

Department of Human Services  
Bureau of Human Service Licensing

June 16, 2021

[REDACTED]  
NATIONAL HEALTH MANAGEMENT LLC  
437 GRANT STREET  
PITTSBURGH, PA 15219

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 licensing inspections on 03/10/2021, 03/12/2021 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,  
Claire Mendez

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

**Facility Information**

Name: *INDEPENDENCE COURT OF QUAKERTOWN* License #: *12703* License Expiration Date: *07/22/2021*  
Address: *1660 PARK AVENUE, QUAKERTOWN, PA 18951*  
County: *BUCKS* Region: *SOUTHEAST*

**Administrator**

Name: [REDACTED] Phone: *2155387050* Email: [REDACTED]

**Legal Entity**

Name: *NATIONAL HEALTH MANAGEMENT LLC*  
Address: *437 GRANT STREET, PITTSBURGH, PA, 15219*  
Phone: *2155387050* Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *06/13/1998* Issued By: *L&I*

**Staffing Hours**

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

**Inspection**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint* Exit Conference Date: *03/12/2021*

**Inspection Dates and Department Representative**

*03/10/2021 - On-Site:* [REDACTED]  
*03/12/2021 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *120* Residents Served: *82*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *9*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *79*  
Diagnosed with Mental Illness: *12* Diagnosed with Intellectual Disability: *1*  
Have Mobility Need: *16* Have Physical Disability: *4*

## Inspections / Reviews

03/10/2021 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *06/15/2021*

6/16/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *07/16/2021*

**5a1 - DHS Access****1. Requirements**

2600.

5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:

1. Agents of the Department.

**Description of Violation**

*On 3/10/21 at 9:30am, an agent of the Department requested access to the home's staff schedule. Staff person A did not provide the document until the next visit on 3/12/21.*

**Plan of Correction****Accept**

*Director of Nursing or designee will immediately provide a copy of completed schedules to Administrator to maintain records to have available upon the request of the department. On 6/14/21, Direct Care Staff Schedule has been put in Google Drive and shared to both Administrator and Director of Nursing so that they can review for staffing compliance and have on record to immediately provide to the Department when requested.*

**Completion Date:** 06/14/2021

**17 - Record Confidentiality****1. Requirements**

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

**Description of Violation**

*On 3/12/21, at 10:30 am, resident's records were unlocked, unattended, and accessible in the second-floor wellness room.*

**Plan of Correction****Accept**

*On 3/12/21, Administrator immediately reminded staff that have access to the wellness room to lock the room when not in attendance. Signage has been placed on the door as a reminder to keep the room locked when unattended. Administrator or designee will re-educate direct care staff on regulation 2600.17 Record Confidentiality at Direct Care Staff meeting that will be held before July 15th 2021.*

**Completion Date:** 06/14/2021

**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.

## 42b - Abuse (continued)

**Description of Violation**

On 3/10/21, at 9:30 am, during the initial walk through, a strong smell of urine emanated through the hallways on the first and second floor. The odor became stronger closer to the [REDACTED] and Resident #1's bedroom. In the resident's bedroom, the smell of urine was overwhelming. Upon entry, the resident was sitting in a chair eating breakfast and was heavily soiled. Resident #1 cannot verbalize needs and uses adult briefs for incontinence.

On 3/10/21 at 7:04 am, resident #2 requested assistance through the call bell pendant. 58 minutes later, a staff member came in to provide care that the resident requested: At 12:17pm, the resident requested assistance and was not responded to until 1:28pm, 1 hour and 11 minutes later. The resident requires assistance with toileting and has a large pressure ulcer on the right gluteal fold of the buttocks.

On 3/10/21, Resident #3, who has fallen numerous times, rang the pendant call bell at 8:59 pm. Staff did not respond to this request until 11:01 pm - 2 hours and 2 minutes after the resident requested assistance.

The Call bell report from 3/10/21 shows that, 11 times during the day, the home took more than 40 minutes to respond to the bell. The home does not have a policy that dictates the expected staff response time. Residents expressed during interviews that they are frustrated by the staff response time to pendent call bell requests.

