

Department of Human Services  
Bureau of Human Service Licensing

January 14, 2021

DOLORES JONES, ADMINISTRATOR  
LIFEQUEST NURSING CENTER  
2460 JOHN FRIES HIGHWAY  
QUAKERTOWN, PA 18951

RE: THE VILLAGE AT LIFEQUEST  
2100 CHERRY BLOSSOM LANE  
QUAKERTOWN, PA, 18951  
LICENSE/COC#: 14496

Dear Ms. Jones,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/14/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Shawn Parker

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: *THE VILLAGE AT LIFEQUEST* License #: *14496* License Expiration Date: *11/07/2021*  
 Address: *2100 CHERRY BLOSSOM LANE, QUAKERTOWN, PA 18951*  
 County: *BUCKS* Region: *SOUTHEAST*

**Administrator**

Name: *Dolores Jones* Phone: *2674242096* Email: *djones@lq.org; shparker@pa.gov*

**Legal Entity**

Name: *LIFEQUEST NURSING CENTER*  
 Address: *2460 JOHN FRIES HIGHWAY, QUAKERTOWN, PA, 18951*  
 Phone: *2674242096* Email: *SPRIOR@LQ.ORG*

**Certificate(s) of Occupancy**

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *32* Waking Staff: *24*

**Inspection**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint* Exit Conference Date: *10/14/2020*

**Inspection Dates and Department Representative**

*10/14/2020 - On-Site: Alexander Goldstein*

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *141* Residents Served: *24*

**Special Care Unit**

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

**Hospice**

Current Residents: *2*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *24*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *8* Have Physical Disability: *0*

**Inspections / Reviews**

**10/14/2020 - Partial**

Lead Inspector: *Alexander Goldstein* Follow-Up Type: *POC Submission* Follow-Up Date: *10/30/2020*

Inspections / Reviews *(continued)*

## 1/13/2021 - POC Submission

Lead Reviewer: *Shawn Parker*Follow-Up Type: *Document Submission*Follow-Up Date: *01/20/2021*

## 1/14/2021 - Document Submission

Lead Reviewer: *Shawn Parker*Follow-Up Type: *Not Required*

65a Fire Safety-1st day

1. Requirements

2800.

- 65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:
1. Evacuation procedures.
  2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
  3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
  4. Smoking safety procedures, the home’s smoking policy and location of smoking areas, if applicable.
  5. The location and use of fire extinguishers.
  6. Smoke detectors and fire alarms.
  7. Telephone use and notification of emergency services.

Description of Violation

Staff Member A, whose first day of work was [REDACTED], did not receive first day orientation until 12/25/19.

Staff Member B, whose first day of work was [REDACTED], did not receive first day orientation until 1/2/20.

Plan of Correction

Accept

1. An audit of employee files will be done by the administrator/designee
2. Before a new staff member starts to work, they will attend a LifeQuest General Orientation Day held by the Human Resources department for all staff
3. The file will then be sent to the Village from the Human Resources Department and the administrator/designee will review the file for completion
4. All new staff members will be given a Relias log in and password. The first eight of hours of work will be spent doing the Relias training specific to direct care staff.
5. The next two to three days will be hands on training to ensure that the new staff is getting the benefit of written and hands on training
6. The Director of Resident Services will sign off on new employees training when they have completed.
7. The Administrator/designee will be given the training to review and sign when the training is complete and the new staff member has proven to be proficient in all areas to be scheduled alone for their first shift.

Completion Date: 11/30/2020

Document Submission

Implemented

documentation attached

65e Rights/Abuse 40 Hours

1. Requirements

2800.

- 65.e. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:
1. Resident rights.
  2. Emergency medical plan.
  3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
  4. Reporting of reportable incidents and conditions.
  5. Safe management techniques.
  6. Core competency training that includes the following:

65e Rights/Abuse 40 Hours (continued)

- i. Person-centered care.
- ii. Communication, problem solving and relationship skills.
- iii. Nutritional support according to resident preference.

**Description of Violation**

Staff Member A, whose first day of work was [REDACTED], did not receive the following trainings until 12/25/19:

- (1) Resident rights.
- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
- (4) Reporting of reportable incidents and conditions.
- (5) Safe management techniques.
- (6) Core competency training

Staff Member B, whose first day of work was [REDACTED], did not receive the following trainings until 1/2/20:

- (1) Resident rights.
- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
- (4) Reporting of reportable incidents and conditions.
- (5) Safe management techniques.
- (6) Core competency training

**Plan of Correction**

Accept

- 1. An audit of employee files will be done by the administrator/designee
- 2. Before a new staff member starts to work, they will attend a LifeQuest General Orientation Day held by the Human Resources department for all staff
- 3. The file will then be sent to the Village from the Human Resources Department and the administrator/designee will review the file for completion
- 4. All new staff members will be given a Relias log in and password. The first eight of hours of work will be spent doing the Relias training specific to direct care staff.
- 5. The next two to three days will be hands on training to ensure that the new staff is getting the benefit of written and hands on training
- 6. The Director of Resident Services will sign off on new employees training when they have completed.
- 7. The Administrator/designee will be given the training to review and sign when the training is complete and the new staff member has proven to be proficient in all areas to be scheduled alone for their first shift.

Completion Date: 11/30/2020

**Document Submission**

Implemented

documentation attached

69 Dementia training

**1. Requirements**

2800.

69 Dementia training (continued)

69. Additional Dementia-Specific Training - Administrative staff, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall receive at least 4 hours of dementia-specific training within 30 days of hire and at least 2 hours of dementia-specific training annually thereafter in addition to the training requirements of this chapter.

