

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

February 24, 2025

[REDACTED]  
SUCCESS REHABILITATION, INC.  
[REDACTED]  
[REDACTED]

RE: SUCCESS REHABILITATION AT ROCK  
RIDGE  
5666 CLYMER ROAD  
QUAKERTOWN, PA, 18951  
LICENSE/COC#: 12730

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/21/2024 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:** SUCCESS REHABILITATION AT ROCK RIDGE      **License #:** 12730      **License Expiration:** 03/20/2025  
**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:** [REDACTED]  
**Phone:** [REDACTED]      **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** C-2 LP      **Date:** 11/15/1995      **Issued By:** Department of Labor & Industry

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 37      **Waking Staff:** 28

**Inspection Information**

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Provisional, Monitoring      **Exit Conference Date:** 11/21/2024

**Inspection Dates and Department Representative**

11/21/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
**License Capacity:** 35      **Residents Served:** 22  
**Secured Dementia Care Unit**  
**In Home:** No      **Area:**      **Capacity:**      **Residents Served:**  
**Hospice**  
**Current Residents:** 0  
**Number of Residents Who:**  
**Receive Supplemental Security Income:** 18      **Are 60 Years of Age or Older:** 6  
**Diagnosed with Mental Illness:** 0      **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 15      **Have Physical Disability:** 0

**Inspections / Reviews**

11/21/2024 Partial  
**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 12/20/2024

12/19/2024 - POC Submission  
**Submitted By:** [REDACTED]      **Date Submitted:** 01/16/2025  
**Reviewer:** [REDACTED]      **Follow-Up Type:** Document Submission      **Follow-Up Date:** 01/16/2025

Inspections / Reviews *(continued)*

02/24/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/16/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

17 Record Confidentiality

1. Requirements

2600.

- 17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On [REDACTED], at 9:03 AM, a white binder containing the daily schedules and appointments for residents was unlocked, unattended, and accessible on the front counter of the receptionist desk.

Repeat violation: 7/8/2024

Plan of Correction

Accept [REDACTED] - 12/19/2024)

On 11/21/2024 during the onsite inspection, the white binder was immediately moved and locked back up in its designated storage area in a locked black filing cabinet behind the front desk. This white binder with resident schedules is to be accessible and used for staff reference only. The Program Administrator reviewed this plan with the administrative team that rotate coverage of the front desk area on 11/22/24. The Program Administrator held an all staff meeting on 11/25/24 that included both the administrative team and direct support staff to review the plan that is in place where staff must use the number locked code to open the cabinet, view client schedules as needed in the private, secured area behind the front desk and immediately return the white binder and lock it back up in the filing cabinet when not in use. The administrative assistant team will complete routine check after direct support staff access this cabinet to ensure that the binder remains locked up after use. The Program Administrator will check that compliance in this area is maintained during daily routine walk throughs of the building. This topic will remain on the staff meeting agenda for December 2024, then quarterly in 2025 staff meetings.

Licensee's Proposed Overall Completion Date: 12/18/2024

Implemented [REDACTED] - 02/05/2025)

65g Annual Training Content

2. Requirements

2600.

- 65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:
  1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
  2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
  3. Resident rights.
  4. The Older Adult Protective Services Act (35 P.S. § § 10225.101 10225.5102).
  5. Falls and accident prevention.
  6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff person A did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert and emergency preparedness procedures and recognition and response to crises and emergency situations during training year [REDACTED] to [REDACTED]

Repeat violation: 7/8/2024

65g Annual Training Content (continued)

Plan of Correction

Accept [redacted] - 12/19/2024)

Staff person A received training in fire safety, emergency preparedness procedures, and recognition and response to crises and emergency situations by a staff person trained by a fire safety expert on 12/9/2024. Please see attached forms.

