

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

September 17, 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 08/13/2025 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: 02/20/2026  
 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: COPA L & I

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 102 Waking Staff: 77

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Complaint Exit Conference Date: 08/13/2025

**Inspection Dates and Department Representative**

08/13/2025 - On-Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: 120 Residents Served: 70

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

**Hospice**  
 Current Residents: 11

**Number of Residents Who:**  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 70  
 Diagnosed with Mental Illness: 2 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 32 Have Physical Disability: 2

**Inspections / Reviews**

08/13/2025 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/06/2025

09/04/2025 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 09/17/2025  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/08/2025

Inspections / Reviews *(continued)*

09/09/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/17/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/19/2025

09/17/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/17/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

## 16c - Written Incident Report

## 1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

## Description of Violation

On [REDACTED], Resident [REDACTED] medication brimonidine was not administered from [REDACTED] to [REDACTED]. The home did not submit an incident report to the Department.

## Plan of Correction

Accept [REDACTED] 09/09/2025)

See attached. On review, it was identified that the resident did not have [REDACTED] prescribed eyedrop medication for approximately 8 days. Our Medication technicians had ordered it from [REDACTED] CVS pharmacy; however, it was on back order and CVS failed to notify the community of this. This has since been corrected, as the resident is now enrolled in a mail order service {Express Scripts.} to ensure timely delivery of [REDACTED] medications. Complicating this situation was using agency personnel who did not notify the Director of Wellness nor the Resident Care coordinator of the missing eye drops. When DOW became aware, [REDACTED] called our new pharmacy---Brockie---and had it sent immediately. Both the POA and PCP were notified. To prevent recurrence all Medication Technicians received an in-service on 8/20/25---please see attached. Cart audits will be conducted 3 times a week Tuesday, Thursday, and Fridays by both day and night shift. Resident Care Coordinator will check carts weekly and be on the med cart one to two times a week as a medication technician to ensure compliance. The responsibility will be for the DOW to do random weekly audits and Brockie pharmacy will do quarterly audits to prevent recurrence. The report was not sent to the state within the required time limit and was sent in much later than appropriate. All incident reports will be reviewed and submitted by the DOW or designee with a secondary review by the Executive Director. Our double tracking system will be from the nursing department to the administrator, and both will maintain a state incident report book. Please see attached audit by [REDACTED] DOW. Please see Brockie letter. Complete audit was done on 8/5/25 when the new pharmacy took over from old pharmacy company. A mini audit was conducted on 9/5/25. We expect a quarterly audit by Brockie on 11/25. On 9/4/25 our RCC was on the med cart and did a complete audit. Moving forward these are the tools we will use and place in a binder in the nurses office.

Licensee's Proposed Overall Completion Date: 09/08/2025

Implemented ([REDACTED] - 09/17/2025)

## 17 - Record Confidentiality

## 2. 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 [REDACTED], at 10:12 A.M., resident records were unlocked, unattended, and accessible in the director of resident care's office.

## Plan of Correction

Accept [REDACTED] 09/09/2025)

Please see attached document sent above. It was identified that resident records were left accessible in the DOW's office when no one was present. To prevent recurrence, all staff have been reeducated on confidentiality

**17 Record Confidentiality (continued)**

requirements and will now be required to be always locked when unattended. Staff will double check as they walk by to ensure there is someone in the office if the door is open. Compliance will be monitored through routine leadership rounds to ensure records always remain secure. Please see page 3 on 8/20/25 training listed under med room.

Licensee's Proposed Overall Completion Date: 09/08/2025

Implemented ( ) - 09/17/2025)

**187a - Medication Record****3. Requirements**

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

**Description of Violation**

Resident # [ ] is prescribed [ ] instill one drop in the right eye twice daily at 9:00 and 20:30. Resident # [ ] did not receive this medication from [ ] to [ ] because the medication was not present in the home however, On [ ] and [ ] at 20:30 and [ ] at 9:00 and 20:30 the medication administration record was initialed indicating the medication was administered.

