

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

August 7, 2024

[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 05/29/2024, 05/30/2024 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: *05/21/2025*  
 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: *CWOPA L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *47* Waking Staff: *35*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal, Complaint, Incident* Exit Conference Date: *05/30/2024*

**Inspection Dates and Department Representative**

05/29/2024 - On-Site: [REDACTED]  
 05/30/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *65* Residents Served: *42*  
 Secured Dementia Care Unit  
 In Home: *No* Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: *0*  
 Number of Residents Who:  
 Receive Supplemental Security Income: *19* Are 60 Years of Age or Older: *21*  
 Diagnosed with Mental Illness: *42* Diagnosed with Intellectual Disability: *5*  
 Have Mobility Need: *5* Have Physical Disability: *0*

**Inspections / Reviews**

05/29/2024 - Full  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/28/2024*

07/02/2024 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: *07/25/2024*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/06/2024*

Inspections / Reviews *(continued)*

07/08/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/25/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 07/25/2024

08/07/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/25/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

16c - Written Incident Report

1. 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 5/10/2024, at 8:30 pm, the fire department responded to the home due to a fire alarm sounding because of a bathroom fan/light fixture melting and omitting smoke. The home did not report this incident to the Department until 5/13/2024.

Plan of Correction

Accept (█) - 07/08/2024)

In accordance with 2600.16c, all incidents will be reported to the department within 24 hours. In February 2024, all staff received training on incident reporting, covering the identification of reportable incidents and the appropriate procedures for reporting them. This training is conducted annually. Furthermore, on May 30, the Administrator provided verbal education to staff on the same topic.

The Administrator will be immediately informed of all reportable incidents to ensure compliance with regulation 2600.16c. Reports, verbal or written, will be submitted by the Administrator, the DA, who is also a licensed Personal Care Home (PCH) Administrator, or a substitute Administrator within Tri County Respite, within the 24-hour timeframe.

Effective July 25, monthly staff meetings will include discussions and educational sessions on reportable incidents and conditions outlined in §2600.16a, as well as the home's policies and procedures for timely reporting to the Department in compliance with §2600.16c. This is to ensure that staff members understand the importance of accurate and prompt incident reporting to the state.

For the next 90 days, the Administrator or designee will review all incident reports to verify state reporting procedures are followed.

Proposed Overall Completion Date: 07/06/2024

Licensee's Proposed Overall Completion Date: 07/06/2024

Implemented (█) - 08/07/2024)

42c - Treatment of Residents

2. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On 5/17/2024, at approximately 4:00 pm, staff person A introduced resident 1 incorrectly and resident 1 corrected staff person A at that time. Staff person A and resident 1 began to flail hands at each other in some type of play fight. During this interaction staff person A told resident 1 "Don't make me get loud with you". Resident 1 felt disrespected and feels unsafe in the home around staff person A.

Plan of Correction

Accept (█) - 07/08/2024)

The accused staff member (upon █ return from suspension) underwent 1:1 training on Professional Boundaries

**42c - Treatment of Residents (continued)**

with a Consulting Psychologist as well as began mandated sessions through our Employee Assistance Program. During an abbreviated staff meeting which took place immediately after the annual inspection concluded on May 30, the Administrator reviewed the outcome of our inspection, resident rights, abuse/neglect, and dignity and respect, which served as another reminder that despite how long staff have worked with some of the residents, interactions must remain professional and friendly and not casual, which appears to be what occurred in this incident.

A mandatory training on Professional Boundaries for all staff is scheduled for July 25th, which is the soonest it could be scheduled.

It is worth noting that neither the resident, the accused staff member, nor any witnesses reported to Quakertown House staff that the involved staff member said, "don't make me get loud with you." This specific remark was never mentioned by anyone in the initial report or internal investigation, and the staff member strongly refutes this allegation and denies ever being disrespectful.

In addition, the resident involved took the initiative to approach the involved staff person on their first day back to work to offer an apology and express how happy they were that the staff member was back to work.

Proposed Overall Completion Date: 07/25/2024

Licensee's Proposed Overall Completion Date: 07/25/2024

Implemented (█) - 08/07/2024