

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

October 10, 2023

[REDACTED]
TRI-COUNTY RESPITE INC
219 EAST BROAD STREET
QUAKERTOWN, PA, 18951

RE: TRI-COUNTY RESPITE-
QUAKERTOWN HOUSE
219 EAST BROAD STREET
QUAKERTOWN, PA, 18951
LICENSE/COC#: 12681

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/17/2023 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: *TRI-COUNTY RESPITE-QUAKERTOWN HOUSE* License #: *12681* License Expiration: *05/21/2024*
 Address: *219 EAST BROAD STREET, QUAKERTOWN, PA 18951*
 County: *BUCKS* Region: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *TRI-COUNTY RESPITE INC*
 Address: *219 EAST BROAD STREET, QUAKERTOWN, PA, 18951*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *01/10/1989* Issued By: *Commonwealth of PA, L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *48* Waking Staff: *36*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *08/17/2023*

Inspection Dates and Department Representative

08/17/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *65* Residents Served: *45*

Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:

Hospice
 Current Residents: *0*

Number of Residents Who:
 Receive Supplemental Security Income: *17* Are 60 Years of Age or Older: *19*
 Diagnosed with Mental Illness: *45* Diagnosed with Intellectual Disability: *3*
 Have Mobility Need: *3* Have Physical Disability: *0*

Inspections / Reviews

08/17/2023 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/10/2023*

09/15/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *10/05/2023*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/20/2023*

Inspections / Reviews (*continued*)

09/20/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/05/2023

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 10/05/2023

10/10/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/05/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On 07/30/23, at 5:30 PM, resident #1 claimed that resident #2 punched resident #1 in the stomach while passing by in the hallway. This incident was reported to staff immediately on 07/30/23. Resident #1 stated they were not injured, and no marks were found on the resident. This allegation of abuse was not reported to the local area agency on aging.

On 08/13/23, at 5:30 PM, resident #2 slapped resident #3 on the arm as resident #3 walked by resident #2 in the hallway. Staff quickly intervened and separated the residents. When questioned, resident #2 admitted to hitting resident #3 but said it was with [redacted] key. Resident #3 did not suffer any injuries or marks after the incident. This allegation of abuse was not reported to the local area agency on aging.

Plan of Correction

Directed [redacted] 09/20/2023)

Incident number 1 occurred on July 30, 2023, when resident [redacted] claimed that another resident, [redacted] had punched [redacted] in the stomach while passing [redacted] in the hallway. [redacted] stated that the incident was unprovoked. [redacted] made this report immediately after the incident occurred and our staff examined [redacted] physically. [redacted] did not show any visible injury, nor did [redacted] appear to be in any level of pain. When asked if [redacted] was hurt or in pain, [redacted] stated that [redacted] was not. Our staff interviewed [redacted], who denied that [redacted] had punched [redacted] and reported, instead, that [redacted] had accidentally bumped into [redacted]. There were no additional witnesses present to corroborate either account. Following this incident, our staff submitted a reportable incident form with the Department, believing that 55 Pa Code Section 2600.16(a)(9) applied if [redacted] version was correct. We did not attempt to determine which version was accurate and erred on the side of reporting the incident. As you know, section 2600.16 relates to "Reportable incidents and conditions." As you also know, subsection 2600.16(a)(b) requires an incident report for any, "physical or sexual assault by or against any resident."

The Department's Regulatory Compliance Guide expands on this requirement and provides that:
 Homes MUST Report: Any act of physical violence by a staff person against a resident, regardless of degree - Any act of physical violence by one resident against another resident regardless of whether or not the victim sustains an injury of any degree. (Q/A April 2015- 2600.16(c)) - Any sex act between a staff person and a resident - Any nonconsensual sex act between residents - Any sex act between residents where one or both of the residents is cognitively impaired such that consent cannot be established.

Notably, when an assault occurs, section 2600 requires the filing of only an incident report to the Department's personal care home regional office or the personal care home complaint hotline. 55 PA Code Section 2600.16(c). The term "assault" is not defined in these regulations, but Pennsylvania generally defines an "assault" as an act that causes or intends to cause a harmful or offensive contact with another person and which puts the other person in immediate apprehension of such an offensive touching. Renk v. City of Pittsburgh, 537 Pa. 68, 79, 641 A.2d 289, 294-95 (1994).

