: 06/21/2021

Document Submission

Implemented

Document of training attached.

101j1 - Mattress Fire Retardant

1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 1. A bed with a solid foundation and fire retardant mattress that is in good repair, clean and supports the resident. A legal entity with a personal care home license for the home as of October 24, 2005, shall be exempt from the requirement for a fire retardant mattress.

Description of Violation

On 6/3/ [REDACTED] reside in [REDACTED] however there is [REDACTED]

Plan of Correction

Accept

Facility was respectfully unaware that a waiver was required for a resident that [REDACTED]. Facility thought that it was recommended to get a physician order and also record in RASP. [REDACTED] prefers to sleep [REDACTED]. This has been noted in [REDACTED] RASP. If a waiver is required by the Department, Administrator will obtain one by [REDACTED] and ongoing for other residents that have this request.

Completion Date: 06/25/2021

Document Submission

Implemented

Resident DME documented that [REDACTED] attached. Resident's RASP documentation that [REDACTED] [REDACTED] when needed.

102h - Toilet Paper

1. Requirements

2600.

102.h. Toilet paper shall be provided for every toilet.

Description of Violation

On 6/3/21 at 10:15am, there was no toilet paper for the toilet in the bathroom [REDACTED]

Plan of Correction

Accept

Administrator immediately reminded Housekeeping staff to check all residents' bathroom daily to make sure they have an extra roll of toilet paper. Administrator will review 2600.102h with Housekeeping/Maintenance staff before 7/25/21.

Completion Date: 06/25/2021

Document Submission

Implemented

document of training of 2600.102 h with staff

102h - Toilet Paper (continued)

103f - Refrigerator/Freezer Temps

1. 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 6/3/21 at 10:50am the temperature of the walk in fridge in the main kitchen was 50 degrees Fahrenheit and contained resident food.

On 6/3/21 at 11:00am the temperature of the fridge next to the cooking area was 55 degrees Fahrenheit and contained resident food.

Plan of Correction

Accept

Facility called contractor to come out to inspect Refrigeration units in kitchen. See attached service report. Facility's thermometers were not operable. New thermometers were immediately placed in units. Contractor verified air temperatures of units and everything was in range of compliance. Administrator will have Food Service Director or Designee check temperatures weekly to assure compliance of 2600.103f by 7/25/21. Food service cooks will be reminded of regulation 2600.103f by 7/25/21. Administrator will have new thermometers placed in units yearly to assure compliance.

Completion Date: 06/25/2021

Document Submission

Implemented

Record of training on 103.f for food service employees on 7/19/21 attached.

103i - Outdated Food

1. Requirements

2600.

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

Description of Violation

On 6/3/21 at 10:50am in the walk in freezer there was opened, undated bags of diced chicken, chicken cordon blue, and hamburgers.

Plan of Correction

Accept

Food service director immediately disposed of items listed above. Administrator or Designee will review regulation 2600.103.i with food service employees by 7/25/21. Administrator or designee will conduct monthly audits to assure compliance to regulation.

Completion Date: 06/25/2021

Document Submission

Implemented

Record of training for all food service staff on 2600.103i. on 7/19/21

132c - Fire Drill Records

1. Requirements

2600.

132c - Fire Drill Records (continued)

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the drill conducted on 2/10/21 does not include the number of residents in the home at the time of the drill.

Plan of Correction**Accept**

Administrator immediately reminded Maintenance Director of 2600.132.c. Census for 2/10/21 was corrected immediately. Ongoing Administrator will review and initial Fire Drill Log after every Fire Drill is held to assure compliance.

Completion Date: 06/25/2021

Document Submission**Implemented**

Fire Drill record attached showing Administrators initials reviewing the log after fire drill completed.

182c - Medication Administration**1. Requirements**

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

1. Identify the correct resident.
2. If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
3. Remove the medication from the original container.
4. Crush or split the medication as ordered by the prescriber.
5. Place the medication in a medication cup or other appropriate container, or in the resident's hand.
6. Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in subsection (b)(4).
7. Complete documentation in accordance with § 2600.187 (relating to medication records).

