

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

September 7, 2023

[REDACTED], CEO  
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 07/10/2023, 07/11/2023 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      **Licen e #:** 12681      **Licen e 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:** 2155382424      **Email:** jyanacek@newvitaewellness.com

**Certificate(s) of Occupancy**

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

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 44      **Waking Staff:** 33

**Inspection Information**

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

**Reason:** Renewal      **Exit Conference Date:** 07/11/2023

**Inspection Dates and Department Representative**

07/10/2023 On Site [REDACTED]

07/11/2023 On Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 65      **Residents Served:** 44

**Secured Dementia Care Unit**

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

**Hospice**

**Current Residents:** 0

**Number of Residents Who:**

**Receive Supplemental Security Income:** 11      **Are 60 Years of Age or Older:** 19

**Diagnosed with Mental Illness:** 44      **Diagnosed with Intellectual Disability:** 3

**Have Mobility Need:** 0      **Have Physical Disability:** 0

**Inspections / Reviews**

**07/10/2023 - Full**

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 08/06/2023

**08/09/2023 - POC Submission**

**Submitted By:** [REDACTED]      **Date Submitted:** 08/31/2023

**Reviewer:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 08/14/2023

Inspections / Reviews (*continued*)

## 08/16/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/31/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 09/02/2023

## 09/07/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/31/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

18 - Compliance With Laws

1. 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

On 07/10/23, in a conversation with staff member A; [REDACTED], staff member B; [REDACTED], and Licensing Representative, the kitchen hours were stated to be from 7:00 AM to 9:00 PM with staff allowed to enter kitchen for snacks and prepared foods if needed. The provided schedule shows that no staff were certified under ServSafe guidelines on Saturday, 07/08/23 after 6:00 PM, Friday, 07/07/23 after 6:00 PM and on Tuesday, 07/04/23 after 2:30 PM. Additional dates and times where no ServSafe staff were available are scattered throughout the schedule.

The PA Department of Agriculture Food Employee Certification Act, 3 Pa C.S.A. 6501 – 6510, effective January 22, 2011, requires one employee per licensed food facility to obtain a nationally recognized food manager certification. National exam programs are those that have been approved by ANSI using the Conference of Food Protection certified food protection manager standards. The Food Employee Certification Act requires one supervisory employee per food facility to obtain a food safety certification by taking an ANSI-CFP nationally recognized food safety class. The certified employee must be available during all hours of operation. The certified employee is the Person-in-Charge (PIC) when in the facility.

Plan of Correction

Accept [REDACTED] - 08/16/2023)

- 1. As of September 1, 2023, the kitchen's operating hours will be adjusted to align with the presence of a certified food manager. These hours will be from 6 am to 6 pm, seven days a week.
- 2. We have provided residents with 30 days written notice regarding changes in kitchen hours. The hours will officially change on September 1, 2023.
- 3. After receiving clarification on this requirement by someone from the Bucks Co. Dept of Health, to accommodate residents who are unable to be present during kitchen hours, we will save already prepared meals for them to enjoy when they return or are available. If reheating is needed, we will utilize a microwave for this purpose. Furthermore, in the absence of a food manager, we will prepare and offer a sandwich to the resident. Additionally, when a manager is not available on site, individually wrapped snacks that require no preparation will be distributed.

Licensee's Proposed Overall Completion Date: 09/01/2023

Implemented [REDACTED] - 09/07/2023)

42s - Privacy

2. 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 07/11/23, at 9:46 AM, video recording equipment was observed inside the home at the rear entrance. No signs were posted in this area stating images are being recorded.

Plan of Correction

Accept [REDACTED] - 08/09/2023)

- 1. A sign indicating that the area is continuously being recorded was posted inside the room at the time of our inspection on 7/10/2023.

**42s - Privacy (continued)**

2. Maintenance staff will perform monthly signage checks to ensure signs remain properly posted and well-maintained.

Licensee's Proposed Overall Completion Date: 09/01/2023

Implemented (█) - 09/07/2023)

**65f - Training Topics****3. Requirements**

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

**Description of Violation**

Direct care staff person C did not receive training in care for residents with dementia and cognitive impairments, care for residents with mental illness or an intellectual disability, or both, if the population is served in the home during training year 2022.

**Plan of Correction**

Accept (█) - 08/09/2023)

1. The staff member in question attended a training focused on MH disorders/Borderline Personality Disorder Education and Best Practices on 6/22/2023 (see attached).
2. A training log has been implemented to facilitate the identification of individuals who have not attended trainings. Beginning September 1, 2023, the log will undergo monthly review by the Administrator.
3. Moving forward, if a staff member misses the originally scheduled training, a second training will be scheduled in the subsequent month, and they will be expected to attend.
4. Staff members who consistently fail to attend mandatory trainings will be taken off the schedule.

Licensee's Proposed Overall Completion Date: 09/01/2023

Implemented (█) - 09/07/2023)

**91 - Telephone Numbers****4. Requirements**

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

**Description of Violation**

**91 - Telephone Numbers (continued)**

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in Room #7.

