



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail djones@lq.org
Sent via e-mail dfrost@lq.org
October 13, 2020

Ms. Delores Jones
Assisted Living Administrator
LifeQuest Nursing Center
2460 John Fries Highway
Quakertown, Pennsylvania 18951

RE: The Village at LifeQuest
2100 Cherry Blossom Lane
Quakertown, Pennsylvania 18951
License #: 144960

Dear Ms. Jones:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on March 5, 2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Sandra Wooters

Sandra Wooters, MHS, ACG
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: THE VILLAGE AT LIFEQUEST

License Number: 144960

Address: 2100 CHERRY BLOSSOM LANE, QUAKERTOWN, PA 18951

County: BUCKS

Region: SOUTHEAST

Administrator

Name: DANIEL FROST

Phone: 267-424-2096

Email: dfrost@lifequest.org

Legal Entity

Name: LIFEQUEST NURSING CENTER

Address: 2460 JOHN FRIES HIGHWAY, QUAKERTOWN, PA, 18951

Certificate(s) of Occupancy

Type: I-2

Date:

Issued By:

Staffing Hours

Resident Support Staff:

Total Daily Staff: 11

Waking Staff: 8

Inspection

Type: Partial

BHA Docket #:

Notice: Unannounced

Reason: Monitoring

Inspection Dates and Department Representative

03/05/2020 - On-Site: Youn Hie Chung

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 141

Residents Served: 11

Special Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: x

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 11

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 0

Have Physical Disability: 0



Daniel CFrost, Administrator 3/27/2020

51 Criminal background checks

Requirements

2800.

51. Criminal background checks

- a. Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff person A's date of hire was 01/15/2020. The criminal background check for this staff was not run until 03/05/2020.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

A. Why did it happen?

Contract Dining Service failed to complete criminal background check.

B. What do we do right now to fix the problem?

Immediately audited all dining service employee files to assure all background checks were complete and timely.

All employees working in the assisted living will be monitored to assure criminal background checks are complete prior to working in the AL.

C. How do we prevent this from happening again?

An audit will be conducted on all new employee files (including contract services) to assure criminal background checks are completed. Files will be reviewed by Administrator prior to working in the AL.

Legal Entity Representative



Signature

Daniel C Frost, Administrator 3/27/2020

Printed Name and Title

Date

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The above plan of correction is approved as of 10/6/2020 (Date)

Plan of correction implementation status as of 10/6/2020 (Date)

The above plan of correction was approved by SLW (Initials)

- Implemented
- Not Implemented

185a Storage procedures

Requirements

2800.

185.a. The residence shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #1 is prescribed Accu-checks three times a day. On 03/03/2020 at 07:30 AM, the reading on his glucometer was 70 but it was not recorded on the resident's medication administration record (MAR).

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

A. Why did it happen?

Staff member completed the accu-check and failed to record the reading.

B. What do we do right now to fix the problem?

Blood sugar value was entered by staff member who took the reading.

Staff member responsible was educated.

C. How do we prevent this from happening again? Type text here

Resident Care Director will educate staff regarding documentation of blood glucose readings.

RCD will conduct weekly audits of MAR for 6 weeks, ensuring readings on blood sugars are documented correctly in the MAR.

All findings will be reported to Quality Management.

Legal Entity Representative


Signature

Daniel C Frost, Administrator 3/27/2020
Printed Name and Title Date

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The above plan of correction is approved as of 10/6/2020 Plan of correction implementation status as of 10/6/2020
(Date) (Date)

The above plan of correction was approved by SLW Implemented
(Initials) Not Implemented

187b Date/time of med admin

Requirements

2800.

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

Description of Violation

Resident #2 is prescribed Lorazepam 1 mg as needed. According to the sign-out sheet for this medication, the resident was given one at 10:01 PM on 03/02/2020. However, the resident's medication administration record does not include the initials of the staff person who administered it.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

A. How did it happen?

Staff member entered the administration in the Residents Controlled Substance Record and failed to register in the MAR PRN as given.

B. What did we do right now to fix the problem?

Staff member responsible was educated. Staff member made late entry into MAR to record the medication.

C. How do we prevent this from happening again?

Resident Care Director will educate staff on documentation for controlled substances. When counting narcotics, nurse counting will verify that narcotic given on shift was documented in the MAR. All findings will be reported to Quality Management.

D. The Administrator or designee will conduct a monthly audit of random MAR's to ensure the staff are initialing the record upon administration of the medication to the resident, starting immediately.

SLW 10/6/2020

Legal Entity Representative

[Handwritten Signature]

Signature

Daniel C Frost, Administrator

Printed Name and Title

3/27/2020

Date

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(Date)

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(Date)

Implemented

Not Implemented

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(Initials)

224c1 Initial SP-30 days prior/adm

Requirements

2800.

224.c.1. An individual requiring services shall have a written preliminary support plan developed within 30 days prior to admission to the residence unless one of the conditions contained in paragraph (2) applies.

Description of Violation

Resident # 2 was admitted on 02/25/2020; however, the resident's written preliminary/initial support plan was not completed until 02/28/2020.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

A. Why did it happen?

Resident Care Director completed the assessment and initial support plan on 2/24/2020. RCD signed the form when reviewed with resident and family on 2/28/2020.

B. What did we do right now to fix problem?

All future ASPs will be signed and dated the day the assessment and initial support plan are developed. ASP will be signed again when reviewed with resident and designated person.

C. Administrator will monitor all new ASPs prior to admission and register compliance on the resident file checksheet. All findings will be reported to Quality Management.

Legal Entity Representative


Signature

Daniel C Frost, Administrator 3/27/2020
Printed Name and Title Date

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(Date) Implemented (Date)

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(Initials)

227g Support plan - signatures

Requirements

2800.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #3's support plan was updated on 01/02/2020 due to the changes in her condition but no parties involved in the update signed or dated the support plan.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

A. Why did it happen?

Resident and daughter were aware of change of service and informed of cost on a level of care as evidenced by signatures on LOC change form.

B. What did we do right now to fix the problem?

Resident reviewed the change on the ASP. Resident and Resident Care Director signed and dated the change on the signature page of the ASP.

C. How do we prevent this from happening again?

Administrator will review any support plan changes to ensure they are initialed or signed and dated for the changes. All findings will be reported to Quality Management.

D. The administrator or designee will conduct an audit of all resident ASP's to ensure they are completed and signed timely, within the next 30 days and bi-annually thereafter.

SLW 10/6/2020

Legal Entity Representative



Signature

Daniel C. Frost, Administrator 3/27/2020
Printed Name and Title Date

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Implemented
 Not Implemented