

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

September 4, 2025

[REDACTED]  
NATIONAL HEALTH MANAGEMENT LLC  
[REDACTED]

RE: INDEPENDENCE COURT OF  
QUAKERTOWN  
1660 PARK AVENUE  
QUAKERTOWN, PA, 18951  
LICENSE/COC#: 12703

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/25/2025 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: 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: 99 Waking Staff: 74

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Complaint, Incident Exit Conference Date: 06/25/2025

**Inspection Dates and Department Representative**

06/25/2025 - On-Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: 120 Residents Served: 74

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

**Hospice**  
 Current Residents: 7

**Number of Residents Who:**  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 74  
 Diagnosed with Mental Illness: 2 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 25 Have Physical Disability: 5

**Inspections / Reviews**

06/25/2025 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/28/2025

09/04/2025 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 09/04/2025  
 Reviewer: [REDACTED] Follow-Up Type: Bypass Document Submission

Inspections / Reviews *(continued)*

09/04/2025 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/04/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

## 42b - Abuse

**1. Requirements**

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

**Description of Violation**

On [REDACTED], the home readmitted Resident [REDACTED] back from the hospital on an NPO (nil per os- meaning "nothing by mouth") order with no alternative way to provide [REDACTED] with nutrition or hydration. The home has established acuity guidelines and admission/discharge criteria that indicates that the home cannot serve a resident who requires total parenteral nutrition or alternative means of nutrition/hydration. The homes admissions criteria also indicates that a resident is to be assessed by the home, at the hospital prior to the resident's hospital discharge to ensure the residents current level of care or needs of the resident can be met by the home upon discharge. The home did not follow its own policy for readmitting residents back into the home from the hospital, as Resident [REDACTED] was not assessed prior to discharge. Additionally, the homes procedure for readmitting resident's back in the home after hospital discharge is for a staff person to verify orders and medication changes from the hospital. On [REDACTED] Staff Member A, was responsible to clarify the discharge orders for Resident [REDACTED], but per staff statements, this did not occur. Resident [REDACTED] was discharged to the home with hospice in place, all medications were discontinued, and hospice comfort medications were ordered at the hospital as well as a notation that resident was NPO. The resident was eating and drinking in the hospital up until the time of discharge back to the home. An order for speech therapy to assess for diet recommendations was not requested at this time. Staff person A later back-dated a progress note indicating that an order for SPT eval was requested after the resident had complained of being hungry and thirsty. This progress note was entered as a LATE ENTRY for [REDACTED] however, it is unclear when this entry was actually placed into the resident's progress notes.

Per an interview with the Department, Resident [REDACTED] confirmed that they were hungry and thirsty and asked to be fed multiple times after returning from the hospital but was not provided with anything. Progress notes showed Resident [REDACTED] was complaining of hunger and thirst to staff on [REDACTED] at 10:03am and [REDACTED] at 4:30am. It was also documented in the progress notes that a med tech called the hospice agency on [REDACTED] at 9:17pm to obtain clarification on how to provide oral hospice medications as the resident had an NPO order. The resident's medication administration record indicates that Resident [REDACTED] received Oxycodone 5mg tablet by mouth on 6/18, but the med tech was unsure why or how this was administered since the resident was ordered NPO. The med tech's progress notes also indicated that there did not appear to be any pending orders in Resident [REDACTED] file for an evaluation for the NPO status. On [REDACTED] a Hospice Nurse advised the med tech to provide the medication in a small amount of applesauce and the med tech did so. There is also a progress note dated [REDACTED] at 4:15pm indicating a call was placed to Bayada to inquire about when a Speech Therapy Evaluation would occur as the resident was complaining of extreme thirst and hunger. Bayada informed the home that someone would be out on [REDACTED] to complete the evaluation.

Resident [REDACTED] did not receive any form of nutrition or hydration except for a small amount of applesauce from [REDACTED] until [REDACTED], when [REDACTED] was finally seen by speech therapy and a diet change was ordered to pureed foods with honey thick liquids.

