

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

March 8, 2024

[REDACTED], ADMINISTRATOR
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 07/20/2023 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: 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:** COPA L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 28 **Waking Staff:** 21

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 07/20/2023

Inspection Dates and Department Representative

07/20/2023 - 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: 21 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 7 **Have Physical Disability:** 7

Inspections / Reviews

07/20/2023 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 12/21/2023

03/08/2024 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 01/04/2024
Reviewer: [REDACTED] **Follow-Up Type:** Bypass Document Submission

Inspections / Reviews *(continued)*

03/08/2024 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/08/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

3c Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On July 20, 2023, the home's Licensing Inspection Summary, dated August 11, 2022, was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept (█ - 03/08/2024)

On July 27th, 2023, we created a new bulletin board in a centralized, conspicuous place at Success Rehabilitation Inc. To ensure that it remains in place and accessible for viewing, the PCH Administrator has added this to the monthly building walk through check form that the PCH Administrator completes. Any and new updates will be posted here.

Licensee's Proposed Overall Completion Date: 12/22/2023

Implemented (█ - 03/08/2024)

16c Written Incident Report

2. 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 █, there was a medication error for resident 1. The home did not report this incident to the Department until █.

Plan of Correction

Accept (█ J - 01/05/2024)

On July 27th, 2023, the PCH Administrator conducted a training meeting of all staff assigned to work in the medication room and a second training meeting on July 29th, for all direct support professional staff to review the guidelines as stated in 2600.15. The PCH Administrator has added this to the running agenda for continue discussion and review in one of the staff meetings each quarter of the year moving forward.

Proposed Overall Completion Date: 12/22/2023

Licensee's Proposed Overall Completion Date: 12/22/2023

Implemented (█ - 03/08/2024)

18 Compliance With Laws

3. Requirements

2600.

18. Applicable Health and Safety Laws A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

Personal care and assisted living homes must post the required influenza information in a public place in the home

18 Compliance With Laws (continued)

year round as required by the Influenza Awareness Act (HB 1785).

On July 20, 2023, the influenza poster was not posted in a public and conspicuous place throughout the home.

Plan of Correction

Accept () - 01/05/2024)

On July 21st, 2023, the required influenza information was posted in a public place outside the med room on the bulletin board where it can be viewed by all. To ensure that it remains in place year round, the PCH Administrator has added this to the monthly building walk through check form that the PCH Administrator completes. Any and new updates will be posted here.

Licensee's Proposed Overall Completion Date: 12/22/2023

Implemented () - 03/08/2024)

85b - Infestation

4. Requirements

2600.

85.b. There may be no evidence of infestation of insects or rodents in the home.

Description of Violation

On July 20, 2023, there were numerous flies buzzing throughout room 5's bathroom, bedroom, and hallway.

Plan of Correction

Accept () - 01/05/2024)

On July 21st, 2023, the PCH Administrator scheduled for Success Rehab's Pest Control Service to come on site for an additional treatment in room 5's bathroom, bedroom, and common hallway outside room. The individual residing in this room struggles with permitting staff in room to take garbage and food items out to be discarded. The individual has agreed to take out garbage and discard spoiled items out of room 2 times per week with staff. The PCH Administrator will monitor this process weekly during weekly safety checks as well as arranged for increase treatments of room 5 and surrounding common hallway area within Pest Control Service that Success Rehab is under contract.

Licensee's Proposed Overall Completion Date: 12/22/2023

Implemented () - 03/08/2024)

85d - Trash Receptacles

5. 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 July 20, 2023, at 3:21 pm, there was an uncovered, unattended trash can in the main kitchen.

Plan of Correction

Accept () - 01/05/2024)

On July 21st, 2023, the trash can in the main kitchen was modified to secure the lid to the trash can that it can be easily flipped open and closed when not in use. To ensure that this remains in place and in good condition, the PCH Administrator has added the check of trash cans in the main kitchen to weekly walk throughs.

85d Trash Receptacles (*continued*)

Licensee's Proposed Overall Completion Date: 12/22/2023

Implemented (█) - 03/08/2024)

100a - Exterior - Free of Hazards

6. 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

On July 20, 2023, there were a lot of items outside the facility's trash cans, including wood pallets, an old air conditioner, two TVs, a mattress, two tables, and two chairs.

Plan of Correction

Accept (█) - 01/05/2024)

On July 21st, 2023, the PCH Administrator arranged for pick up of all trash items outside the facility trash cans with the contracted garbage disposal company with Success Rehab. All large trash items will now remain inside a closed shed next to trash cans until pick up can be arranged moving forward. Not items will be left outside the trash receptacles. Scheduled routine pick ups continue to be two time per week to maintain this process. On July 28th, 2023, this plan was reviewed with all staff in the monthly scheduled staff meeting. The PCH Administrator has added this to the running agenda for continue discussion and review in one of the staff meetings each quarter of the year moving forward.

Licensee's Proposed Overall Completion Date: 12/22/2023

Implemented (█) - 03/08/2024)

103e - Left Overs

7. 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

On July 20, 2023, there was an unlabeled, undated bag of bacon in the freezer of the main kitchen.

