

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

October 21, 2026

[REDACTED], CEO
TRI-COUNTY RESPITE INC
219 EAST BROAD STREET
QUAKERTOWN, PA, 18951

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

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/28/2026 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: 219 EAST BROAD STREET, QUAKERTOWN, PA, 18951
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:** 05/28/2026

Inspection Dates and Department Representative

05/28/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 65 **Residents Served:** 36

Secured Dementia Care Unit

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

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 14 **Are 60 Years of Age or Older:** 15
Diagnosed with Mental Illness: 36 **Diagnosed with Intellectual Disability:** 3
Have Mobility Need: 0 **Have Physical Disability:** 0

Inspections / Reviews

05/28/2026 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 06/26/2026

06/29/2026 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 07/28/2026
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 07/04/2026

Inspections / Reviews (*continued*)

07/07/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/28/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 07/28/2026

10/21/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/28/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

95 Furniture and Equipment**1. Requirements**

2600.

95. Furniture and Equipment Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation*On 5/28/26 at 10:00am, the basement refrigerator that holds resident's personal food had a broken shelf.***Plan of Correction****Directed () - 07/07/2026)**

On 5/28/26, the broken shelf in the resident refrigerator was removed to eliminate the hazard. The refrigerator was inspected to ensure it remained safe and functional for resident use without the shelf. Both staff and residents were reminded to immediately report damaged furniture and equipment so that hazards can be addressed in a timely manner. To prevent recurrence, beginning 6/29 and continuing through December 29 (six months), Personal Care staff will complete during weekly checks of the resident refrigerator/freezer, PC staff will inspect the appliance to ensure nothing is broken. Any concerns will be reported to maintenance staff. Beginning 7/8 and continuing through January 8 (six months) the Director of Operations will review this form on a weekly basis to ensure the checks are complete.

*Proposed Overall Completion Date: 01/08/2027***Directed Plan of Correction (7/7/2026 -)**

Only the overall completion date has been directed to 7/27/2026. By this date, the home should be able to demonstrate significant compliance with the plan of correction.

Directed Completion Date: 07/27/2026**Implemented () - 10/21/2026)****103e Left Overs****2. Requirements**

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation*On 5/28/26 at 10:00am, there was a box of unlabeled, undated Taquitos in the basement resident freezer.***Plan of Correction****Directed () - 07/07/2026)**

On 5/28, the food item was labeled and dated with the resident's assistance. Director of Social Services held resident council on 6/9, and residents were educated on the importance of labeling and dating food items stored in the resident refrigerator to promote food safety. To prevent recurrence, beginning 6/29 and continuing through December 29 (six months), Personal Care staff will complete weekly checks of resident refrigerators/freezers and provide reminders, education, and assistance to residents as necessary to ensure food items stored in refrigerators and freezers are labeled and dated in accordance with regulation. Beginning 7/8 and continuing through January 8 (six months) the Director of Operations will review this form on a weekly basis to ensure the checks are complete.

*Proposed Overall Completion Date: 01/08/2027***Directed Plan of Correction (7/7/2026 -)**

103e - Left Overs (continued)

Only the overall completion date has been directed to 7/27/2026. By this date, the home should be able to demonstrate significant compliance with the plan of correction.

Directed Completion Date: 07/27/2026

Implemented () - 10/21/2026)

103i - Outdated Food**3. Requirements**

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

On 5/28/26 at 10:00am, there was a container of rotten cherry tomatoes in the basement resident refrigerator.

Plan of Correction

Directed () - 07/07/2026)

On 5/28/26, the container of spoiled cherry tomatoes was removed and discarded. On 5/28/26, the Director of Operations met with the resident to inform and also educated them checking personal food items for freshness and spoilage. To prevent reoccurrence, beginning 6/29 and continuing through December 29 (six months), staff will complete weekly inspections of resident refrigerators and freezers to identify spoiled food, unlabeled food items, and other food storage concerns. Residents will be notified of any concerns identified and provided education and assistance as needed to ensure food is stored safely and in accordance with regulatory requirements. Beginning 7/8 and continuing through January 8 (six months) the Director of Operations will review this form on a weekly basis to ensure the checks are complete.

Proposed Overall Completion Date: 01/08/2027

Directed Plan of Correction (7/7/2026 -)

Only the overall completion date has been directed to 7/27/2026. By this date, the home should be able to demonstrate significant compliance with the plan of correction.