On 1/1/2025, SRI is converting to a new platform that tracks annual trainings of all employees, including direct support staff, to ensure all staff complete mandatory annual trainings. As the year ends, all employees will receive alerts as they are due if any annual trainings are nearing their due dates for renewals. This platform will be monitored weekly by SRI's IT team and a monthly review by the HR Team will be completed to ensure all staff remain on track and do not risk missing any of these mandated trainings. This new system was announced to all staff in the December 2024 all staff meeting and training of all staff on use of this platform will occur in December 2024 in preparation of the 1/1/2025 roll out date. The program administrator will meet with the HR Team as a check in monthly at their review to ensure any follow ups with direct support staff to address any non compliance with this plan is addressed immediately.

Licensee's Proposed Overall Completion Date: 12/18/2024

Implemented [redacted] - 02/05/2025)

65i - Training Record

3. Requirements

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

The home's record of direct care staff training for staff person B does not include the date, and source of trainings.

Repeat violation: [redacted]

Plan of Correction

Accept [redacted] - 12/19/2024)

On 12/9/2024, staff person B reviewed her individual training record and confirmed all trainings were completed and corrected her incomplete form to include signature, dates completed were verified by HR Director and added with the source of each training.

On 1/1/2025, SRI is converting to a new platform that tracks annual trainings of all employees, including direct support staff, to ensure all staff complete mandatory annual trainings with correct date, source, content, length of each course and copies of any certificates received. As the year ends, all employees will receive alerts as they are due if any annual trainings are nearing their due dates for renewals. This platform will be monitored weekly by SRI's IT team and a monthly review by the HR Team will be completed to ensure all staff remain on track and do not risk missing any of these mandated trainings. This new system was announced to all staff in the December 2024 all staff meeting and training of all staff on use of this platform will occur in December 2024 in preparation of the 1/1/2025 roll out date. The program administrator will meet with the HR Team as a check in monthly at their review to ensure any follow ups with direct support staff to address any non compliance with this plan is addressed immediately and that all necessary information is collected per 2600. 65i

Licensee's Proposed Overall Completion Date: 12/18/2024

Implemented [redacted] - 02/05/2025)

## 103g Storing Food

## 4. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

## Description of Violation

*The in main kitchen refrigerator there were 3 squeeze bottles of dressing that were opened and unsealed.*

## Plan of Correction

Accept (████) - 12/19/2024)

*On 11/21/2024, during the onsite inspection, SRI's Chef placed an order for new squeeze bottles with caps for use. See attached. These bottles will remain in circulation and cleaned as needed to store dressing in these containers so they can be opened and sealed properly between use. The program administrator held an all staff meeting on 11/25/24 to review the implementation and use of these new bottles to maintain safe food practices. This topic will remain on the staff meeting agenda for the program administrator to review with all staff in the December 2024 staff meeting as well as quarterly reviews in the 2025 staff meetings. The Chef onsite will monitor that these bottles remain in use and in good condition at all meal servings and include follow through on his weekly safety checks of the kitchen area.*

Licensee's Proposed Overall Completion Date: 12/18/2024

Implemented (████) - 02/05/2025)

## 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

*On ██████ resident ██████ was not calibrated to the correct time.*

*At 8:08 AM, resident ██████ read ██████ at 8:44 AM.*

## Plan of Correction

Accept (████) - 12/19/2024)

*On ██████ resident ██████ was replaced to ensure it worked properly to be calibrated to the correct time. At each shift, a nurse or med tech assigned to the med room will ensure that Resident ██████ is properly functioning and calibrated to the correct time. Any issues will be elevated to the program administrator to replace ██████ immediately with back up. Resident ██████ is the only client at SRI that is diabetic requiring the daily use of a ██████. Any new residents admitted into SRI's residential program with a ██████ will have their ██████ checked by nursing to ensure its operating properly then routine daily checks following to ensure it remains operable.*

Licensee's Proposed Overall Completion Date: 12/19/2024

Implemented (████) 02/05/2025)