**Plan of Correction**

Accept ( ) 09/09/2025)

Please see in service attached 8/20/25. Our staff was in serviced on the requirement to sign out all medications in the PCC system when administered, with special attention to ensuring medications are present in the community before documentation and administration occur. The staff will conduct audits and log onto the pharmacy sheet medications that need to be ordered and in house 7 days prior to empty. The Resident Care Coordinator will conduct weekly audits of medication carts and records to ensure compliance. Any discrepancies will be addressed immediately with staff and retraining as needed. RCC will also place a stat order to Brockie pharmacy for immediate delivery. The DOW's responsibility will be to review audits for accountability. Please see attached audit completed on 9/4/25 by our RCC when [ ] was on the medication cart and did [ ] audit. RCC will do a weekly cart audit and speak to the medication technicians with [ ] findings moving forward. Medication technicians will audit carts on Tuesday and Thursday dayshift and Friday for night shift per our MT meeting starting 9/9/25. All audits will be reviewed by the RCC and DOW and retained in a binder located in the DOW office.

Licensee's Proposed Overall Completion Date: 09/08/2025

Implemented ( ) - 09/17/2025)

187b - Date/Time of Medication Admin.

4. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident [redacted] is prescribed [redacted] 2 tablets every 8 hours at 6:00 A, 2:00 P, and 10:00P. Resident # [redacted] August 2025 medication administration record does not include the initials of the staff person who administered [redacted] mg on [redacted] at 10:00P.

Resident # [redacted] is prescribed [redacted] twice daily at 08:30 and 20:30. Resident # [redacted] August 2025 medication administration record does not include the initials of the staff person who administered [redacted] on [redacted] at 20:30.

Resident [redacted] is prescribed [redacted] 1 tablet daily. Resident [redacted]s August 2025 medication administration record does not include the initials of the staff person who administered [redacted] on [redacted] at 20:30.

Plan of Correction

Accept [redacted] - 09/09/2025)

Please see attached in service dated 8/20/25. It was identified that a staff member did not sign out given medication in our PCC program. Our dashboard is color coded and will be double checked by the medication technician after [redacted] gives the medication to ensure meds are documented/signed out as given per prescriber orders. At the end of each shift, med tech will be responsible for checking prior to passing the cart keys to the next shift. The next shift will review prior to passing medications on their shift. Any missed signatures will be noted immediately prior to shift turnover. Our RCC will make daily checks to ensure accuracy and DOW will randomly check the PCC system for compliance moving forward. A sign was placed in the medication room reminding staff members to document. Please see attached. This is a part of our PCC dashboard. Please note it shows green denoting that all meds were passed in the last 24 hours. Each morning the RCC or designee will check the dashboard to ensure all medications were given to the respective residents. The RCC or designee will notify the DOW if the area is any other color and will resolve the issue immediately moving forward. DOW will spot check randomly throughout the week for compliance as [redacted] dashboard is set up more comprehensively.

Licensee's Proposed Overall Completion Date: 09/08/2025

Implemented [redacted] - 09/17/2025)

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] instill one drop in the right eye twice daily. However, this medication was not administered to Resident # [redacted] on [redacted] to [redacted] because the medication was not available in the home.

Plan of Correction

Accept [redacted] - 09/09/2025)

Please see attached in service in POC 16c. It was identified that the medication technicians did not notify the resident care coordinator or the DOW of the medication not in the medication cart. All med techs have been reeducated on 8/20/25 to immediately notify the RCC or DOW if a medication is missing or unavailable. A new protocol has been implemented requiring documentation on the pharmacy log which will be sent daily to Brockie pharmacy. Med techs will escalate any medicinal issues to the RCC or DOW for immediate follow up to ensure resident safety and compliance. Cart audits will be performed on Tuesday and Thursday by dayshift and Fridays by nights. Med techs

**187d - Follow Prescriber's Orders (continued)**

*will order at least 7 days sooner than running out of medications. RCC will monitor carts when passing medicine at a minimum of twice weekly. DOW will be responsible to audit randomly to prevent recurrence. Please see RCC cart audit which started 9/4/25. This will be conducted weekly by RCC. DOW will review each completed audit and address as necessary. DOW and pharmacy will conduct audits throughout the month as well. Medication technicians will do audits on Tuesday, Thursday, and Fridays as per the meeting notes starting 9/9/25.*

**Licensee's Proposed Overall Completion Date:** 09/08/2025

**Implemented (** ████ **- 09/17/2025)**