**Plan of Correction**

Accept [REDACTED] 09/04/2025)

see attached. This violation occurred prior to Cardinal Sr Living transition on 7/1/25. It was investigated by DOW and ED in order to write this POC. The resident was totally and completely discharged from previous company on 6/14/25. [REDACTED] went into the hospital and was going to be discharged back to [REDACTED] family home with hospice in place for [REDACTED] final days. However, [REDACTED] family was unable to care for [REDACTED] needs at home. Unbeknownst to the DOW, the prior

**42b Abuse (continued)**

administrator instructed the medication technician to accept [REDACTED] back to the community to a new room on the evening of 6/16/25 with an NPO order. The DOW was not notified of this admission until the morning of 6/17/25 upon return to work. DOW called Ascend Hospice requesting a speech consult. See email attached. Unfortunately, Bayada did not see the resident until 3 days later. DOW notified Frank from Bayada. [REDACTED] investigated and was able to take care of this matter as quickly as possible. Since Cardinal Senior Living's transition, {Franklin Court} no one returns to the community without the knowledge of the DOW or the ED. DOW will review all discharge notes, medication/physician orders prior to return. If necessary, DOW or RCC will personally go and reassess for safe return to the home. Our community does not allow for the medication technician to accept a resident back without the knowledge or consent of the DOW or ED. Moving forward, the responsibility for all readmissions will be evaluated by the DOW or RCC.

Licensee's Proposed Overall Completion Date: 09/03/2025

Implemented [REDACTED] - 09/04/2025)

**42c - Treatment of Residents****2. Requirements**

2600.

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

**Description of Violation**

On [REDACTED], Resident [REDACTED] approached the home's second floor snack cart with a group of other residents. When one resident asked Staff Member B if they could have a snack, Staff Member B responded, "You can, but the demon behind you can't," referring to Resident [REDACTED]. Resident [REDACTED] did receive a snack after the staff person made this comment.

Repeat Violation Date: [REDACTED]

**Plan of Correction**

Accept [REDACTED] 09/04/2025)

Staff member "B" had been terminated prior to the transition of the new company taking over. See attached. The attached is a partial of what our {Cardinal Senior Living} newly hired employees learn in orientation. {All employees hired after 7/1/25} All paperwork is then signed and goes into their personal file. A dietary meeting was conducted on 8/18/25. See attached. Snacks are available 24 hours a day. Both dietary, activities, and ED supply snacks throughout the day. A candy bowl is located in both the activity department and the ED's office for staff and residents to enjoy. An abuse in service is scheduled for 10/8/25 for our mandatory monthly all staff meeting. Immediately moving forward, any staff member who is perceived to be abusing any resident in any fashion will be immediately terminated and proper authorities will be notified. This will be the responsibility of the department director, business office manager, and the ED. Our activity director went to several residents asking specific questions of satisfaction. See attached. We also ask questions of concern at our monthly resident council meetings and document. Satisfaction surveys will be conducted throughout the year and addressed immediately by the ED or department manager having to do with areas of concern.

Licensee's Proposed Overall Completion Date: 09/02/2025

Implemented [REDACTED] - 09/04/2025)

**141b1 - Annual Medical Evaluation****3. Requirements**

2600.

141b1 - Annual Medical Evaluation (continued)

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

Description of Violation

Resident [redacted] most recent medical evaluation was completed on [redacted]. Their previous medical evaluation was completed on [redacted]

Plan of Correction

Accept ([redacted] - 09/04/2025)

This violation occurred prior to the new company takeover. Our DOW and RCC conducted and completed a chart review of all DME's on 7/25/25. Any missing or outdated ones, the DOW sent to the respective physicians for follow up. DOW implemented a tickler system on [redacted] computer and takes full responsibility for those to be maintained annually or if a significant change occurs. DOW placed a hanging whiteboard in [redacted] office with upcoming DME's and dates to remain in ongoing compliance. RCC and DOW will send DME's to physician prior to prior to expiration to ensure timely return. They will continue to conduct random chart audits by floors on a monthly basis.

Licensee's Proposed Overall Completion Date: 09/01/2025

Implemented ([redacted] - 09/04/2025)

183e - Storing Medications

4. 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 [redacted], one half of a round white pill was found loose in second floor medication cart.

On [redacted], Resident [redacted] [redacted] tab blister pack was observed to have a punctured blister foil with the medication still present in the spot.

