

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

October 31, 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 08/28/2023, 08/29/2023 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 License #: 12703 License Expiration: 07/22/2024
 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: CWOPA L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 88 Waking Staff: 66

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 08/29/2023

Inspection Dates and Department Representative

08/28/2023 - On-Site: [REDACTED]
 08/29/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 120 Residents Served: 78

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 9

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 7
 Diagnosed with Mental Illness: 6 Diagnosed with Intellectual Disability: 1
 Have Mobility Need: 10 Have Physical Disability: 5

Inspections / Reviews

08/28/2023 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/24/2023

09/28/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 10/24/2023
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 10/25/2023

Inspections / Reviews (*continued*)

10/31/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/24/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

102f - Towel/Washcloth/Soap

1. Requirements

2600.

102.f. An individual towel, washcloth and soap shall be provided for each resident.

Description of Violation

There were two common washcloths being used in room 246a and 246b. The washcloths were not labeled indicating which residents they belonged to.

Plan of Correction

Accept ([REDACTED] - 09/28/2023)

During discovery of violation of 2600.102f on 8/29/23, Administrator immediately educated Resident 246a and 246b to keep their washcloths on their labeled towel bar. By 10/24/23, Housekeeping Supervisor will post a sign in all shared bathrooms to remind residents to put towels on their labeled towel bar. By 10/24/23, Administrator will in-service all housekeeping and direct care staff on regulation 2600.102. By 10/24/23, Administrator will add to monthly room check audits to check for ongoing compliance. 2066.102f will be discussed at next Quality Assurance Meeting Held by 10/24/23.

Licensee's Proposed Overall Completion Date: 10/24/2023

Implemented [REDACTED] - 10/31/2023

107b - Emergency Procedures

2. Requirements

2600.

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

1. Contact information for each resident's designated person.
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, contact telephone numbers of local and State emergency management agencies and local resources for housing and emergency care of residents, the home's plan to provide the emergency medical information for each resident that ensures confidentiality.

Plan of Correction

Accept ([REDACTED] - 09/28/2023)

On 8/29/23, Administrator added to the home's Emergency Procedures book the contact information for each resident's designated person, contact telephone numbers of local and State emergency management agencies and local resources for housing and emergency care of residents. By 10/24/23 Administrator will include the plan to provide the emergency medical information of each resident that ensures confidentiality and in-service all Staff on the home's plan that includes the location of the confidential emergency medical information of each resident. To ensure ongoing compliance, Administrative Assistant will conduct monthly audits of emergency procedures book to make sure it is up to date with every resident's emergency medical information and designated person's contact

107b - Emergency Procedures (continued)

information. 2600.107 b will be reviewed at October and November's 2023 Quality Assurance Meeting.

Licensee's Proposed Overall Completion Date: 10/24/2023

Implemented [redacted] - 10/31/2023)

123c - Evacuation Diagrams

3. Requirements

2600.

123.c. For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

Description of Violation

The home currently serves 78 residents. However, there are no emergency evacuation diagram posted on the 2nd floor of the home.

Plan of Correction

Accept [redacted] 09/28/2023)

By 10/24/23, Director of Maintenance will update the current second floor emergency evacuation diagrams to include line of travel to exit doors, location of the fire extinguishers and pull signals. To ensure ongoing compliance to 2600.123C., Director of Maintenance will conduct semi-annually audits to make sure these Emergency Diagrams are posted in a conspicuous and public place on each floor. 2600.123.c. will be discussed at October 2023 Quality Assurance Meeting.

Licensee's Proposed Overall Completion Date: 10/24/2023

Implemented [redacted] - 10/31/2023)

183f - Discontinued Medications

4. 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

The following medications Lotrimin Powder belonging to resident 1 which expired on 5/11/2017 was observed in the resident's room. This is not an approved method of destroying medications according to the Department of Environmental Protection and Federal and State regulation.

Plan of Correction

Accept [redacted] - 09/28/2023)

On 8/29/23, Resident #1's medication has been destroyed by Administrator according to the approved method by the Department of Environmental Protection and Federal and State regulation. On 9/13/23, Administrator in-serviced all trained staff on 2600.183 F. By 10/24/23, Administrator will check all rooms for expired medications. To ensure ongoing compliance, administrator will have Lead Medication Assistant conduct monthly audits starting by November 24,2023, on this regulation.. This violation will also be discussed at October 2023 Quality Assurance meeting.

183f - Discontinued Medications (continued)

Licensee's Proposed Overall Completion Date: 10/24/2023

Implemented [REDACTED] - 10/31/2023)

185a - Implement Storage Procedures**5. 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

Resident 1 is prescribed Hyosyamine as needed. On 8/29/2023, this medication was not available in the home.

Plan of Correction

Accept [REDACTED] - 09/28/2023)

On 8/29/2023, the trained staff person on duty, called pharmacy to order the Hyosyamine PRN medication for Resident 1. Medication arrived 8/29/2023. On 9/13/2023, all trained staff persons were in-service on 2600.185a. By 10/24/23, Administrator will have Lead Medication Assistant audit medication carts and then continue monthly thereafter 10/24/23. 2600.185.a., will be discussed at the home's October 2023 Quality Assurance meeting.

Licensee's Proposed Overall Completion Date: 10/24/2023

Implemented [REDACTED] - 10/31/2023)