

Department of Human Services
Bureau of Human Service Licensing

October 29, 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 08/22/2022, 08/23/2022 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

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

Facility Information

Name: *INDEPENDENCE COURT OF QUAKERTOWN* License #: *12703* License Expiration: *07/22/2023*
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: *L & I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *83* Waking Staff: *62*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *08/23/2022*

Inspection Dates and Department Representative

08/22/2022 - On-Site [REDACTED]
08/23/2022 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *120* Residents Served: *68*

Secured Dementia Care Unit

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

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *62*
Diagnosed with Mental Illness: *10* Diagnosed with Intellectual Disability: *2*
Have Mobility Need: *15* Have Physical Disability: *1*

Inspections / Reviews

08/22/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/11/2022*

09/20/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: 09/20/2022
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/25/2022

09/21/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: 09/20/2022
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 10/12/2022

10/29/2022 - Document Submission

Submitted By: [REDACTED] Date Submitted: 09/20/2022
Reviewer: [REDACTED] Follow-Up Type: Not Required

42s - Privacy

1. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On August 23, 2022, there was a video camera at the facility entrance. However, no signs of surveillance have been posted in a public and conspicuous place in the facility.

POC Submission

Accept [REDACTED] 09/19/2022)

A paper sign was posted upon inspection. See attached photo. In order to remain in compliance, facility purchased signs made of aluminum that can be fastened to wood post so they become more permanent and indestructible from the elements. Signs will be hung by 10/11/2022.

Licensee's Plan Completion Date: 09/07/2022

Implemented [REDACTED] 10/29/2022)

85a - Sanitary Conditions

2. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 08/23/2022, the ice freezer has a brown substance inside that looks like mold on the white plastic. A white stain also surrounds the ice freezer door.

POC Submission

Accept [REDACTED] - 09/19/2022)

To ensure compliance, Admin or Designee will follow the Ice Machine's Manufacturing recommendations of sanitizing the machine every 6 months using recommended chemicals. Chemicals have been ordered by Food Service Director and sanitization will be completed by 10/11/22. Weekly cleaning of machine will be added to Food Service cleaning checklist. In-service for all Food Service Employees will be conducted by the Administrator or Designee on 2600.85.a. by 10/11/2022.

Licensee's Plan Completion Date: 09/08/2022

Implemented [REDACTED] /29/2022)

85d - Trash Receptacles

3. 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 August 23, 2022, an uncovered, unattended trash can was observed in the main kitchen.

Repeated Violation: 06/04/2021.

85d - Trash Receptacles (*continued*)**POC Submission**

Accept [REDACTED] - 09/19/2022)

New trash can lid was purchased and placed on the trash can 9/6/22. To ensure compliance to 2600.85.d, Administrator or Designee will conduct an in-service to all food service employees to be held by 10/11/2022. Administrator or Designee will audit daily.

Licensee's Plan Completion Date: 09/07/2022

Implemented [REDACTED] 10/29/2022)

85e - Trash Outside Home

4. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 08/23/2022, there was a wood table top and a shopping cart outside of the trash dumpsters.

POC Submission

Accept [REDACTED] - 09/20/2022)

Items on the outside of trash dumpsters were immediately removed during inspection by Maintenance Director. Administrator or Designee will conduct an in-service regarding 2600.85.e for all staff by 10/11/22. In order to remain in compliance, Administrator or Designee will check area around the dumpster daily.

Licensee's Plan Completion Date: 09/07/2022

Implemented [REDACTED] - 10/29/2022)

86b - Bathroom

5. 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 room [REDACTED] does not have an operable window or ventilation fan. The ventilation fan is inoperable and there are no windows in the bathroom.

Repeated Violation: 06/04/2021.

POC Submission

Accept [REDACTED] - 09/21/2022)

Maintenance Director replaced Exhaust Belt on 09/09/2022. Fan is now in full operation. See attached photo of room [REDACTED] ventilation fan. Administrator or Designee will in-service Maintenance and Housekeeping staff on 2600.86.b. by 10/11/2022. Director of Maintenance or Designee will check all ventilation fans by 10/11/2022 to ensure compliance. Director of Maintenance will also continue monthly audits of fan ventilation to ensure ongoing compliance.

Licensee's Plan Completion Date: 09/20/2022

Implemented [REDACTED] - 10/29/2022)

88a - Surfaces

6. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

The kitchen ceiling had a hole in it that looked like the damage from a water leak.

