

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

November 20, 2025

[REDACTED]  
TRI-COUNTY RESPITE INC  
[REDACTED]

RE: TRI-COUNTY RESPITE-  
QUAKERTOWN HOUSE  
219 EAST BROAD STREET  
QUAKERTOWN, PA, 18951  
LICENSE/COC#: 12681

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/22/2025 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:** TRI-COUNTY RESPITE-QUAKERTOWN HOUSE      **License #:** 12681      **License Expiration:** 05/21/2026  
**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:** [REDACTED]  
**Phone:** [REDACTED]      **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** C-2 LP      **Date:** 01/10/1989      **Issued By:** L&I

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 36      **Waking Staff:** 27

**Inspection Information**

**Type:** Full      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Renewal      **Exit Conference Date:** 05/22/2025

**Inspection Dates and Department Representative**

05/22/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

<b>General Information</b>			
<b>License Capacity:</b> 65		<b>Residents Served:</b> 36	
<b>Secured Dementia Care Unit</b>			
<b>In Home:</b> No	<b>Area:</b>	<b>Capacity:</b>	<b>Residents Served:</b>
<b>Hospice</b>			
<b>Current Residents:</b> 0			
<b>Number of Residents Who:</b>			
<b>Receive Supplemental Security Income:</b> 17		<b>Are 60 Years of Age or Older:</b> 17	
<b>Diagnosed with Mental Illness:</b> 36		<b>Diagnosed with Intellectual Disability:</b> 3	
<b>Have Mobility Need:</b> 0		<b>Have Physical Disability:</b> 0	

**Inspections / Reviews**

05/22/2025 Full  
**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 06/14/2025

06/17/2025 - POC Submission  
**Submitted By:** [REDACTED]      **Date Submitted:** 06/13/2025  
**Reviewer:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 06/22/2025

Inspections / Reviews (*continued*)

## 09/22/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/23/2025

Reviewer: [REDACTED]

Follow Up Type: *Bypass Document  
Submission*

## 11/20/2025 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/22/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

65f - Training Topics

1. 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.

Description of Violation

Direct care staff person A did not receive training in following topics during training year 2024.

- 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

Plan of Correction

Accept [redacted] - 06/17/2025)

- 1. The Administrator ensured that staff person A completed the three required training topics and documentation of completion will be maintained in the staff training record. See Attached
- 2. The Administrator conducted an audit on May 27 of all direct care staff current training records to identify any additional gaps. No issues were identified.
- 3. Beginning January 2025, the Administrator began utilizing a standardized annual training checklist and tracking log specific to § 2600.65(f) requirements to ensure all direct care staff receive timely and complete training in the required topics.
- 4. Staff members who miss a required monthly training are expected to complete a make-up session within 30 days of the original training date or be taken off the schedule until the training is complete.

Licensee's Proposed Overall Completion Date: 06/13/2025

Implemented [redacted] 09/22/2025)

141a 1-10 Medical Evaluation Information

2. 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 [redacted] initial medical evaluation, dated [redacted], did not include an evaluation of the resident's ability to

141a 1-10 Medical Evaluation Information (continued)

self-administer medications. This part of the form was blank.

**Plan of Correction**

Accept (██████ 06/17/2025)

1. The Administrator ensured the physician completed the missing section on 06/04/2025; the updated evaluation is filed in the resident's record (sent back without Dr. initials on 6/4 – resent on 6/13 with the doctors initials). See Attached
2. The Administrator's designee reviewed all medical evaluations from May 2024 – May 2025 for completeness, with specific review of the self-administration section. No issues were identified.
3. The Medical Assistant and Lead Med Tech completed refresher training on required medical evaluation components. See Attached

Licensee's Proposed Overall Completion Date: 06/13/2025

Implemented (██████ 09/22/2025)

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**

The home utilizes multi-dose packing system for most of the residents' medications. On ██████████, the pack including multiple medications for Resident ██████ was torn; when handled, 3 pills spilled out of the packaging and into the medication cart.

**Plan of Correction**

Accept (██████ - 06/17/2025)

1. This was corrected during our onsite inspection.
2. On 05/28/2025, medication technicians were retrained on proper techniques for opening multi-dose packs and handling damaged packaging. See Attached
3. Effective immediately, medication technicians are expected to inspect all multi-dose packaging following each medication pass to ensure packaging integrity. Completion of this inspection must be documented on their end-of-shift report. Any discrepancies or concerns must be reported immediately to the administrator and the pharmacy.
4. End-of-shift med cart audits will be conducted and documented on the end of shift report. See Attached

Licensee's Proposed Overall Completion Date: 06/13/2025

Implemented (██████ 11/20/2025)

184b - Labeling OTC/CAM

**4. 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 ██████████, a bottle of ██████████ belonging to resident ██████ was in the home's medication cart and was not labeled with the resident's name.

