

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

January 28, 2025

[REDACTED], ADMINISTRATOR
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 12/11/2024, 12/12/2024 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: *INDEPENDENCE COURT OF QUAKERTOWN* License #: *12703* License Expiration: *07/22/2025*
 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: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *98* Waking Staff: *74*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *12/12/2024*

Inspection Dates and Department Representative

12/11/2024 - On-Site: [REDACTED]
 12/12/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *120* Residents Served: *84*

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

Hospice
 Current Residents: *8*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *85*
 Diagnosed with Mental Illness: *8* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *14* Have Physical Disability: *1*

Inspections / Reviews

12/11/2024 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/12/2025*

01/14/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *01/25/2025*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *01/25/2025*

Inspections / Reviews *(continued)*

01/28/2025 - Document Submission

Submitted By: [REDACTED] r

Date Submitted: 01/25/2025

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

CARE FACILITY CARBON MONOXIDE ALARMS STANDARDS ACT - ENACTMENT Act of Jun. 23, 2016 Carbon monoxide alarms must be installed in proximity of, but not less than 15 feet from any fossil-fuel burning device or appliance. On 12/12/24, the home's carbon monoxide alarm was located within two feet of the boiler.

Plan of Correction

Accept ([redacted]) - 01/14/2025)

During the inspection, on 12/12/2024, the homes Maintenance Director immediately placed the Carbon Monoxide alarm within correct proximity to the boiler.

By 1/24/2025, Administrator will in-service both Maintenance and Housekeeping staff on 2600.18. The training will emphasize the proper installation and placement requirements for Carbon Monoxide alarms.

By 1/24/2025, to ensure ongoing compliance, the Administrator will add to the monthly maintenance audit checklist to include not only the inspection of the installation of the Carbon Monoxide alarm but also the verification of its correct proximity to the boiler.

This violation will be discussed at the home's January 2025 Quality Assurance Meeting and then monthly thereafter until the home's next annual inspection.

Licensee's Proposed Overall Completion Date: 01/24/2025

Implemented ([redacted]) - 01/28/2025)

85e - Trash Outside Home

2. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 12/12/24 at approximately 11:45am, the large dumpster outside of the home was uncovered.

Plan of Correction

Accept ([redacted]) - 01/14/2025)

On 12/12/2024, The Maintenance Director immediately closed the lid upon noticing the violation. The Administrator conducted interviews with all staff members on duty at the time, to gather information on how trash is typically disposed of.

Findings from Interviews:

All staff members confirmed that they use the side doors for trash disposal as the top dumpster lid is not easily accessible due to the height.

On 12/12/2024, there were significant weather conditions, including wind gusts reaching 35 mph, which likely contributed to the lid being open.

To ensure ongoing compliance with 2600.85e, the Administrator will conduct an in-service training for all staff on proper trash disposal procedures by 1/24/2025. This training will include a review of the importance of securing dumpster lids and reporting any instances where the lid is open. Administrator will discuss this violation at the home's January 2025 Quality Assurance Meeting and then monthly thereafter until next annual inspection.

Licensee's Proposed Overall Completion Date: 01/24/2025

85e - Trash Outside Home *(continued)*

Implemented (█) - 01/28/2025

183e - Storing Medications

3. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 12/12/24, The following medication cards were observed to have a punctured blister foil with the medication still present in the spot- exposing it to contamination or improper sanitation:

- Resident #1's Mucus Relief 600mg tab
- Resident #1's APAP ES 500mg tab
- Resident #2's Loperamide 2mg cap

Plan of Correction

Accept (█) - 01/14/2025

On 12/12/2024, upon discovery of the violation, Medication Assistant destroyed and reordered the medications for Resident #1, #2 and #3.

By 1/8/2025, the home's medication carts were reorganized. Specifically, the PRN (as needed) medication cards were relocated to side drawers to reduce the risk of the cards being punctured due to overcrowding from over-storage of cards in the main sections. This reorganization created more space and reduced the likelihood of puncturing the cards.

By 1/24/2025, Administrator will in-service all Medication Assistants on 2600.183e. Storing of Medications to make sure all Medication Assistants are fully aware of correct storage procedures.

To ensure ongoing compliance, by 1/24/2025, the Administrator will add a medication card audit to the monthly cart audits. These audits will specifically look for any punctured cards, ensuring proper storage and reducing the risk of future incidents.

Administrator will add this violation to the home's January 2025 Quality Assurance Meeting topics and then monthly thereafter until the home's next annual inspection.

Licensee's Proposed Overall Completion Date: 01/24/2025

Implemented (█) - 01/28/2025

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

Resident #3 is prescribed Fluticasone Prop 50 mcg nasal spray. The nasal spray was opened on 8/24/24. Manufacturer's instructions indicate Fluticasone Prop 50 mcg nasal spray should be discarded six weeks after opening. The nasal

183f - Discontinued Medications (continued)

spray was still available in the medication cart as of 12/12/24.