Description of Violation

On 6/4/21 at 10:45am, Staff member B opened medications for multiple residents in the med room and placed them into each resident's cups. The Staff member then carried the cups on a tray to resident 3 [REDACTED]. After giving resident 3 [REDACTED] medication, staff member B then proceeded to a different residents room to give another resident their medications. Staff member B did not log resident 3's medications as administered immediately after.

Plan of Correction**Accept**

Director of Nursing immediately reminded Staff member B of proper Medication Administration 2600.182.c. Director of Nursing will schedule an in-service with Direct Care Staff that administer medications to Review Medication Storage, Access, Security and Distribution of Medication Policy to be held before 8/25/21 to assure compliance of regulation 2600.182c. Director of Nursing or Designee will conduct medication administration audits quarterly to assure Direct Care staff are in compliance with 2600.182c.

Completion Date: 06/25/2021

Document Submission**Implemented**

2600.182c record of training Direct Care Staff Nurses and Medication assistants

184a - Labeling OTC/CAM**1. Requirements**

2600.

184a - Labeling OTC/CAM (continued)

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

Resident #5's [REDACTED] as needed however the [REDACTED] reads every 2 hours.

Plan of Correction**Accept**

Resident #5's [REDACTED] was immediately corrected on [REDACTED] by Director of Nursing and Designee. Since then medication has been discontinued. Director of Nursing or Designee will conduct monthly audits on [REDACTED] sheet. Director of Nursing will schedule an in-service with Direct Care Staff that administer medications to Review Medication Storage, Access, Security and Distribution of Medication Policy to be held before 8/25/21 to assure compliance of regulation 2600.184a.

Completion Date: 06/25/2021

Document Submission**Implemented**

2600.184a record of training document

187a - Medication Record**1. 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).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #5 is prescribed [REDACTED] as needed for [REDACTED]; This medication was administered on [REDACTED] as shown on the [REDACTED]; however, it is not documented on resident #5's medication administration record.

Plan of Correction**Accept**

Director of Nursing will schedule an in-service with Direct Care Staff that administer medications to Review Medication Storage, Access, Security and Distribution of Medication Policy to be held before 8/25/21 to assure

187a - Medication Record (continued)

compliance to regulation 2600. 187a. Random Quarterly audits will be conducted by Director of Nursing or Designee to assure compliance.

Completion Date: 06/25/2021

Document Submission

Implemented

2600.187a record of training document

187b - Date/Time of Medication Admin.

1. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #5 is prescribed [redacted] needed for [redacted] Resident #5's medication administration record does not include the initials of the staff person who administered this medication on [redacted]

On [redacted] Staff member B administered medications to resident #3 in [redacted] then proceeded to administer medications to another resident in a different room before recording that resident 3's medications were given.

Plan of Correction

Accept

Director of Nursing immediately reminded staff member b of Regulation 2600.187b. Director of Nursing will schedule an in-service with Direct Care Staff that administer medications to Review Medication Storage, Access, Security and Distribution of Medication Policy to be held before 8/25/21 to assure compliance of regulation 2600.187b. Monthly MAR audits will be conducted by Director of Nursing or Designee to assure compliance to regulation 2600.187b. Director of Nursing will randomly observe Direct Care staff administering medications to residents quarterly to assure compliance of regulation starting after 8/25/21.

Completion Date: 06/25/2021

Document Submission

Implemented

2600.187b record of training in-service

191 - Resident Right to Refuse

1. Requirements

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident #2, admitted [redacted] has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Plan of Correction

Accept

Administrator will educate Resident #2 on 2600.191 and document this education by 7/25/21. Administrator or Designee will complete audits on all resident charts by 7/25/21 to assure compliance of 2600.191.

Completion Date: 06/25/2021

Document Submission

Implemented

2600.191 Resident #2 document of resident education page 8.

224a - Preadmission Screen Form

1. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident 1's preadmission screening form, dated [REDACTED] does not include a determination that the needs of the resident can be met by the services provided by the home.

Plan of Correction

Accept

Administrator immediately corrected Resident #1's preadmission screening form. Administrator or Designee will audit all resident charts to assure compliance of 2600.224 by 7/25/21. Ongoing, Administrator or Director of Nursing will review Preadmission screen for compliance before New Resident's Admission.

