



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFICATE OF COMPLIANCE**

This certificate is hereby granted to **SUCCESS REHABILITATION, INC.**  
LEGAL ENTITY

To operate **SUCCESS REHABILITATION AT ROCK RIDGE**  
NAME OF FACILITY OR AGENCY

Located at **5666 CLYMER ROAD, QUAKERTOWN, PA 18951**  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE/SERVICE LOCATION

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE/SERVICE LOCATION

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide **Personal Care Homes**  
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **35**  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

**55 Pa.Code Chapter 2600: Personal Care Homes**  
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **April 17, 2025** until **April 17, 2026**,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **127300**

*Janette Biderup*  
ISSUING OFFICER

*Juliet Marsala*  
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

[REDACTED]  
[REDACTED]

Success Rehabilitation, Inc.  
5666 Clymer Road  
Quakertown, Pennsylvania 18951

RE: Success Rehabilitation at Rock Ridge  
License #: 127300

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing (Department), licensing inspections on February 4, 2025, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala".

Juliet Marsala  
Deputy Secretary  
Office of Long-term Living

Enclosures  
License  
Licensing Inspection Summary

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

April 10, 2025

[REDACTED]  
SUCCESS REHABILITATION, INC.  
[REDACTED]

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

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/04/2025 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]

## Legal Entity

Name: *SUCCESS REHABILITATION, INC.*

Address: [REDACTED]

## Certificate(s) of Occupancy

Type: *Other* Date: *11/15/1995* Issued By: *L&I*

## Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *28* Waking Staff: *21*

## Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal, Provisional* Exit Conference Date: *02/04/2025*

## Inspection Dates and Department Representative

02/04/2025 - On-Site: [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

License Capacity: *35* Residents Served: *21*

## Secured Dementia Care Unit

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

## Hospice

Current Residents: *0*

## Number of Residents Who:

Receive Supplemental Security Income: *16* Are 60 Years of Age or Older: *6*  
 Diagnosed with Mental Illness: *21* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *7* Have Physical Disability: *0*

## Inspections / Reviews

## 02/04/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/03/2025*

## 03/25/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: *04/07/2025*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/30/2025*

Inspections / Reviews *(continued)*

04/03/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/07/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 04/07/2025

04/10/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/07/2025

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**

*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. On 02/04/2025, none of the home's kitchen staff had a valid food safety certification.*

**Plan of Correction**

Accept (████ - 04/03/2025)

*On 2/4/25 at time of inspection, HR Team reviewed all kitchen's staff employee files to ensure staff had a valid safety certification from a nationally recognized food manager certification. Any staff identified to be non-compliant were immediately identified and registered to take the ServSafe Food Handler Course/Certification in the month of February 2025. Please see attached.*

*Human Resource Generalist will monitor kitchen staff employee records moving forward to ensure that certification remains current and is checked annually as part of the staff's annual competency review. SRI also implemented a new electronic training platform, ISolved, that is set up to automatically flag staff that have trainings coming up for recertification that an auto alert will be sent to the employee and HR Generalist and HR Director will ensure follow through.*

Licensee's Proposed Overall Completion Date: 03/27/2025

Implemented (████ - 04/10/2025)

## 25b - Contract Signatures

## 2. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

**Description of Violation**

*The resident-home contract, dated █████ 2023, for resident #1 was not signed by the resident.*

*Repeat Violation: 07/08/2024*

25b - Contract Signatures (continued)

Plan of Correction

Accept [REDACTED] - 04/03/2025)

The Residential Home Contract dated [REDACTED] 23 was re-reviewed with Resident #1 during [REDACTED] case management scheduled on 2/18/25. Resident #1 confirmed [REDACTED] awareness and understanding of the updated contract in place with [REDACTED] case manager and signed and dated the acknowledgment form. Please see attached. An initial audit of all client case records was completed on 2/18/25 by the PCH Administrator and Operational Team to ensure all required client admission and annual paperwork was up to date and available in all client case records. On 2/18/25 a new plan was implemented that monthly (no end date), the PCH Administrator and Operational Team will work with the case management team to ensure compliance is maintained in this area. The PCH Administrators will audit and review monthly all new client admission paperwork for that prospective month and any client annual documentation that is due to ensure that it is completed properly and available in each client's individual case record.

Licensee's Proposed Overall Completion Date: 03/27/2025

Implemented [REDACTED] - 04/10/2025)

41e - Signed Statement

3. Requirements

2600.

