

Department of Human Services
Bureau of Human Service Licensing

August 8, 2022

[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 review on 03/08/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Claire Mendez

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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: *08/18/2022*
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 Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *03/08/2022*

Inspection Dates and Department Representative

03/08/2022 - 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: *7* 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

03/08/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/01/2022*

04/13/2022 - POC Submission

Inspections / Reviews (*continued*)

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *05/16/2022*

08/08/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

Resident # 1 is prescribed DGL Synergy two capsules twice daily. However, this medication was not administered to Resident # 1 on 3/6/22, 3/7/22, and 3/8/22's am dose because the medication was not available in the home.

Resident # 1 is prescribed Memorall one capsule twice daily. However, this medication was not administered to Resident # 1 on 3/1/22, 3/2/22, 3/3/22, 3/4/22, 3/5/22, 3/6/22, 3/7/22, and 3/8/22's am dose because the medication was not available in the home.

Resident # 1 is prescribed Modafinil 100 mg one capsules once daily. However, this medication was not administered to Resident # 1 on 1/20/22 to present because the medication was not available in the home.

Plan of Correction**Directed**

Resident #1's family has chosen a local pharmacy in their area to fill Resident #1s daily supplements and ship to Resident #1's home. The pharmacy of choice continues to be late in filling the scripts and shipping to Resident #1's home. Resident #1's case manager contacted the family and reported the increase in incidents of supplements arriving late and not available to Resident #1. Case Manager encouraged family to reach out to this pharmacy to see if any alternative arrangements could be made to assist in ensuring that the supplements arrive on time each month and also provided the family a list of local pharmacies near Resident #1's home if they so choose to explore other pharmacies. Resident #1 and family decided to remain with current pharmacy and worked with them to ship supplements for 60 days to Resident #1's home with refilling every 45 days to ensure that Resident #1 receives supplements in a timely manner so it is available as prescribed.

Program Administrator will monitor this process monthly to verify the timely arrival of supplements and keep communication open with family to ensure no late deliveries.

Program Administrator will utilize this same plan for any resident within the home choosing to work with a pharmacy outside of Success Rehabilitation Ic's network to ensure compliance.

Directed Plan of Correction 4/13/22 CM:

Starting 4/14/22 and continuing weekly for 4 months, the administrator or designee shall complete medication cart audits to ensure medication is available and medications are re-ordered as needed. The home shall document, in writing, communications with the resident's POA or designee when they need to be informed of a medication supply issue. Med Cart audits shall be documented and provided to the Department.

Completion Date: 04/01/2022

Document Submission**Implemented**

Weekly medication cart audits in place to ensure medication is available and medications are re-ordered as needed. When applicable, resident, resident's POA, and/or designee are notified of any medication supply issue. This communication is documented and saved in client record for reference. Please see attached form (date listing next scheduled audit noted)