Resident #4 is prescribed Fluticasone Prop 50 mcg nasal spray. The nasal spray was opened on 10/1/24. Manufacturer's instructions indicate Fluticasone Prop 50 mcg nasal spray should be discarded six weeks after opening. The nasal spray was still available in the medication cart as of 12/12/24.

Repeat Violation Date: 8/28/23 et al

Plan of Correction

Accept ([redacted]) - 01/14/2025)

On 12/12/2024, Upon discovery of violation 2600.183f, Medication Assistant, removed Resident #3 and #4 nasal sprays from the Medication cart and discarded properly.

Medication Assistant ordered new nasal spray for both residents to arrive same day.

Expiration Date was placed immediately on the sprays.

By 1/24/2024, All Medication Assistants will be in-serviced on 183f-Discontinued Medications. A list of expiration dates has been placed in both medication rooms and will be reviewed at the in-service.

By 1/24/2024, Administrator will audit Medication carts for Discontinued Medications.

To ensure ongoing compliance, Administrator or Director of Nursing will sign off on monthly cart audits.

Administrator will add this violation to topics of discussion at the home's January 2025 Quality Assurance meetings and then up monthly thereafter up until the home's next annual inspection.

Licensee's Proposed Overall Completion Date: 01/24/2025

Implemented ([redacted]) - 01/28/2025)

184a - Resident's Meds Labeled

5. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- 4. The prescribed dosage and instructions for administration.

Description of Violation

The pharmacy label for Resident #5's bottle of Ear wax drops 6.5% indicates three drops per day in each ear twice daily. It does not include a change of direction order. The physician's order sheet indicates three drops per day in each ear twice daily as needed.

Plan of Correction

Accept ([redacted]) - 01/14/2025)

On 12/12/2024, Upon discovery of the violation, the Medication Assistant on duty added a "Change in Direction" sticker to the medication to indicate the updated instructions, ensuring the medication was clearly labeled for proper use.

By 1/24/2025, the Administrator will conduct an audit of all medication carts to ensure proper labeling of medications in accordance with physicians' orders.

By 1/24/2025, the Administrator will in-service all Medication Assistants on policy 2600.184a regarding the proper labeling of resident medications and the process for updating labels when there is a change in direction of an order.

184a - Resident's Meds Labeled (continued)

To ensure ongoing compliance, the Administrator or Director of Nursing will sign off on the monthly medication cart audits, verifying that medications are properly labeled according to the latest physician orders. Administrator will add this violation to the home's January 2025 Quality Assurance meeting topics and then monthly thereafter up until the home's next annual inspection.

Licensee's Proposed Overall Completion Date: 01/24/2025

Implemented ([redacted] - 01/28/2025)

184b - Labeling OTC/CAM

6. Requirements

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On 12/12/24, a bottle of Vitamin D and a bottle of Equate Allergy Relief belonging to Resident #6 were in the second floor medication cart and were not labeled with the resident's name.

Plan of Correction

Accept ([redacted] - 01/14/2025)

On 12/12/2024, Medication assistant immediately labeled Resident #6's medications with resident's name and order.

By 1/24/2024, Administrator will audit Medication carts for proper labeling of OTC/CAM.

By 1/24/2024, Administrator will in-service all Medication Assistants on 2600.184b and process of labelling medication when a medication is received.

To ensure ongoing compliance, Administrator or Director of Nursing will sign off on Monthly Medication audit for completion. Administrator will add this violation to the home's January 2025 Quality Assurance Meeting topics and then monthly thereafter up until the home's next annual inspection.

Licensee's Proposed Overall Completion Date: 01/24/2025

Implemented ([redacted] - 01/28/2025)

227g -Support Plan Signatures

7. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #7 participated in the development of [redacted] support plan on [redacted] However, the resident did not sign the support plan.

Plan of Correction

Accept ([redacted] - 01/14/2025)

On 12/12/2024, Administrator reviewed support plan with Resident # 7. Resident #7 signed and dated support plan.

By 1/24/2024, Administrator will audit all resident support plans for signatures.

By 1/24/2024, Administrator will in-service all Medication Assistants on 2600. 227g Support Plan Signatures to look for completion before filing in binders.

To ensure ongoing compliance, Administrator will add 2600, 227g to resident record monthly audits. Administrator will add this topic to the home's January Quality Assurance meeting and then monthly thereafter up until the next annual inspection.

227g -Support Plan Signatures *(continued)*

Licensee's Proposed Overall Completion Date: 01/24/2025

Implemented ([REDACTED] - 01/28/2025)