

Department of Human Services
Bureau of Human Service Licensing

August 22, 2022

[REDACTED]
NATIONAL HEALTH MANAGEMENT LLC
[REDACTED]

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 09/09/2021 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: *07/22/2022*
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: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *81* Waking Staff: *61*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *09/09/2021*

Inspection Dates and Department Representative

09/09/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *120* Residents Served: *73*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *71*
Diagnosed with Mental Illness: *4* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *8* Have Physical Disability: *0*

Inspections / Reviews

09/09/2021 - Partial

Lead In pector: [REDACTED] Follow Up Type: *POC Submission* Follow Up Date: *10/01/2021*

10/01/2021 POC Submission

Inspections / Reviews (*continued*)

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *10/15/2021*

08/22/2022 - Document Submission

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

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [REDACTED]/21, Resident #1 was found sitting outside after an unknown length of time in the the heat. Resident #1 was found to be unresponsive and with a temperature of [REDACTED]. Staff then brought resident #1 back inside, and put them in a cool shower to cool down until the residents temperature returned to normal. The home did not submit an incident report to the Department.

Plan of Correction

Accept

Administrator and Director of Nursing, will in-service Direct Care Staff on the requirement of Reportable incidents 2600.16c. and what is reportable. In-service will be held on 10/06/2021, all Direct Care Staff not in attendance will be in-serviced by 10/12/2021. Record of Training will be uploaded by 10/13/21.

In order to ensure ongoing compliance with 2600.16c, Administrator or Designee will monitor Resident incidents that have occurred daily to be sure that they were reported to the Department in a timely manner.

Completion Date: 10/13/2021

Document Submission

Implemented

2600.16c record of training document

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 [REDACTED]/21 at approximately [REDACTED] am, Resident #1 was observed to be slumped over and unresponsive while sitting in the outdoor courtyard of the home. Resident #1 had been sitting outside for an unknown length of time without having a staff person check on them. Temperature outside on [REDACTED]/21 was reported as a high of 84 degrees Fahrenheit by local weather reports. When staff persons were alerted by other residents, of resident #1's condition, the resident's temperature was [REDACTED] staff then moved the resident into the living room area in a wheel chair, given ice packs to attempt to cool the resident down, however the resident remained unresponsive. Resident was then taken to their room, and placed in a cool shower completely clothed. Resident #1 remained in the shower until their temperature lowered to [REDACTED] when staff removed them from the shower, redressed resident, placed them back in a wheel chair and returned resident to the main lobby area. Staff did not contact emergency personnel or the residents physician regarding the unresponsiveness and high temperature in relation to possible heat exhaustion. Staff members interviewed confirmed they were instructed to not contact residents physician and there was no need to send resident to hospital.

Plan of Correction

Accept

On 10/06/2021, Administrator or Designee will in-service All Direct Care Staff on Resident Rights focusing on 2600.42b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishments' or disciplined in any way. This in-service will also focus on residents that may have poor judgement according to their RASP and how this relates to exposure to the elements. The in-service will also address calling emergency personnel or residents physician regarding an unresponsive resident or other urgent condition instead of faxing resident's physician the report even if the resident is back to baseline. Resident #1's Physician was

42b - Abuse (continued)

notified via fax of the incident and that resident vitals were back to normal and were monitored by nurse. Physician read and noted fax. Record of Training will be uploaded by 10/13/2021.

Completion Date: 10/13/2021

Document Submission**Implemented**

2600.42b record of training document

54a - Direct Care Staff**1. Requirements**

2600.

54.a. Direct care staff persons shall have the following qualifications:

1. Be 18 years of age or older, except as permitted in subsection (b).
2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person A, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction**Accept**

Direct Care Staff Person A's Diploma was placed in employee file immediately after inspection. See uploaded document. Administrator of Designee will audit all employee files by 10/13/2021 to ensure compliance to 2600.54a. Ongoing, Administrator or Designee will have all required documents by new employees first day of work.

Completion Date: 10/13/2021

Document Submission**Implemented**

2600.54a Direct Care Staff person A High School Diploma document attached

109b - Rabies Vaccination**1. Requirements**

2600.

109.b. Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

Description of Violation

Two dogs, belonging to staff person B, have visited the home on several dates as reported by multiple staff of the home. The home does not have a current certificate of rabies vaccination for either dog.

Plan of Correction**Accept**

Facility will not permit puppies that are too young to receive the Rabies vaccine into the facility. Administrator re-educated front desk personnel to screen all dogs/cats visiting to make sure we have current certificate of rabies vaccination on file. In-service Document will be uploaded by 10/13/2021.

Completion Date: 10/13/2021

Document Submission**Implemented**

2600.109b document of training attached

141a 1-10 Medical Evaluation Information**1. Requirements**

2600.

141a 1-10 Medical Evaluation Information (continued)

- 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. The evaluation must include the following:
1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
 4. Special health or dietary needs of the resident.
 5. Allergies.
 6. Immunization history.
 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
 8. Body positioning and movement stimulation for residents, if appropriate.
 9. Health status.
 10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

The resident #1's medical evaluation dated [REDACTED]/21 did not include residents diagnoses of [REDACTED]
 [REDACTED] Resident #1 currently takes medications relating to each of these diagnoses.

Plan of Correction

Accept

Resident #1 had a new Medical Evaluation form completed on [REDACTED]/21. Diagnoses related to medications prescribed are listed on DME or on attached medication order summary. see attached New DME.
 Ongoing, Director of Nursing or Designee will ensure all new medical evaluations forms completed will have all the requirements of 2600.141a. to ensure compliance. to regulation.

Completion Date: 09/30/2021

Document Submission

Implemented

Resident #1 DME attached