Plan of Correction

Accept (█) - 01/05/2024)

At time of inspection on July 20th, 2023, the unlabeled, undated bag of bacon in the freezer of the main kitchen was immediately discarded. The PCH Administrator continues to include the check of food stored including leftover food to ensure that it is labeled and dated on weekly safety walk through. The Chef on site is also certified in Safe Serve Guidelines to complete daily checks to ensure compliance.

Licensee's Proposed Overall Completion Date: 12/22/2023

Implemented (█) - 03/08/2024)

107b - Emergency Procedures

8. Requirements

2600.

107.b. The home shall have written emergency procedures that include the following:

1. Contact information for each resident's designated person.

107b - Emergency Procedures (continued)

- 2. The home’s plan to provide the emergency medical information for each resident that ensures confidentiality.
- 3. Contact telephone numbers of local and State emergency management agencies and local resources for housing and emergency care of residents.
- 4. Means of transportation in the event that relocation is required.
- 5. Duties and responsibilities of staff persons during evacuation, transportation and at the emergency location. These duties and responsibilities shall be specific to each resident’s emergency needs.
- 6. Alternate means of meeting resident needs in the event of a utility outage.

Description of Violation

The home’s written emergency procedures do not include contact information for each resident’s designated person.

Plan of Correction

Accept (█ - 01/05/2024)

At time of inspection on July 20th, 2023, Success Rehab's emergency procedures are kept at the front desk in our Emergency Procedure Manual and was shared at time of inspection. The contact information for each resident's designated person is kept separately in the med room which is located right next to the front desk across the hall to keep client information confidential and safe broken out individually on client face sheets in a binder. At time of inspection, the binder in the med room was missing with client face sheets. We have designated and marked a shelf in the med room to house this binder moving forward to ensure that it can be easily accessed moving forward in the event of an emergency.

On July 28th, 2023, this plan was reviewed with all staff in the monthly scheduled staff meeting. The PCH Administrator has added this to the running agenda for continue discussion and review in one of the staff meetings each quarter of the year moving forward. To ensure that both binders remain in place and accessible when needed, the PCH Administrator has added the check of these binders to weekly walk throughs.

Licensee's Proposed Overall Completion Date: 01/04/2024

Implemented (█ - 03/08/2024)

123b - Emergency Procedures Posted

9. Requirements

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

The home’s emergency procedures are not posted in a conspicuous and public place in the home.

Plan of Correction

Accept (█ - 01/05/2024)

At time of inspection on July 20th, 2023, Success Rehab's emergency procedures are kept at the front desk in our Emergency Procedure Manual and was shared at time of inspection. The emergency procedures were not posted on the communication board with all other DHS required forms. This was added to the communication board on day of inspection prior to exit survey. To ensure that emergency procedures remain in place and accessible for viewing/review when needed, the PCH Administrator has added this check to weekly walk throughs.

Licensee's Proposed Overall Completion Date: 01/04/2024

Implemented (█ - 03/08/2024)

132f - Alternate Exit Routes

10. Requirements

132f - Alternate Exit Routes (continued)

2600.
132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

The exits A, B, C, E, and front were the only exit routes used during the fire drills held from February to April 2023.

Plan of Correction

Accept (█) - 01/05/2024)

Beginning the month of August 2023, the personal care home administrator reviewed with all staff in the scheduled team/staff meetings that during monthly fire drills that alternate exit routes must be used during these drills to cover all possible scenarios. The PCH Administrator has added this to the running agenda for continue discussion and review in one of the staff meetings each quarter of the year moving forward. Please see attached fire drills to notate compliance.

Licensee's Proposed Overall Completion Date: 01/04/2024

Implemented (█) - 03/08/2024)

171c - Home's Vehicle Documents

11. Requirements

2600.
171.c. The home shall maintain current copies of the following documentation for each of the home's vehicles used to transport residents:
1. Vehicle registration.
2. Valid driver's license for vehicle operator.
3. Vehicle insurance.
4. Current inspection.
5. Commercial driver's license for vehicle operator if applicable.

Description of Violation

The home does not have a current registration for the Toyota 2019 used to transport residents. The last registration expired on May 31, 2023.

Plan of Correction

Accept (█) - 01/05/2024)

At time of inspection on July 20th, 2023, the PCH Administrators were not notified until time of Exit Interview that an expired registration was in the binder that copies of all vehicle registrations are kept with originals remaining in individual company vehicles. The registration was current and misfiled and would have been shown prior to Exit Interview to show maintaining compliance in this area. The current system remains in place and is working where our Transportation Coordinator monitors on tracking list that all vehicles are inspected and remain in good condition as per required routine maintenance

Licensee's Proposed Overall Completion Date: 01/04/2024

Implemented (█) - 03/08/2024)

183d - Prescription Current

12. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

The following medications, including [REDACTED] belonging to resident 2, were discontinued on [REDACTED]. However, this medication was on the home medication cart on [REDACTED].

The following medications, including [REDACTED] tablets belonging to resident 3, were discontinued on [REDACTED]. However, this medication was on the home medication cart on [REDACTED].