41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Description of Violation

Resident #1's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

Repeat Violation: 07/08/2024

Plan of Correction

Accept [REDACTED] - 04/03/2025)

The Residential Home Contract dated [REDACTED] /23 was re-reviewed with Resident #1 during [REDACTED] case management scheduled on 2/18/25. Resident #1 confirmed [REDACTED] awareness and understanding of the updated contract in place with [REDACTED] case manager and signed and dated the acknowledgment form. Resident #1 re-reviewed a copy of the resident rights and complaint procedures in [REDACTED] resident record. Please see attached. An initial audit of all client case records was completed on 2/18/25 by the PCH Administrator and Operational Team to ensure all required client admission and annual paperwork was up to date and available in all client case records. On 2/18/25 a new plan was implemented that monthly (no end date), the PCH Administrator and Operational Team will work with the case management team to ensure compliance is maintained in this area. The PCH Administrators will audit and review monthly all new client admission paperwork for that prospective month and any client annual documentation that is due to ensure that it is completed properly and available in each client's individual case record.

Licensee's Proposed Overall Completion Date: 03/27/2025

Implemented [REDACTED] - 04/10/2025)

51 - Criminal Background Check

4. Requirements

2600.

51 - Criminal Background Check (continued)

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

The home contracts housekeeping services. The home did not complete a criminal background check for staff person A, hired on [REDACTED] 2024, until 02/04/2025.

Repeat Violation: 07/08/2024

Plan of Correction

Accept [REDACTED] - 04/03/2025)

On 2/5/25, Contracted Housekeeper, staff person A, the contracted housekeeper's records were reviewed by the PCH Administrator to ensure accuracy and compliance in all areas. An audit of all business associate agreements was conducted on 2/6/25 to ensure accuracy and compliance in all areas that included ensuring all criminal history checks and hiring policies were in accordance with OAPSA by the HR Team.

On 2/6/25, the HR Team has implemented the use of the new training platform, ISOLVED, which will ensure that all new hire employees which includes contractors will have all required documentation completed to maintain compliance in all areas and parameters set to flag any incomplete paperwork that may require follow up prior to moving forward with hires. The HR Generalist and HR Director will complete an audit monthly (no end date) to ensure that all required information is completed and available by employees at hire and annual due dates. If not, the individual supervisors will be notified and required to meet with these employees to address this performance concern and ensure that problems identified are resolved. This plan was implemented on 2/18/25.

Staff person A's criminal background check was completed and obtained the same day of the onsite investigator's visit on 2/4/25 and a copy provided to the investigator. The criminal background check date was on 2/4/25 and not completed prior to hire date.

Licensee's Proposed Overall Completion Date: 03/27/2025

Implemented [REDACTED] - 04/10/2025)

65f - Training Topics

5. Requirements

2600.

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

- 1. Medication self-administration training.

Description of Violation

Direct care staff person B and C did not receive training in medication self-administration training during training year 2024.

Repeat Violation: 07/08/2024

Plan of Correction

Accept [REDACTED] - 04/03/2025)

On 2/18/25, both staff person B and C completed annual self-administration training that was monitored by the PCH Administrator. Please see attached. This training is offered to all staff during each calendar year and is reflected accordingly in SRI's annual training plan in the months of February, May, August, and November to ensure all staff are captured and complete this mandatory annual training. The training plan and staff maintaining compliance in attending these trainings will be monitored monthly by the PCH Administrator and supervisors by checking the individual staff training forms monthly of the staff under their supervision list that they completed their assigned

65f - Training Topics (continued)

training by the end of each month. If not, the individual supervisors will meet with these employees to address this performance concern and ensure that they are scheduled in the next training to maintain compliance. This plan was implemented on 2/18/25.

Licensee's Proposed Overall Completion Date: 03/27/2025

Implemented (redacted) - 04/10/2025)

141a 1-10 Medical Evaluation Information

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. The evaluation must include the following:
  1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
  2. Medical diagnosis including physical or mental disabilities of the resident, if any.
  3. Medical information pertinent to diagnosis and treatment in case of an emergency.
  4. Special health or dietary needs of the resident.
  5. Allergies.
  6. Immunization history.
  7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
  8. Body positioning and movement stimulation for residents, if appropriate.
  9. Health status.
  10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

Resident #2's initial medical evaluation dated (redacted)/2024 indicates that (8) Body Positioning/Movement Stimulation does not apply to the resident. However, the resident uses a walker, quad cane, a wheelchair for long distance, and a bedside mobility device.

