

Department of Human Services
Bureau of Human Service Licensing

July 28, 2021

[REDACTED]
SUCCESS REHABILITATION, INC.
5666 CLYMER ROAD
QUAKERTOWN, PA 18951

RE: SUCCESS REHABILITATION AT ROCK
RIDGE
5666 CLYMER ROAD
QUAKERTOWN, PA, 18951
LICENSE/COC#: 12730

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 06/03/2021 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations 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: *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: *2155383488* 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: *CWOPA L & I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *31* Waking Staff: *23*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *06/03/2021*

Inspection Dates and Department Representative

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

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *35* Residents Served: *21*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *14* Are 60 Years of Age or Older: *6*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *10* Have Physical Disability: *1*

Inspections / Reviews

06/03/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *07/11/2021*

7/21/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *07/23/2021*

7/28/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *08/30/2021*

20b9 - Record Keeping

1. Requirements

2600.

- 20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:
9. A copy of the itemized account shall be kept in the resident's record.

Description of Violation

There is no copy of the quarterly account of financial transactions in Resident # 1's record for the period of [REDACTED] to [REDACTED]

Plan of Correction

Accept

Resident #1's record for the period of [REDACTED] to [REDACTED] was completed and all financial transactions noted as well as copies were provided to Resident #1 and [REDACTED] family on [REDACTED]. Plan moving forward to ensure that there is no reoccurrence of this violations, Success Rehabilitation's Financial Department will assign an auditor to review all Resident financial management accounts quarterly to ensure accuracy and compliance.

Completion Date: 06/07/2021 *Licensee's Proposed Date of POC Implementation*

65f - Training Topics

1. Requirements

2600.

- 65.f. Training topics for the annual training for direct care staff persons shall include the following:
1. Medication self-administration training.
 2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
 3. Care for residents with dementia and cognitive impairments.
 5. Personal care service needs of the resident.
 6. Safe management techniques.

Description of Violation

Direct Care Staff Person A did not receive training in January 1, 2019 to December 31, 2019 in the below listed topics:

1. *Medication self-administration*
2. *Instruction on meeting the needs of the Resident as described in the prescreen, assessment tool, medical evaluation, and care plan.*
3. *Care for Residents w/dementia or a cognitive impairment*
4. *Personal care needs for the Resident.*
5. *Safe Management Techniques*

Plan of Correction

Accept

Staff Person A received all mandatory trainings #1-5 listed in the description of this violation for 2020 and 2021. A review of all mandatory training topics was completed with Staff Person A on 6/9/21 to ensure an understanding of information on all required trainings as highlighted.

Plan moving forward to ensure that mandatory trainings are completed each year by all staff, training records will be reviewed quarterly to ensure completion and compliance by Success Rehabilitation's Human Resource Administrator.

Completion Date: 06/09/2021 *Licensee's Proposed Date of POC Implementation*

184b - Resident's Meds Labeled

1. Requirements

184b - Resident's Meds Labeled *(continued)*

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Repeat Violation

On 6/3/21, a package of BDFN Essentials, Cytoquel 1850 mg, DGL Synergy, Fish Oil, Memorall, and PQQ 20 mg belonging to Resident # 2 were in the medication cart and were not labeled with the resident's name.

Repeated Violation: 1/13/2020

Plan of Correction

Do Not Accept

Resident #2's OTC medications were labeled with resident's name immediately on 6/3/21 at time of inspection. Plan moving forward, Success Rehabilitation's medication procedure has been modified to include that all residents will be required to utilize our pharmacy for all medications beginning 7/1/21. This ensures that proper labeling is added to all resident medications. The nursing department will ensure that all resident medications including OTC are properly labeled at time of arrival to the facility.

Completion Date: 07/01/2021

Plan of Correction

Directed

Resident #2's OTC medications were labeled with resident's name immediately on 6/3/21 at time of inspection. Plan moving forward, Success Rehabilitation's medication procedure has been modified beginning 7/22/21. It will reflect if a resident chooses to use a pharmacy other than Success Rehabilitation's partnered pharmacy, a member of the nursing department will be assigned to connect with that pharmacy to ensure that all medications prescribed meet BHSL regulations in regards to proper labeling and identification of medications This ensures that proper labeling is added to all resident medications. The nursing department will ensure that all resident medications including OTC are properly labeled at time of arrival to the facility.

Directed Plan of Correction 7/28/21 CM:

By 8/15/21, all staff persons administering medications will be re-educated on the requirements of regulation 2600.184b including OTC medications and CAM belonging to residents are identified with the residents name. Documentation of education will be kept.

Starting 8/1/21 and continuing weekly for 3 months: A designated staff person qualified to administer medications will conduct an initial and weekly review of all medications to ensure that all OTC medications are labeled in accordance with regulation 2600.184b.

Completion Date: 07/22/2021 Licensee's Proposed Date of POC Implementation

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

187d - Follow Prescriber's Orders (continued)**Description of Violation**

Resident # 2 is prescribed the below listed medications:

- 1. BDFN Essentials two capsules by mouth twice daily*
- 2. Cytoquel 1850 mg three capsules by mouth once daily*
- 3. DGL Synergy two capsules by mouth twice daily*
- 4. Fish Oil 1400 mg two capsules by mouth twice daily*
- 5. Memorall one capsule by mouth once daily*
- 6. PQQ 20 mg one capsule by mouth daily*

However, these medications were not administered to Resident # 2 from 6/1/21 through 6/3/21 because the medications were not available in the home.

Plan of Correction**Do Not Accept**

Resident #2's medications were not available on 6/3/21 at time of inspection due to the family insisting that they be responsible for the monthly ordering and replacement of Resident #2's medications as needed and/or prescribed.

Case Manager assigned noted on record multiple attempts to rectify this problem.

Plan moving forward, Success Rehabilitation's medication procedure has been modified to include that all residents will be required to utilize our pharmacy for all medications beginning 7/1/21. This ensures that all medications for residents as prescribed are available on site when needed. The nursing department will ensure that all resident medications including OTC are reordered and/or available as prescribed.

Completion Date: 07/01/2021

187d - Follow Prescriber's Orders (*continued*)**Plan of Correction****Directed**

Resident #2's medications were not available on 6/3/21 at time of inspection due to the family insisting that they be responsible for the monthly ordering and replacement of Resident #2's medications as needed and/or prescribed.

Case Manager assigned noted on record multiple attempts to rectify this problem.

Plan moving forward, Success Rehabilitation's medication procedure has been modified to include that if a resident chooses to utilize a pharmacy outside of Success Rehabilitation's choice of pharmacy, contact and refill information will be collected to ensure that a member of Success Rehabilitation's nursing department can communicate directly with the pharmacy versus going through family contact if they are unresponsive or continue to be late with reordering. This ensures that all medications for residents as prescribed are available on site when needed. The nursing department will ensure that all resident medications including OTC are reordered and/or available as prescribed.

Directed Plan of Correction 7/28/21 CM:

By 8/15/21, the administrator shall review and update if necessary the home's written procedures for the safe storage, access, security, distribution and use of medications, including the procedures for ensuring all prescribed medications are available in the home for administration and the procedures for ordering prescribed medications. All staff persons qualified to administer medications will be reeducated on the home's policy and procedures. Documentation of education shall be provided to the Department.

Starting 8/1/21 and continuing weekly for 3 months, the administrator or designee will conduct an audit of prescription orders and medications to ensure medication availability, documentation of medication administration, following the orders of the prescriber, and reporting medication errors.

Completion Date: 07/22/2021 *Licensee's Proposed Date of POC Implementation*