POC Submission

Accept [redacted] - 09/20/2022)

Water leak damage in kitchen was caused by pipes condensation. Maintenance Director scheduled contractor, TMS, to insulate pipes to prevent further condensation damage . Repair will start 9/13/2022. Once the insulation of the pipes is completed another contractor will be scheduled to repair the drywall. Completion of is kitchen ceiling repair is pending. Administrator will update Plan of Correction by 10/11/22. To ensure ongoing compliance of 2600.88a, Maintenance Director or designee will conduct quarterly building audits and have repairs scheduled as needed.

Licensee's Plan Completion Date: 09/08/2022

Implemented [redacted] - 10/29/2022)

95 - Furniture and Equipment

7. Requirements

2600.

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

Description of Violation

The home walk-in freezer is in disrepair. It has water leaking from the ceiling that covers almost the entire freezer floor.

POC Submission

Accept [redacted] - 09/20/2022)

Maintenance Director obtained a quote to replace freezer door, see attached. Facility is waiting for approval from management company to proceed with freezer door replacement. Date of repair is pending. Facility will update plan of correction on 10/11/2022 with date of installation of new freezer door. To ensure ongoing compliance Maintenance Director or designee will conduct quarterly audits of repairs needed and schedule repairs.

Licensee's Plan Completion Date: 09/08/2022

Implemented [redacted] - 10/29/2022)

100a - Exterior - Free of Hazards

8. Requirements

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

There was a table with three chairs in one of the handicap parking spaces at the front of the facility, used for family member visits with no signs of caution.

POC Submission

Accept [redacted] - 09/20/2022)

Facility immediately removed table and chairs from parking lot. To ensure ongoing compliance facility will not have outdoor visitation area in parking lot. Outdoor visitation will occur on front porch free from hazards.

Licensee's Plan Completion Date: 09/07/2022

Implemented [redacted] - 10/29/2022)

103c - Food Protected

9. Requirements

2600.

103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

Description of Violation*On 8/23/22, there were uncovered trays of chicken breasts stored in walk-in refrigerator.***POC Submission****Accept** (████) - 09/21/2022)

Food Service Director discarded trays of uncovered chicken breast during facility's annual inspection per regulation. Administrator or Designee will in-service all food service staff on 2600.103.c. by 10/11/2022. To ensure ongoing compliance Food Service Director or cook on duty will audit food stored in refrigerators daily. Administrator will randomly audit refrigerators to ensure ongoing compliance starting 10/11/2022.

Licensee's Plan Completion Date: 09/20/2022

Implemented (████) 10/29/2022)**103e - Left Overs****10. Requirements**

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation*There was unlabeled, undated sandwiches in the main kitchen refrigerator.**There were two trays of chicken breasts, uncovered, undated, and unlabeled in the walk-in refrigerator.**Repeated Violation: 06/04/2021.***POC Submission****Accept** (████) - 09/21/2022)

Administrator or Designee will in-service all food service staff on 2600.103.e. by 10/11/2022. To ensure ongoing compliance Food Service Director or cook on duty will audit food stored in refrigerators daily. Administrator will randomly audit refrigerators monthly.

Licensee's Plan Completion Date: 09/20/2022

Implemented (████) - 10/29/2022)**107c - Food/Water 3 Day Supply****11. Requirements**

2600.

107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

On August 23, 2022, the home served 68 residents, requiring 204 gallons of emergency drinking water. However, the home had only 96 gallons. The home does not have a contract with a bottled local water supplier.

107c - Food/Water 3 Day Supply (continued)

POC Submission

Accept [REDACTED] - 09/21/2022)

Food Service Director immediately ordered 136 gallons of emergency drinking water to become in compliance. see attached Gordon food invoice. Administrator will in-service all food service employees on 2600.107.c. by 10/11/2022. To ensure ongoing compliance, Food Service Director will conduct monthly emergency food supply audits and will also adjust to census growth. Audits to start by 10/11/2022 or if census grows to 73.

Licensee's Plan Completion Date: 09/20/2022

Implemented [REDACTED] - 10/29/2022)

125a - Combustible Storage

12. Requirements

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

On 08/23/2022, there was a can of STP Pro-series, penetrant and lubricant anti-rust protection stored in the boiler room, near the water heater and boilers.