Completion Date: 06/25/2021

Document Submission

Implemented

Corrected Pre-admission screen attached for resident #1.

85d - Trash Receptacles

1. Requirements

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 6/3/21 at 11:10am the trash can next to the ice cream freezer was half full and uncovered.

Plan of Correction

Accept

Food Service Director immediately place lid on trash can. Administrator or designee will purchase a new trash with an attached lid not a removeable before 7/25/21 to assure ongoing compliance to 2600.85d.

Completion Date: 06/24/2021

Document Submission

Implemented

Record of training for food service staff on keeping trash an lid on trash can at all times.

183d - Prescription Current

1. Requirements

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 [REDACTED], Resident #5 had [REDACTED] as needed for [REDACTED] on the medication cart. However the resident does not have a current order for this medication.

Plan of Correction

Accept

Facility obtained [REDACTED] and sent to pharmacy. Director of Nursing will schedule an in-service with Direct Care Staff that administer medications to Review Medication Storage, Access, Security and Distribution of Medication Policy to be held before 8/25/21 to assure compliance of regulation 2600.183d. Director of Nursing or Designee will conduct monthly medication cart audits to assure compliance.

Completion Date: 06/25/2021

183d - Prescription Current (continued)

Document Submission

Implemented

2600.183d record of training for medication assists and nurses attached

185a - Implement Storage Procedures

1. Requirements

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 [redacted] Resident #4's [redacted] was calibrated to [redacted]

Resident #4 is prescribed the following PRN medications that were not available in the home on [redacted]
[redacted]

The [redacted] for resident #5 on [redacted] was documented in the Medication Administration Record [redacted]

Plan of Correction

Accept

Director of Nursing or Designee will calibrate all glucometers by 7/25/21 and then monthly thereafter to assure compliance. Director of Nursing or Designee will also audit [redacted] compared to MAR monthly to assure compliance.

Resident #4's PRN medications listed above were all discontinued since [redacted]. Director of Nursing or Designee will conduct monthly cart audits to assure all medications ordered are on the cart, first audit will be done by 7/25/21. Director of Nursing will schedule an in-service with Direct Care Staff that administer medications to Review Medication Storage, Access, Security and Distribution of Medication Policy to be held before 8/25/21 to assure compliance of regulation 2600. 185a.

Completion Date: 06/25/2021

Document Submission

Implemented

2600.185a document of training for medication assists and nurses

185b - Medication Procedures

1. Requirements

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

Resident #5 has [redacted] remaining as shown on the [redacted]. The [redacted] as shown on the [redacted]

185b - Medication Procedures (continued)

Resident #5 has [redacted]
Resident #5 has [redacted] The [redacted] for the blister pack shows a balance [redacted]

Accept

Resident #5 [redacted] Director of Nursing will schedule an in-service with Direct Care Staff that administer medications to Review Medication Storage, Access, Security and Distribution of Medication Policy to be held before 8/25/21 to assure compliance to regulation 2600.185b.

Going forward, Facility will require Resident's that prefer the use of another pharmacy for controlled substances, to require the pharmacy of choice to be able to supply medications and services in a way that is compatible with the Facility's system for handling and assisting with the self-administration of the residents medications to assure compliance of documentation of controlled substances.

Completion Date: 06/25/2021

Document Submission

Implemented

Document of training on 2600.185b

187d - Follow Prescriber's Orders

1. Requirements

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

Description of Violation

Resident #5 is prescribed [redacted] however it was not given on [redacted].

The following readings for resident #5 were recorded on the MAR but were not in [redacted]

[redacted]

Plan of Correction

Accept

Director of Nursing will schedule an in-service just on Medication Administration by 8/25/21 to go over all medication administration regulations to assure ongoing compliance of regulation 2600.187d. Director of Nursing or Designee will complete monthly audits on MAR's to assure compliance to regulation. Director of Nursing or Designee will complete monthly Glucometer audits to compare readings to MAR's.

Completion Date: 06/25/2021

Document Submission

Implemented

document of training on Medication administration 2600.187 d attached