**Plan of Correction****Accept**

Administrator immediately reminded direct care staff of Resident #1's significant change on [REDACTED] support plan updated 1/25/21 that mentioned since [REDACTED] passed away, staff will assist with needs that [REDACTED] may have done. Director of Nursing or Designee will update support plan to accurately reflect [REDACTED] care needs by July 15, 2021. Administrator will remind staff of regulation 2600.42b A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way, at Direct Care Staff meeting that will be held prior to July 15, 2021.

Administrator will immediately have front desk staff monitor calls bell times during their shift. If a call bell has not been acknowledged in a timely manner, receptionist will alert Direct Care Staff of active call bells. When receptionist's shift is over, Nurse or Med Assist on duty will monitor active call bells and alert Direct Care staff of the active call bells. Administrator immediately reminded Direct Care Staff of the importance of answering call bells in a timely manner. They also will be reminded of the correct procedure to acknowledge the bell in the residents room. Often times Direct Staff believe they turned it off in residents room but it did not acknowledge in the system thus resulting in lengthy recorded times. They will alert Nurse/Med Assist on duty if they are having an issue with the call bell being turned off so they can acknowledge it in the system. Administrator or designee will remind staff of Regulation 42b and explain how lengthy call bell times relate to abuse/neglect. This will be completed at next team meeting held before 7/15/21. Administrator or Designee will perform weekly audits on call bell response times.

**Completion Date:** 06/15/2021

## 60b - Additional Staffing

**1. Requirements**

2600.

60.b. The Department may require additional staffing as necessary to protect the health, safety and well-being of the residents. Requirements for additional staffing will be based on the resident's assessment and support plan, the design and construction of the home and the operation and management of the home.

60b - Additional Staffing *(continued)***Description of Violation**

*On 3/10/21, the call bell log shows 8 instances, from approximately 5:30pm to 9pm, where staff did not respond for 40 minutes to 2 hours from the time the call bell was initiated. Many of the residents are incontinent, require assistance with toileting, changing garments, and transferring.*

*Resident #2 cannot walk more than one step and requires total assistance with transferring. The resident has fallen several times requiring the assistance of three to four staff persons to rise. On [REDACTED]/21 and [REDACTED] 21 the home required the assistance of emergency responders to lift the resident from the ground.*

*Per staff member B's witness statement and interview, during the hours of 3pm to 11pm the home frequently has only one direct care staff providing assistance with activities of daily living for both floors of the home.*

**Plan of Correction****Accept**

*Administrator immediately reminded all Direct Care Staff the importance of answering call bells in a timely manner and working together if they are assisting another resident. Direct Care Staff will also be reminded on the process of acknowledging the call bell in resident's room to be sure it has been turned off correctly in the system because often call bells are not acknowledged correctly once care has been provided which results in lengthy times recorded.*

*Staff member B provided the wrong information during interview. During the hours of 3pm to 11pm there is always at minimum 5 direct care staff as scheduled provided to the Department shown.*

*First floor has less rooms than the second floor. Due to a large decrease in census there is less residents per section to provide direct care to. All Direct Care Staff have been told by Administrator that they must help other sections of building if their section has less residents to care for. Administrator or designee will continue to remind staff weekly of their room assignments and to assist other direct care. Administrator and Director of Nursing believe that facility has adequate staffing and will monitor Direct Care Staff weekly to be sure staffing is in compliance. Administrator will review with Direct Care Staff, staffing and assignments at meeting that will be held before July 15, 2021.*

**Completion Date:** 06/15/2021

## 85a - Sanitary Conditions

**1. Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

**Description of Violation**

*On 03/10/21 at 10am, a strong smell of urine was present on the first and second floor hallways. Resident #1's bedroom smelled strongly of urine while the resident was eating breakfast.*

*The home's laundry room located on the first floor was closed and locked at the time of observation, but the strong stench of urine and feces could be smelled throughout the hallway.*

*In room 129, the carpet in the living room had a large brown stain and a strong odor of urine.*

**85a - Sanitary Conditions (continued)****Plan of Correction****Accept**

*Administrator met with Housekeeping/Maintenance staff on June 14, 2021, to review 2600.85a Sanitary conditions shall be maintained. Administrator also reminded staff to report daily any unsanitary condition that they can not address themselves. Sanitary conditions will also be reviewed at Direct Care Staff meeting that will be held by July 15, 2021. Housekeeping Supervisor will immediately complete weekly audits of building sanitary conditions to assure compliance.*

**Completion Date:** 06/14/2021

**101j2 - Bedroom Chairs****1. Requirements**

2600.