The following medications, including [REDACTED] mg tablets belonging to resident 4, were discontinued on [REDACTED]. However, this medication was on the home medication cart on [REDACTED].

The following medications, including [REDACTED] tablets belonging to resident 5, were discontinued on [REDACTED]. However, this medication was on the home medication cart on [REDACTED].

The following medications, including [REDACTED] tablets belonging to resident 6, were discontinued on [REDACTED]. However, this medication was on the home medication cart on [REDACTED].

The following medications, including [REDACTED] tablets belonging to resident 7, were discontinued on [REDACTED]. However, this medication was on the home medication cart on [REDACTED].

The following medications, including [REDACTED] tablets belonging to resident 7, were discontinued on [REDACTED]. However, this medication was on the home medication cart on July 20, 2023.

The following medications, including [REDACTED] tablets belonging to resident 7, were discontinued: However, this medication was on the home medication cart on July 20, 2023.

The following medications, including [REDACTED], belonging to resident 8, were discontinued on [REDACTED], as prescription orders changed from 1 tablet by mouth every 12 hours as needed to 1 tablet by mouth every 8 hours as needed. However, this medication was on the home medication cart on July 20, 2023.

The following medications, including 8 packs of [REDACTED] tablets belonging to resident 9, were discontinued: However, this medication was on the home medication cart on [REDACTED].

The following medications, including [REDACTED] belonging to resident 10, were discontinued: However, this medication was on the home medication cart [REDACTED].

The following medications, including [REDACTED] belonging to resident 11, were discontinued: However, this medication was on the home medication cart on July 20, 2023.

183d - Prescription Current (continued)

Plan of Correction

Accept (█ - 01/05/2024)

Success Rehabilitation Inc is comprised of a personal care home and then also several homes in the community that are licensed under a separate regulatory agency. At the time of inspection, the med room had expired medications that had not been disposed of properly in a drawer in the med cart of clients that do not reside in the personal care home and instead offsite homes in the community. These meds were properly disposed at time of inspection on July 20th, 2023 and meds from offsite homes no longer are brought to the main building/personal care home to be discarded. A separate policy is in place for our offsite homes that this process is managed away from the main building/personal care home. Moving forward, the personal care home administrator has included this check during weekly walk throughs to ensure compliance that only current prescription, OTC, sample and CAM for individuals living in the home are kept in the home.

Licensee's Proposed Overall Completion Date: 01/04/2024

Implemented (█ - 03/08/2024)

183f - Discontinued Medications

13. Requirements

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

On July 20, 2023, the following medication, including a █ tablet prescribed for resident 2, was in the home's medication cart; however, the medication expired on █.

On July 20, 2023, the following medication, including a █ tablet prescribed for resident 12, was in the home's medication cart; however, the medication expired on █.

On July 20, 2023, the following medication, including a █ tablet prescribed for resident 13, was in the home's medication cart; however, the resident is no longer living at the facility, and the medication expired on █.

On █, the following medication, including a █ tablet prescribed for resident 14, was in the home's medication cart; however, the resident is not longer living at the facility, and the medication expired on █.

183f Discontinued Medications (continued)

On July 20, 2023, there were several discontinued medications on the medication cart for residents 3, 4, 5, and 6. However, these residents are no longer living at the facility.

Plan of Correction

Accept () - 01/05/2024)

Success Rehabilitation Inc is comprised of a personal care home and then also several homes in the community that are licensed under a separate regulatory agency. At the time of inspection, the med room had expired medications that had not been disposed of properly in a drawer in the med cart of clients that do not reside in the personal care home and instead offsite homes in the community. These meds were properly disposed at time of inspection on July 20th, 2023 and meds from offsite homes no longer are brought to the main building/personal care home to be discarded. A separate policy is in place for our offsite homes that this process is managed away from the main building/personal care home. Moving forward, the personal care home administrator has included this check during weekly walk throughs to ensure compliance that only current prescription, OTC, sample and CAM for individuals living in the home are kept in the home and residents who are no longer served at the home shall be destroyed in a safe manner, following Success Rehab policy and according to the Department of Environmental Protection and Federal and State regulations.

Licensee's Proposed Overall Completion Date: 01/04/2024

Implemented () - 03/08/2024)

221c - Post Activity Calendar

14. Requirements

2600.

221.c. A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

Description of Violation

The home does not have a current weekly activity calendar posted in a public and conspicuous place in the home. The activity calendar that is posted is dated for activities only on the weekends of July 1st, 8th, 15th, 22nd, and 29th.

Plan of Correction

Accept () - 01/05/2024)

At Success Rehabilitation, the schedules are broken out to a Monday Friday calendar and then a separate weekend activities calendar. At time of inspection, only the weekend calendar was posted on the recreational therapist office wall in the main activity room where client groups are held and the weekly schedule was missing. We worked with the recreational therapist where a larger board next to the office will now list Monday Friday activities and the weekend activities will continue to be kept separate on the weekend activity board. This process will be monitored by the recreational therapist to ensure weekly follow through and checked by the Personal Care Administrator during weekly walkthroughs to ensure compliance is maintained in this area.

Licensee's Proposed Overall Completion Date: 01/04/2024

Implemented () 03/08/2024)