184b Labeling OTC/CAM (continued)

Plan of Correction

Accept [REDACTED] - 06/25/2025)

1. The Administrator ensured the bottle was labeled immediately during the inspection on 05/22/25.
2. A full cart review was completed by end of day 05/22/2025 to ensure all OTC/CAM items were labeled.
3. On 05/28/2025, medication technician staff were retrained on labeling requirements under § 2600.184(b). See Attachment under regulation 2600.183(e)
4. Effective immediately, all OTC/CAM items will be labeled per 2600.184 (b) prior to cart storage.
5. The Administrator and their designee will perform medication room and medication carts 1x/wk beginning 5/28/25, with a strong emphasis on verifying adherence to prescriber instructions, proper medication labeling, and the integrity of multi dose packaging, ensuring packs are intact and free from damage

Licensee's Proposed Overall Completion Date: 06/23/2025

Implemented [REDACTED] - 09/22/2025)

187d - Follow Prescriber's Orders

5. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] once daily as needed. However, the resident was administered this medication twice on [REDACTED] at 03:13 AM and 10:46 PM, less than 24 hours apart.

Plan of Correction

Accept [REDACTED] - 06/25/2025)

1. On 05/28/2025, the Administrator ensured that all Medication Technicians were retrained on following prescriber orders and tracking PRN frequency. See Attachment under regulation 2600.183(e)
2. On 05/23/2025, the Administrator's designee updated the eMAR system to prevent early administration by enabling 24 hour dose blocks and maximum dose safeguards for all PRN medications with frequency limitations.
3. Effective immediately, PRN carts have been labeled with verification signage instructing staff to confirm the last dose time and adherence to frequency prior to administration. See Attached
4. The Administrator and their designee will perform medication room and medication carts 1x/wk beginning 5/28/25, with a strong emphasis on verifying adherence to prescriber instructions, proper medication labeling, and the integrity of multi dose packaging, ensuring packs are intact and free from damage

Licensee's Proposed Overall Completion Date: 06/23/2025

Implemented [REDACTED] - 09/22/2025)

224a - Preadmission Screen Form

6. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident [REDACTED] was admitted to the home on [REDACTED] however, the resident's preadmission screening form was

224a - Preadmission Screen Form (continued)

missing the date the form was completed, making it impossible to determine if the form was completed within 30 days prior to admission.

Plan of Correction

Accept [REDACTED] - 06/25/2025)

1. The Administrator and/or their designee has reviewed and updated the form with the accurate completion date based on available supporting documentation; the corrected form has been placed in the resident's record. See Attached
2. Effective immediately, all preadmission screening forms will be reviewed at the time of completion by the Administrator and/or their designee to confirm all required fields, including the date, are complete.
3. Care Coordination staff were retrained on accurate completion of the preadmission screening form, with emphasis on date documentation and 30-day timeliness. The training occurred on 6/6/25 and was conducted by the Dir. of Social Services.
4. The Administrator and/or their designee will conduct quarterly audits of admission records, which include the pre-screening tool, to ensure compliance with documentation requirements. These full record audits began on 6/10/25 and will occur 1x/quarter.

Licensee's Proposed Overall Completion Date: 06/23/2025

Implemented [REDACTED] - 09/22/2025)

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 [REDACTED]'s assessment/support plan (RASP) dated [REDACTED] and [REDACTED] was not signed/dated by the assessor. It was signed but not dated by the resident.

Plan of Correction

Accept [REDACTED] - 06/25/2025)

1. The Administrator ensured that the missing signatures and dates were obtained and documented on both support plans. See Attached
2. Care Coordination staff were retrained on § 2600.227(g) requirements, including obtaining both signature and date from all participants. The training occurred on 6/6/25 and was conducted by the Dir. of Social Services. See Attached
3. The Administrator and/or their designee will conduct quarterly audits of resident records, which include the pre-screening tool, DME, and RASP to ensure compliance with documentation requirements. These full record audits began on 6/10/25 and will occur 1x/quarter.

Licensee's Proposed Overall Completion Date: 06/23/2025

Implemented [REDACTED] - 09/22/2025)