101.j. Each resident shall have the following in the bedroom:

2. A chair for each resident that meets the resident's needs.

**Description of Violation**

*There was no chair available in resident #3's bedroom.*

**Plan of Correction****Accept**

*Resident #3's room was set up for a double occupancy but the unoccupied side did not have a chair. Maintenance Director immediately provided any missing objects to Resident # 3's room. Housekeeping supervisor or designee will conduct monthly audits utilizing a checklist to be sure each resident has the required objects in room. First building audit will be completed by July 15th. Administrator met with Housekeeping/Maintenance staff on June 14, 2021 to review items required in resident rooms.*

**Completion Date:** 06/14/2021

**101j3 - Bed/Linens/Pillows/Blankets****1. Requirements**

2600.

101.j. Each resident shall have the following in the bedroom:

3. Pillows, bed linens and blankets that are clean and in good repair.

**Description of Violation**

*The bed for resident #3 does not have a pillow.*

**Plan of Correction****Accept**

*Housekeeping Supervisor or Designee will provide monthly room audits utilizing a checklist to make sure all required objects are provided to resident. First audit will be completed by July 15, 2021. Administrator met with housekeeping/maintenance staff on June 14, 2021 to review items required in resident's rooms.*

**Completion Date:** 06/14/2021

**101j7 - Lighting/Operable Lamp****1. Requirements**

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

**Description of Violation**

*Resident #3 does not have access to a source of light that can be turned on/off at bedside.*

101j7 - Lighting/Operable Lamp (*continued*)**Plan of Correction****Accept**

*Resident #3 has been provided with an operable lamp at bedside on 3/10/21. Housekeeping Supervisor or Designee will conduct monthly room audits using a checklist to be sure all rooms have required objects and lamps that are operable. First audit will be completed by July 15, 2021. Administrator met with housekeeping/maintenance staff on June 14, 2021 to review regulation 2600. 101.j. required objects that a residents room must have. Housekeeping staff will check resident lamps to make sure they are operable during weekly scheduled room cleaning. Administrator will also review this regulation with Direct care staff during meeting that will be held before July 15, 2021.*

**Completion Date:** 06/14/2021

## 101o - Walls, Floors, Ceilings

**1. Requirements**

2600.

101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

**Description of Violation**

*In room 129, the plaster on the wall that separates the bathroom and living room has a 5 feet by 4 feet damaged section.*

**Plan of Correction****Accept**

*Due to the pandemic, Facility followed DHS guidelines which did not allow us to have contractors in our building at the time to assist with the repair. The wall in room 129 was in the process of being repaired during the site inspection. The repair has completed since the inspection.*

*Administrator met with all Housekeeping/Maintenance staff on June 14, 2021 to review regulation 2600. 101. O. the bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair. Administrator reminded housekeeping staff to report any repairs needed to Maintenance department immediately. Administrator will review this regulation with Direct Care Staff during meeting that will be held before July 15, 2021.*

**Completion Date:** 06/14/2021

## 141a 1-10 Medical Evaluation Information

**1. 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.

## 141a 1-10 Medical Evaluation Information (continued)

**Description of Repeat Violation**

The resident #3's medical evaluation dated 11/19/19 indicated that the resident had a moderate immobility need and required limited physical or oral assistance to evacuate in an emergency.

However, the resident's medical evaluation dated 11/23/20 indicates that the resident is mobile and requires only minimal physical or oral assistance to evacuate in an emergency. The resident uses a wheelchair to ambulate and has experienced several falls transferring to/from bed/wheelchair.

Repeated Violation: 1/28/20

**Plan of Correction****Accept**

Resident #3's mobility needs fluctuates. Administrator or Designee will schedule an appointment for a Change in Status Medical Evaluation for resident #3 by July 15, 2021 to obtain Resident #3's accurate mobility needs. Once received, support plan will be updated to reflect mobility needs. Director of Nursing or Designee will review all Medical Evaluations upon receipt to check for completion.