Repeat Violation Date: [redacted] et al

Plan of Correction

Accept ([redacted] - 09/04/2025)

See attached. Our staff were in serviced on this at the meeting on 8/20/25. These violations occurred prior to the new company taking over on 7/1/25. Our new company transitioned to a new pharmacy and carts were exchanged for new ones. During the process, carts were audited and cleaned by the pharmacy. Ongoing responsibility will be for our Medication Technicians to maintain a clean cart and audit during Tuesday, Thursday, and Fridays audits. Our RCC will also do random cart audits during [redacted] medication shifts twice a week and randomly. DOW will do random cart audits to ensure compliance is met.

Licensee's Proposed Overall Completion Date: 09/01/2025

Implemented ([redacted] - 09/04/2025)

184b - Labeling OTC/CAM

5. Requirements

2600.

184b - Labeling OTC/CAM (continued)

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 [redacted] a bottle of [redacted] and a bottle of [redacted] were found in the home's medication cart and were not labeled with the resident's name.

Repeat Violation Date: [redacted] et al

Plan of Correction

Accept ([redacted] 09/04/2025)

See attached. It was identified that OTC's and CAM's were not properly labeled with resident's names prior to placement in med carts. This violation occurred prior to new management/company assuming operations on 7/1/25. Effective immediately, all OTC's and CAM's will contain resident's names before going into the medication cart. The new pharmacy exchanged all medications and carts preparing for takeover and labeled accordingly on 8/4/25. Medication carts will be audited on Tuesday and Thursday by MT's on dayshift and Fridays by night shift. RCC will be on a medication cart 2 times weekly and will conduct routine weekly audits. DOW will be responsible to do random cart audits to prevent recurrence and maintain compliance with this regulation. Pharmacy will ensure all OTC's and CAM's ordered through them will contain resident information.

Licensee's Proposed Overall Completion Date: 09/01/2025

Implemented ([redacted] - 09/04/2025)

225c - Additional Assessment

6. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 1. Annually.
- 2. If the condition of the resident significantly changes prior to the annual assessment.
- 3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident [redacted] current assessment was completed on [redacted]; however, the resident's previous assessment was completed on [redacted].

Plan of Correction

Accept ([redacted] - 09/04/2025)

See attached for training with the RCC. This violation occurred prior to the new company's transition. {New LOC's assessments have been completed for the entire community 8/26/25.} DOW reviewed this regulation with ED when we were made aware of this violation report. DOW has created a whiteboard in [redacted] office denoting due dates of DME's, RASP's, and assessments. Moving forward it will be the responsibility of the RCC or DOW to maintain compliancy with this regulation. RCC will review the resident's chart for all required up to date paperwork prior to placing it on the shelf in the RCC office. DOW will spot check. Any missing information will result in chart being pulled until paperwork is completed for accuracy. ED will review randomly to ensure compliance. All charts are up to date as of 8/31/25.

Licensee's Proposed Overall Completion Date: 09/03/2025

Implemented ([redacted] - 09/04/2025)

227g -Support Plan Signatures

7. Requirements

227g -Support Plan Signatures (continued)

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] participated in the development of [redacted] support plan dated [redacted] but did not sign or date the support plan.

Repeat Violation Date: [redacted] et al

**Plan of Correction**

Accept ([redacted] - 09/04/2025)

See attached. This violation occurred prior to the new company transition. a comprehensive review of all resident charts of all resident charts was completed on 8/4/25. The DOW has created a white board in [redacted] office outlining when DME's, assessments, and RASPs are due. RCC has been trained on this regulation on 8/25/25. All unsigned RASPs have been reviewed with that particular resident and signed as acknowledgement. All RASP's with significant change will immediately be reviewed by the resident or family member, signed, and dated accordingly. This will be the responsibility of the RCC or DOW. RCC will review charts prior to being placed on the shelf to ensure all paperwork is present, labeled, signed, and dated. Moving forward, DOW will spot check randomly. ED will do a random check throughout the month. all charts with missing information will be given back to the DOW for compliance.

Licensee's Proposed Overall Completion Date: 09/03/2025

Implemented [redacted] - 09/04/2025)