**Plan of Correction**

Accepted [REDACTED] - 08/16/2023)

1. Emergency phone numbers are posted on all Quakertown House phones with an outside line.
2. Residents with personal cell phone devices will be encouraged and provided assistance to program emergency numbers into their phones.
3. Emergency phone numbers will be prominently displayed in every resident bedroom and on every floor of the building for easy accessibility by residents. This will be completed by September 1, 2023
4. Upon admission, our staff will kindly ask residents with personal cell phones to program emergency numbers into their devices, if they haven't already done so. We will also inform all residents about the importance of having access to emergency phone numbers and request them to promptly notify our staff if they acquire a personal cell phone while residing here. Additionally, our Personal Care staff will diligently ensure that emergency phone numbers are prominently displayed in all resident bedrooms and on each floor.
5. Residents will be reminded of the importance of accessing emergency phone numbers during our next scheduled Resident Council meeting.

Licensee's Proposed Overall Completion Date: 09/01/2023

Implemented [REDACTED] - 09/07/2023)

**132h - Designated Meeting Place**

**5. Requirements**

2600.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

**Description of Violation**

During the fire drill on 07/21/22 at 1:36 AM, resident #1 refused to evacuate to a designated meeting place away from the building or within the fire-safe area.

**Plan of Correction**

Accepted [REDACTED] - 08/09/2023)

1. The staff responsible for conducting fire drills has received reminders about the critical importance of ensuring the evacuation of all residents. Furthermore, they have been reminded to adhere strictly to our established evacuation time of 12 minutes, using the full duration to safely and efficiently evacuate all residents.
2. Residents who persistently refuse to exit during fire drills will be issued a notification regarding the violation of home rules. Continued refusals may lead to a 30-day notice.
3. Residents will be reminded during monthly resident council meetings about the importance of evacuating anytime the alarm sounds. The next resident council meeting is scheduled for August 16, 2023.

Licensee's Proposed Overall Completion Date: 08/09/2023

Implemented [REDACTED] - 09/07/2023)

**141a Medical Evaluation**

6. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

The medical evaluation for resident #2 was not completed within 60 days prior to admission or within 30 days after admission of the resident.

Plan of Correction

Accept [redacted] - 08/09/2023)

1. We will make every effort to secure a completed medical evaluation within 60 days of admission. If we are unable to do so, prior to admission, our Admissions Dept. we will inform residents that they are expected to have a medical evaluation completed within 30 days of admission.
2. For internal resident transitions, a completed DME will be requested prior to the resident’s transfer.
3. As part of the new admission paperwork process, Care Coordinator’s will be responsible for scheduling a PCP appointment within 30 days of the date of admission.
4. These changes will be in effect for all admissions by September 1, 2023.

Licensee's Proposed Overall Completion Date: 09/01/2023

Implemented [redacted] - 09/07/2023)

183d - Prescription Current

7. 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

On 07/11/23, [redacted] prescribed for Resident #1, was in the home's medication cart; however, the medication was discontinued on 07/06/23.

Plan of Correction

[redacted] - 08/09/2023)

1. A thorough review of med orders and changes will be performed during each change of shift.
2. A comprehensive med order audit was conducted to review changes made to orders to ensure they were properly managed.
3. Administrator will remediate all med techs during August 15 med room meeting on the regulation and the expectation that all med orders are followed.

Licensee's Proposed Overall Completion Date: 08/09/2023

Implemented [redacted] - 09/07/2023)

185a - Implement Storage Procedures

8. 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 [redacted], resident #3's 8:00 AM blood glucose reading was documented as [redacted] however resident #3's

185a - Implement Storage Procedures (continued)

glucometer recorded the reading as [REDACTED].

On 07/07/23, resident #3's 8:00 AM blood glucose reading was documented as [REDACTED] however resident #3's glucometer recorded the reading as [REDACTED]

**Plan of Correction**

Accept ([REDACTED] - 08/09/2023)

1. On 7/11, the blood glucose reading was transcribed accurately in the residents MAR (see attached)
2. A glucometer audit has been created an implemented. Med Techs will be responsible for completing a glucometer audit at the end of every shift.
3. Administrator will remediate all med techs on the regulation and the expectation that they record all the required nformation accurately on the MAR.

Licensee's Proposed Overall Completion Date: 08/09/2023

Implemented [REDACTED] - 09/07/2023)

**9. 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 #3 is prescribed blood glucose readings three times a day at 7:00 AM, 12:00 PM and 4:00 PM. However, this reading was not completed on [REDACTED] at [REDACTED] as prescribed.

**Plan of Correction**

Accept ([REDACTED] - 08/09/2023)

1. Change of shift glucometer audits will include verification of accurate documentation on the residents MAR.
2. A supervisor will perform regular and concise MAR audits to verify the administration of medication and corresponding documentation. This change will go into effect immediately.

Licensee's Proposed Overall Completion Date: 08/09/2023

Implemented [REDACTED] - 09/07/2023)