

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

May 30, 2023

[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 03/07/2023, 03/15/2023, 03/22/2023, 04/07/2023 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: INDEPENDENCE COURT OF QUAKERTOWN **Licen e #:** 12703 **Licen e 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: [REDACTED]

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

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 06/13/1988 **Issued By:** Department of Labor & Industry

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 86 **Waking Staff:** 65

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**

Reason: Incident **Exit Conference Date:** 04/07/2023

Inspection Dates and Department Representative

03/07/2023 - On-Site: [REDACTED]

03/15/2023 - Off-Site: [REDACTED]

03/22/2023 - Off-Site: [REDACTED]

04/07/2023 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

Licen e Capacity: 120 **Re ident Served:** 74

Secured Dementia Care Unit

In Home: No **Area:** **Capacity:** **Re ident Served:**

Hospice

Current Re ident : NM

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 74

Diagnosed with Mental Illness: 7 **Diagnosed with Intellectual Disability:** 2

Have Mobility Need: 12 **Have Physical Disability:** 1

Inspections / Reviews

03/07/2023 - Partial

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow Up Date: *04/29/2023*

05/04/2023 POC Submission

Submitted By: [REDACTED] Date Submitted: *05/26/2023*
Reviewer: [REDACTED] Follow Up Type: *Document Submission* Follow Up Date: *05/27/2023*

05/30/2023 Document Submission

Submitted By: [REDACTED] Date Submitted: *05/26/2023*
Reviewer: [REDACTED] Follow Up Type: *Not Required*

201 - Positive Interventions

1. Requirements

2600.

201. Safe Management Techniques - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

Description of Violation

Resident #1 demonstrates agitation and aggression when seeking out medication. The home has not implemented positive interventions to modify or eliminate the behavior. On [REDACTED] 23, resident #1 charged toward Staff person A with upward fists. Resident #1 has a known history of seeking medication at unscheduled times. Resident #1 has been known to show signs of agitation and aggression when [REDACTED] needs to medicate at unscheduled times are not provided by staff. Resident #1 on [REDACTED] 22, became agitated and aggressive when medication seeking behaviors were denied. The home has been aware of the unsafe acts demonstrated by resident #1 and have failed to implement positive interventions.

Plan of Correction

Accept ([REDACTED]) - 05/04/2023)

Administrator or Designee will have All Staff in-serviced on Safe Management Techniques with focus on positive interventions related to Resident # 1 behaviors by 5/26/2023. Administrator has updated Assessment for Resident #1 on 3/8/2023 to reflect the interventions. To ensure ongoing compliance, Administrator or Designee will in-service all staff on safe management techniques annually. Administrator or Designee will monitor daily starting 5/1/23 that staff are using safe management techniques.

Licensee's Proposed Overall Completion Date: 04/28/2023

Implemented ([REDACTED]) - 05/30/2023)

202 - Prohibitions

2. Requirements

2600.

202. The following procedures are prohibited:

6. A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited. A manual restraint does not include prompting, escorting or guiding a resident to assist in the ADLs or IADLs.

Description of Violation

On [REDACTED]-23 at [REDACTED] am, resident #1 became agitated and aggressive with staff person A, when the staff person informed the resident that it was not time for his/her medication and that the medication could not be administered until after breakfast. Resident #1 became agitated and aggressive by running towards staff person A, with his/her fist in an upward motion. Staff person A held the arms of resident #1 to avoid being struck by the resident.

Plan of Correction

Accept ([REDACTED]) - 05/04/2023)

Administrator will educate Staff Person A on Safe Management Techniques and Prohibitions by 5/1/2023. Administrator or Designee will in-service all staff by 5/26/23 on Safe Management Techniques and Prohibitions. To ensure ongoing compliance, Administrator or Designee will in-service ALL staff annually per calendar year on Safe Management techniques and prohibitions. All new hires will be in-serviced within 40 hours of employment.

Licensee's Proposed Overall Completion Date: 04/28/2023

Implemented ([REDACTED]) - 05/30/2023)

225c - Additional Assessment

3. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident #1 exhibits behaviors of aggression and agitation related to medication administration. The resident's assessment, dated 8/16/2022, does not include this need or a plan to address this need.

Plan of Correction

Accept (█ - 05/04/2023)

Administrator updated Resident #1 assessment on 3/8/2023 to address aggression and agitation related to medication administration. To ensure ongoing compliance, by 5/26/23, Administrator or designee will audit all resident assessments to be sure they reflect any significant changes then quarterly thereafter. Administrator or Designee will in service all staff, by 5/26/23, on regulation 2600.225c, if the condition of resident significantly changes prior to annual assessment and new assessment must address this need.

Licensee's Proposed Overall Completion Date: 04/28/2023

Implemented (█ - 05/30/2023)