POC Submission

Accept [REDACTED] - 09/20/2022)

Maintenance Director removed can during inspection. Administrator will in-service Maintenance and housekeeping staff on 2600.125.a. To ensure ongoing compliance, Proper storage of Combustible materials will be added to monthly audit list that Maintenance Director/designee completes.

Licensee's Plan Completion Date: 09/07/2022

Implemented [REDACTED] - 10/29/2022)

162c - Menus Posted

13. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's menu for the week of August 21–27, 2022 was posted. However, the weekly menu for 1 week in advance was not posted in a conspicuous and public place in the home.

POC Submission

Accept [REDACTED] - 09/20/2022)

Food Service Director posted the following weeks menu during inspection in order to be in compliance. Administrator will In-service all Food Service Employees on 2600.162.c. by 10/11/2022. To ensure ongoing compliance, Administrator or Designee will check dates on posted menu every Monday.

Licensee's Plan Completion Date: 09/08/2022

Implemented [REDACTED] - 10/29/2022)

183e - Storing Medications

14. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 08/23/2022, there were two loose pills in the first drawer of the second floor medication cart.

POC Submission

Accept (█ - 09/20/2022)

Administrator and Resident Care Director will hold in-service on 2600.183.e with Direct Care Staff. Direct Care Staff will be reminded on the importance of the 4 medication administration checks. To ensure ongoing compliance, night shift will check medication carts and report findings to DON or Designee in order to provide further counseling to Direct Care staff if needed.

Licensee's Plan Completion Date: 09/07/2022

Implemented (█ - 10/29/2022)

185a - Implement Storage Procedures

15. 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 █ for resident 1 read █ however the medication administration record (MAR) was documented as █

█ belonging to resident 2 had 9 pills in the blister card; however the █ was documented as 10.

On █ belonging to resident 3 had 12 pills in the blister card; however the █ was documented as 13.

On █ belonging to resident 3 had 29 pills in the blister card; however the █ was documented as 30.

Repeated Violation: 06/04/2021.

POC Submission

Accept (█ - 09/21/2022)

Administrator and DON will in-service all Direct Care Staff on 2600.185.a by 10/11/2022. Direct Care Staff must sign █ as medication is dispensed. To ensure ongoing compliance, Administrator or Designee will conduct monthly random audits of █ and compare with blister card. Audits to start 10/11/2022.

Licensee's Plan Completion Date: 09/20/2022

Implemented (█ - 10/29/2022)

252 - Record Content

16. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. A photograph of the resident that is no more than 2 years old.
4. Language or means of communication spoken or used by the resident.
5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.
6. The name, address and telephone number of the resident's physician or source of health care.
7. The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms.
8. A list of prescribed medications, OTC medications and CAM.
9. Dietary restrictions.
10. A record of incident reports for the individual resident.
11. A list of allergies.
12. The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies.
13. The preadmission screening, initial intake assessment and the most current version of the annual assessment.
14. A support plan.
15. Applicable court order, if any.
16. The resident's medical insurance information.
17. The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity.
18. An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.
19. An inventory of the resident's property entrusted to the administrator for safekeeping.
20. The financial records of residents receiving assistance with financial management.
21. The reason for termination of services or transfer of the resident, the date of transfer and the destination.
22. Copies of transfer and discharge summaries from hospitals, if available.
23. If the resident dies in the home, a copy of the official death certificate.
24. Signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 2600.41 (relating to notification of rights and complaint procedures).
25. A copy of the resident-home contract.
26. A termination notice, if any.

Description of Violation

Resident 4's record does not include color of hair, color of eyes, and race.

Resident 5's record does not include color of hair, color of eyes, race or religious affiliation.

Resident 6's record does not include race or religious affiliation.

Resident 7's record does not include dietary restrictions.

Resident 8's record does not include hair and eye color.

POC SubmissionAccept [REDACTED] - 09/21/2022)

Resident #'s 4,5,6,7,8 face sheets have been updated by 09/07/2022 to include the missing information. see attached. Resident Care Director or Designee will update all residents facesheets to include Race, color of hair, color of eyes, religious affiliation, if any, and identifying marks instead of backside of resident photo by 10/11/2022. To ensure ongoing compliance, Resident Care Director or Designee will Audit new admission records within 30 days of

252 - Record Content (continued)

admission when support plan is completed.

Licensee's Plan Completion Date: 09/20/2022

Implemented [REDACTED] - 10/29/2022)