

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

March 1, 2023

[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 08/11/2022 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: SUCCESS REHABILITATION AT ROCK RIDGE **License #:** 12730 **License Expiration:** 08/18/2023
Address: 5666 CLYMER ROAD, QUAKERTOWN, PA 18951
County: BUCKS **Region:** SOUTHEAST

Administrator

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

Legal Entity

Name: SUCCESS REHABILITATION, INC.
Address: 5666 CLYMER ROAD, QUAKERTOWN, PA, 18951
Phone: [REDACTED] **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:** 32 **Waking Staff:** 24

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 08/11/2022

Inspection Dates and Department Representative

08/11/2022 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: 15 **Are 60 Years of Age or Older:** 5
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 11 **Have Physical Disability:** 0

Inspections / Reviews

08/11/2022 - Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 01/23/2023

03/01/2023 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 03/01/2023
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 03/10/2023

Inspections / Reviews *(continued)*

03/01/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/01/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

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 completed his/her 40th scheduled work hour on [REDACTED] 2022. However, this staff person did not complete training in the following topics: resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101 10225.5102), reporting of reportable incidents and conditions.

Plan of Correction

Directed ([REDACTED] 03/01/2023)

Staff Member A completed trainings in the following topics: resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services, and reporting of reportable incidents and conditions.

The SRI HR Team has expanded to included additional team members that will work with our training team to ensure all new hire staff receive mandated trainings in the required time periods and this will be tracked in the new hire orientation training packets that are reviewed weekly during new hire staff probationary periods.

DIRECTED POC: [REDACTED] 3.1.23

1. Staff A will complete the Resident Rights, Emergency Medical Plan, Mandatory reporting of abuse/neglect OA{PS and Reporting reportable incidents with the next 10 days or will be removed from the staffing schedule. Documentation of the staff training will be maintained for the Departments review.
2. The business manager will audit all staff training files to ensure required orientation is conducted within 40 hours of starting, starting within next 10 days with completion within next 45 days. Documentation of audit will be maintained for the Departments review.
3. The administrator will review all training documents at least bi-annually, starting immediately.
4. All POC steps submitted by home will also be implemented.

Directed Completion Date: 03/10/2023

Implemented [REDACTED] - 03/01/2023)

227g -Support Plan Signatures

2. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident 1 participated in the development of his/her support plan on [REDACTED] 2022. However, the resident did not sign the support plan.

227g -Support Plan Signatures (continued)

Plan of Correction

Accept [REDACTED] - 03/01/2023)

Resident 1 completed a 2nd review and signed the support plan on [REDACTED] 2022.

Personal Care Home Administrator will work with Case Management Team and Clinical Administrative Assistant to ensure all originals are checked for missed signatures and/or errors prior to distribution and inclusion in client's case record and/or EHR.

Licensee's Proposed Overall Completion Date: 03/10/2023

Implemented ([REDACTED] - 03/01/2023)

227h - Support Plan Refuse Sign

3. Requirements

2600.

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

Description of Violation

Resident 1 participated in the development of his/her support plan on [REDACTED]/2022. The resident did not sign the support plan. The home did not make a notation regarding the resident's refusal or inability to sign.

Plan of Correction

Accept [REDACTED] - 03/01/2023)

Resident 1 participated in the initial development and review of [REDACTED] RASP but a signature was missed. Resident 1 completed a 2nd review and signed the support plan on [REDACTED]/22.

Personal Care Home Administrator will work with Case Management Team and Clinical Administrative Assistant to ensure all originals are checked for missed signatures and/or errors prior to distribution and inclusion in client's case record and/or EHR. If a resident chooses to refuse or is unable to sign in the future, the SRI team is trained and aware that refusals to sign should be noted in the RASP prior to distribution and adding to client case record and/or EHR.

Licensee's Proposed Overall Completion Date: 02/28/2023

Implemented ([REDACTED] - 03/01/2023)