Also notable, the Department's regulatory and reporting scheme distinguishes between assaults and "abuse." The requirements for reporting when an incident of suspected abuse occurs are governed by a different regulation, 55 Pa Cade section 2600.15. That section requires that a provider make additional reports for suspected abuse cases under the Older Adults Protective Services Law. This regulation also requires the creation and submission of a protection plan. Neither of these is required for an incident that is considered only an assault. Under these regulations, "abuse" is defined as, among other things, "the infliction of injury, unreasonable confinement, intimidation or punishment

15a - Resident Abuse Report (continued)

with resulting physical harm, pain, or mental anguish." 55 Pa Code Section 2600.4.

While there would certainly be a great deal of overlap between incidents that would be considered "assaults" and those that would be considered "abuse," the two are not identical, nor are the reporting requirements for each. If we apply these provisions to Incident 1, we believe that the incident involved an alleged "assault," but that the incident did not rise to the level of suspected "abuse," because, even if the incident occurred as [REDACTED] described it, there was no injury or pain involved. Consequently, this incident resulted in no physical harm, no pain, and no mental anguish as would be required under the definition of abuse. In other words, it did not meet the definition of "abuse" and, therefore, did not trigger the reporting requirements of abuse. We believe the error by Inspector [REDACTED] was that [REDACTED] equated the definitions of abuse and assault when, in fact, they are different, and when this incident was a suspected assault but not suspected abuse. We believe further that our action in filing a reportable incident was the correct response.

The second incident occurred on August 13th, when resident, [REDACTED] allegedly slapped resident, [REDACTED] arm in the hallway. [REDACTED] expressed that [REDACTED] had upset [REDACTED] earlier in the day. Staff members quickly intervened and separated the individuals involved. Once again, [REDACTED] did not have any visible marks or signs of injury, or any signs of pain, and [REDACTED] denied feeling any discomfort. [REDACTED] admitted to hitting [REDACTED] but claimed that it was with [REDACTED] key. Once again, we believe that this incident, in the absence of any harm or injury, was an assault but not abuse. We believe that it would be incorrect to consider it abuse or to require the same reporting as if it were abuse.

During the on-site investigation recently, Inspector [REDACTED] requested copies of abuse reports for both incidents. I explained that I did not report these incidents as abuse, as I did not believe they met the criteria for abuse. [REDACTED] disagreed and argued that they should have been reported as such. I believe [REDACTED] intends to cite New Vitae for failing to report abuse. For the reasons stated above, we believe this would be unjustified and hope that by communicating in this way, we can avoid any erroneous citations.

I request that you to consider the points I have raised.

Directed

Within 5 calendar days of receipt of this plan of correction: The administrator shall develop and implement a policy and procedures to ensure any allegations of abuse are reported in accordance with the Older Adult Protective Services Act.

Within 15 calendar days of receipt of this plan of correction: The administrator or designated staff person will review all reported incidents and any allegations of abuse at least weekly to ensure any allegations of abuse and reportable incidents are reported in accordance with the Older Adult Protective Services Act and the Department of Human Services regulations.

Within 15 calendar days of receipt of this plan correction: All direct care staff, ancillary staff persons, substitute personnel, volunteers and management staff including the administrator will receive training in abuse reporting and prevention and resident rights from a Department-approved outside source. Documentation of training will be submitted to the Department and kept in the staff records. [REDACTED]

15a - Resident Abuse Report (continued)

Directed Completion Date: 10/05/2023

Implemented [REDACTED] - 10/10/2023)

187c - Refusal of Medication

2. Requirements

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

Resident #3 frequently refuses medications. This occurred with the following med passes;

- 08/03/23 7:00 PM to 11:59 PM medications.
- 08/11/23 6:00 AM to 10:30 AM medications.
- 08/16/23 7:00 PM to 11:59 PM medications.

The home did not report these refusals to the resident's doctor as required.

Plan of Correction

Directed [REDACTED] - 09/20/2023)

During shift change, it is the duty of the Medication Technician to report any instances of medication refusals to the on-coming shift. If a refusal has not been communicated to the prescribing medical professional and no alternative instructions have been given with regards to reporting refusals, it will be the responsibility of the of the Medication Technician to submit the necessary documentation to the prescriber before the end of their shift. The medication refusal documentation log will be reviewed by the shift supervisor daily.

Directed

Within 5 calendar days of receipt of this plan of correction: All staff persons administering medications will be educated concerning the procedures that will be followed in the event a resident refuses any medication. Documentation will be submitted to the Department and kept in staff records. The administrator or designated staff person will conduct a daily audits of the MAR for three months and weekly thereafter to ensure all resident medication refusals are documented accurately and the required procedures are followed. Documentation of audits will be kept for Department review. [REDACTED]

Directed Completion Date: 10/05/2023

Implemented ([REDACTED] - 10/10/2023)