Directed Completion Date: 01/08/2027

Implemented () - 10/21/2026)

182b - Prescription Medication**4. Requirements**

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

1. A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
2. A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
3. A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.

182b - Prescription Medication (continued)

4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Description of Violation

Resident #1 is prescribed Ozempic 1 MG- inject 1mg subcutaneously once weekly for weight loss. On 5/14/26 and 5/21/26, Resident #1 injected themselves with this medication and staff initialed the medication administration record as if they had administered the medication to Resident #1. GLP-1 medications should only be administered by licensed staff.

Plan of Correction**Accept () - 07/07/2026)**

Resident #1 has a physician order authorizing self-administration of this medication and has been assessed as capable of self-administering this medication. In addition, if/when a resident self-administers a medication, the medication technicians will document that the resident self-administered in qmar so that the documentation will appear in the 'exceptions' section. Additionally, as of 6/16, Quakertown House has an approved waiver authorizing trained, non-licensed staff to administer GLP-1 medications. All medication technicians have completed the required training requirements associated with the approved waiver.

Beginning 6/29, and for a period of six (6) months, the Residential Director, Nurse, or designee will conduct a monthly audit of all residents prescribed GLP-1 medications to verify that medication administration and documentation are completed in accordance with physician orders, facility policy, and the approved waiver. Any discrepancies identified will be addressed immediately through corrective action and re-education of the involved medication technician, with follow-up monitoring as indicated.

Licensee's Proposed Overall Completion Date: 07/04/2026

Implemented () - 10/21/2026)**183e - Storing Medications****5. 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 5/28/26 at 11:00am, there was one round yellow pill observed loose in the home's medication cart.

Repeat Violation: 9/11/25; 5/22/25

Plan of Correction**Accept () - 07/07/2026)**

Med carts are inspected at the end of every shift by the Medication Technician on duty and documented on our med room shift report. On 5/28/26, the loose pill found in the med cart was immediately removed and discarded in accordance with policy. In addition, the medication cart was inspected by the Residential Director and Nurse to ensure all remaining medications were properly and securely stored and organized.

The medication cart was thoroughly cleaned out and reorganized to improve space utilization and overall organization. This will help prevent medications and packaging from being compressed against blister packs, reducing the risk of damage to the foil backing and the potential for loose medications.

183e - Storing Medications (continued)

Our Nurse and Residential Director, both of whom are medication administration trainers, facilitated the June med room / medication technician meeting on 6/18. During the meeting, medication technicians were re-educated regarding medication storage requirements, including the requirement that medications remain in their original labeled containers or properly labeled medication packaging and that medication carts be checked for loose medications during and after medication administration.

Beginning 6/29 and for the next six (6) months, compliance with medication storage requirements will be reviewed during the facility's monthly medication room audit by the Residential Director, Nurse, or designee. The audit will verify that medication carts remain organized, medications are properly stored, and no loose medications are present. Any deficiencies will be corrected immediately and addressed through staff re-education and additional monitoring, as necessary.

Licensee's Proposed Overall Completion Date: 07/04/2026

Implemented () - 10/21/2026)

227g -Support Plan Signatures**6. 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 #2 participated in the development of their support plan on () however, the resident did not date the support plan.

Repeat Violation: 5/22/25

Plan of Correction

Directed () - 07/07/2026)

By June 17, the Director of Social Services reviewed all current support plans was completed to ensure resident signatures and dates were present where required. To prevent reoccurrence over the next 6 months, all new and annual completed support plans that are due during this timeframe will not be considered complete at the conclusion of the meeting until the Care Coordinator verifies, using a standardized Support Plan Completion Checklist, that all required signatures and dates have been obtained from each participant, including the resident. The checklist will be maintained with the completed support plan as verification that all required elements were reviewed prior to filing.

The Director of Social Services will monitor compliance by reviewing 100% of completed RASP's for 90 days to ensure the checklist is completed and all required signatures and dates are present. Findings will be documented and trends will be addressed through additional coaching as needed.

Proposed Overall Completion Date: 12/17/2026

Directed Plan of Correction (7/7/2026 - ())

Only the overall completion date has been directed to 7/27/2026. By this date, the home should be able to demonstrate significant compliance with the plan of correction.

Directed Completion Date: 07/27/2026

227g -Support Plan Signatures (*continued*)

Implemented ([REDACTED] - 10/21/2026)