Completion Date: 06/15/2021

## 225c - Additional Assessment

**1. 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**

On [REDACTED]/21 and [REDACTED]/21, resident #2 experienced falls that required the assistance of emergency responders to lift the resident. The resident needs the assistance of three to four staff persons when lifting is required. Additionally, the resident has developed a pressure ulcer on the right gluteal fold of the buttocks. The home has not completed an updated assessment of the resident's needs to reflect these changes.

Resident #3 fell 6 times during 2020 while transferring from/to bed/chair (1/28, 4/6, 4/20, 6/17, 8/24, and 10/8). The assessment completed 12/7/2020 indicates that the resident is independent with transferring in/out of bed/chair. The home has not completed an updated assessment of the resident's needs to reflect these changes.

Resident 4's most recent assessment was completed on 01/16/20.

**Plan of Correction****Accept**

Director of Nursing or Designee will complete a significant change assessment for Residents #2 and #3 by July 15, 2021.

Director of Nursing completed Resident #4's assessment on [REDACTED]/2021. Resident was on LOA and signed updated support plan on [REDACTED] 2021. See attached.

Director of Nursing or designee will conduct monthly audits to assure compliance of regulation 2600.225.c.

Completion Date: 07/15/2021

## 226b - Mobility Requirements

**1. Requirements**

2600.

226.b. If a resident is determined to have mobility needs as part of the initial or annual assessment, specific requirements relating to the care, health and safety of the resident shall be met immediately.

**Description of Violation**

*On 07/22/20, resident #2 was assessed to be total immobile and primarily uses a wheelchair to ambulate. The resident has fallen several times in the past year, requiring the assistance of three to four persons to rise. On 3/10/2020 at 12:17pm, the resident requested assistance via call bell pendant. Staff did not respond to the call bell until 1:28pm - 1 hour and 11 minutes later.*

**Plan of Correction****Accept**

*Administrator immediately reminded Direct Care Staff of the importance of answering call bells in a timely manner and of the correct way to turn off call bell in resident's room so times are recorded accurately. Administrator also immediately reminded Direct Care staff of the importance of meeting the needs of residents with mobility needs. Administrator will review 2600.226.b. with direct staff during meeting that will be held before July 15, 2021. Administrator or Designee will conduct call bell audits weekly.*

**Completion Date:** 07/15/2021

## 227d - Support Plan Medical/Dental

**1. Requirements**

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

**Description of Repeat Violation**

*The assessment for resident #2, dated 3/5/21, indicates the resident has a need for wound care. The resident's support plan, dated 7/9/20 does not document how this need will be met.*

*The assessment for resident #5, dated 03/04/21, indicates the resident has a need for wound care. The resident's support plan, dated 01/11/21 does not document how this need will be met.*

*The assessment for resident #6 dated 03/05/21, indicates the resident has a need for wound care. The resident's support plan, dated 02/07/21 does not document how this need will be met.*

*Repeated Violation: 1/28/20*

**Plan of Correction****Accept**

*Residents' #2, & 5's support plans were immediately updated to reflect how their wound care needs are being met. Resident # 6 no longer resides at facility. Director of Nursing or Designee will conduct monthly audits on resident support plans to make sure all care needs are documented and how the care need will be met. Administrator will remind Direct Care staff of 2600.227 at meeting that will be held prior to July 15, 2021.*

**Completion Date:** 06/15/2021

**252 - Record Content****1. Requirements**

2600.

252. Content of Resident Records - Each resident's record must include the following information:

3. A photograph of the resident that is no more than 2 years old.

**Description of Violation**

*Resident #5's record does not include a photograph of the resident that is no more than 2 years old.*

*Resident #6's record does not include a photograph of the resident that is no more than 2 years old.*

*Resident #7's record does not include a photograph of the resident that is no more than 2 years old.*

*Resident #8's record does not include a photograph of the resident that is no more than 2 years old.*

**Plan of Correction****Accept**

*Director of Nursing updated Residents' #5 & 7, photos on June 14, 2021. Resident #6 and 8 no longer reside at facility.*

*All resident photos will be audited by July 15, 2021 to assure compliance. Quarterly audits will be conducted by Director of Nursing or Designee to assure compliance of regulation 2600.252.*

**Completion Date:** 07/15/2021