Plan of Correction

Accept (redacted) 04/03/2025)

On 2/14/25, Resident #2's initial medical evaluation was re-reviewed with Resident #2 to ensure awareness and understanding of changes to (redacted) r medical evaluation and updated accordingly. Please see attached. The evaluation was updated and initialed by their medical provider on the original medical evaluation form and reflected as an update.

An initial audit of all client case records was completed on 2/18/25 by the PCH Administrator and Operational Team to ensure all required client admission and annual paperwork was up to date and available in all client case records. On 2/18/25 a new plan was implemented that monthly (no end date), the PCH Administrator and Operational Team will work with the case management team to ensure compliance is maintained in this area. The PCH Administrators will audit and review monthly all new client admission paperwork for that prospective month and any client annual documentation that is due which includes but not limited to the client's individual medical evaluation completed upon admission and then annually to ensure that it is completed properly and available in each client's individual case record.

Licensee's Proposed Overall Completion Date: 03/27/2025

Implemented (redacted) - 04/10/2025)

141b1 - Annual Medical Evaluation

7. Requirements

141b1 - Annual Medical Evaluation (continued)

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #3's most recent medical evaluation dated [REDACTED]/2024 does not answer (8) Body Positioning/Movement Stimulation. This part of the form is blank.

Plan of Correction

Accept [REDACTED] - 04/03/2025)

On 2/14/25, Resident #3's initial medical evaluation was re-reviewed with Resident #3 to ensure awareness and understanding of changes to [REDACTED] medical evaluation and updated accordingly. Please see attached. The evaluation was updated and initialed by their medical provider on the original medical evaluation form and reflected as an update.

An initial audit of all client case records was completed on 2/18/25 by the PCH Administrator and Operational Team to ensure all required client admission and annual paperwork was up to date and available in all client case records. On 2/18/25 a new plan was implemented that monthly (no end date), the PCH Administrator and Operational Team will work with the case management team to ensure compliance is maintained in this area. The PCH Administrators will audit and review monthly all new client admission paperwork for that prospective month and any client annual documentation that is due which includes but not limited to the client's individual medical evaluation completed upon admission and then annually to ensure that it is completed properly and available in each client's individual case record.

Licensee's Proposed Overall Completion Date: 03/27/2025

Implemented [REDACTED] - 04/10/2025)

191 - Resident Right to Refuse

8. Requirements

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident #1, admitted [REDACTED]/2023, has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Repeat Violation: 07/08/2024

Plan of Correction

Accept [REDACTED] - 04/03/2025)

On 2/18/25, Resident #1 met with [REDACTED] case manager to review resident's right to refuse medication if the resident believes that there may be a medication error. Resident #1 confirmed awareness and understanding and signed acknowledgment receipt form.

On 2/18/25 a new plan was implemented that monthly (no end date), the PCH Administrator and Operational Team will work with the case management team to ensure compliance is maintained in this area. The PCH Administrators will audit and review monthly all new client admission paperwork for that prospective month and any client annual documentation that is due which includes but not limited to the client's initial resident home contract reviewed and signed by the resident to ensure that it is completed properly and available in each client's individual case record.

Licensee's Proposed Overall Completion Date: 03/27/2025

Implemented [REDACTED] - 04/10/2025)

227a - Support Plan 30 Days

9. Requirements

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident #2 was admitted to the home on [REDACTED]/2024. The resident's initial assessment and support plan (RASP), finalized on 0 [REDACTED]/2024, does not include the use of the bedside mobility device observed in use by the resident on 02/04/2025.

Plan of Correction

Accept [REDACTED] 04/03/2025)

On 2/18/25, Resident #2 met with [REDACTED] case manager to review [REDACTED] RASP that included the update noting the use of [REDACTED] bedside mobility device. Resident #2 confirmed awareness and understanding and signed acknowledgment receipt form.

On 2/18/25 a new plan was implemented that monthly (no end date), the PCH Administrator and Operational Team will work with the case management team to ensure compliance is maintained in this area. The PCH Administrators will audit and review monthly all new client admission paperwork for that prospective month and any client annual documentation that is due which includes but not limited to the client's individual RASP at admission and then annually and/or significant change to ensure that it is completed properly and available in each client's individual case record.

Licensee's Proposed Overall Completion Date: 03/27/2025

Implemented [REDACTED] - 04/10/2025)