Description of Violation

Staff person B, date of hire [REDACTED], received 0 hours of dementia-specific training within 30 days of hire.

Plan of Correction

Accept

1. An audit of employee files will be done by the administrator/designee
2. Before a new staff member starts to work, they will attend a LifeQuest General Orientation Day held by the Human Resources department for all staff
3. The file will then be sent to the Village from the Human Resources Department and the administrator/designee will review the file for completion
4. All new staff members will be given a Relias log in and password.
5. All new staff members will be required to complete the dementia training before starting to perform the job function for which they are hired.
6. The administrator/designee will review the staff members file for completion and accuracy prior to the start of their regular shift.

Completion Date: 11/30/2020

Document Submission

Implemented

documentation attached

184a Labeling

1. Requirements

2800.

- 184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
3. The date the prescription was issued.
  4. The prescribed dosage and instructions for administration.
  5. The name and title of the prescriber.

Description of Violation

Resident #1 is prescribed Morphine 20mg/ml give .5ML (10MG) under tongue every 6 hours on MAR but the medication label says give every 4 hours.

Plan of Correction

Accept

1. A direction change sticker was immediately put on the medication
2. An audit of the medication cart will be conducted by the Director of Resident Services
3. An audit of the medication cart will be conducted by the Director of Resident Services/designee weekly.
4. A monthly recap of all medications will be implemented by the Director of Resident Services
5. Any change in the original pharmacy label will immediately be indicated with a direction change sticker
6. All findings will be given to the Administrator for follow up and review

Completion Date: 11/30/2020

Document Submission

Implemented

documentation attached

## 187d Follow prescriber's orders

**1. Requirements**

2800.

187.d. The home shall follow the directions of the prescriber.

**Description of Violation**

*Resident #1 is prescribed Lorazepam 2 MG/ML 30 Give .5ML (1MG) under the tongue every 8 hours as scheduled. Medication was not administered on 9/25/20 at 6AM; 9/27/20 at 6AM; 9/28/20 at 6AM; 10/4/20 at 6AM and 10/5/20 at 6AM.*

*Resident #1 is prescribed Morphine 20mg/ml give .25ml (5MG) under tongue every 4 hours as scheduled. Medication was not administered on 9/27/20 at 1AM and 5AM, 9/28/20 at 1AM and 5AM, 10/4/20 at 1AM and 5AM and 10/5/20 at 5AM.*

*Resident #1 is prescribed Morphine 20mg/ml give .25ml (5MG) PO/SL Every 6 hours. Medication was not administered on 9/4/20 at 12am, 6am, and 12pm.*

*Resident #1 is prescribed Cephalexin 500MG cap give 1 capsule by mouth twice daily X 7 days. Medication was not administered on 9/3/20 at 9AM.*

*Resident #1 is prescribed Acetaminophen 325 MG tab Give 2 tablets orally every 4 hours as needed for pain and/or temperature. However, this medication was not available.*

*Resident #1 is prescribed Meclizine HCl tablet 12.5MG Give 1 tablet orally every 12 hours as needed for dizziness. However, this medication was not available.*

*Resident #2 is prescribed Furosemide 20mg take 1 tablet Orally Once Daily \*Vial\*. Medication was not administered on 9/4/20, 9/5/20, 9/6/20, 9/8/20, 9/9/20.*

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

*187.d. The home shall follow the directions of the prescriber.*

*1. The MAR was not signed when a medication was given*

*2. Nurses and Med Techs be in-service on documentation in MAR*

*3. All medications will be signed directly after administration*

*4. If a medication is not available it will be pulled from the E Box (list of meds attached) and ordered immediately. If it has been ordered and has not arrived, the pharmacy will be contacted immediately*

*5. The Resident Services Director/designee will Audit the MARs weekly and provide a report to the administrator*

*6. The administrator will conduct education and follow up for any areas of concern*

**Completion Date:** 10/31/2020

**Document Submission****Implemented**

*documentation attached*

## 188b Medication error reporting

**1. Requirements**

2800.

188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

188b Medication error reporting (continued)

**Description of Violation**

*Resident #1 is prescribed Lorazepam 2 MG/ML 30 Give .5ML (1MG) under the tongue every 8 hours scheduled was not administered on 9/25/20 at 6AM; 9/27/20 at 6AM; 9/28/20 at 6AM; 10/4/20 at 6AM and 10/5/20 at 6AM. The prescriber was not notified of this medication error.*

*Resident #1 is prescribed Morphine 20mg/ml give .25ml (5MG) under tongue every 4 hours scheduled was not administered on 9/27/20 at 1AM and 5AM, 9/28/20 at 1AM and 5AM, 10/4/20 at 1AM and 5AM and 10/5/20 at 5AM. The prescriber was not notified of this medication error.*

*Resident #1 is prescribed Morphine 20mg/ml give .25ml (5Mg) PO/SL Every 6 hours was not administered on 9/4/20 at 12am, 6am, and 12pm. The prescriber was not notified of this medication error.*

*Resident #1 is prescribed Cephalexin 500MG cap give 1 capsule by mouth twice daily X 7 days was not administered on 9/3/20 at 9AM. The prescriber was not notified. The prescriber was not notified of this medication error.*

*Resident #2 is prescribed Furosemide 20mg take 1 tablet Orally Once Daily \*Vial\* was not administered on 9/4/20, 9/5/20, 9/6/20, 9/8/20, 9/9/20. The prescriber was not notified of this medication error.*

**Plan of Correction**

**Accept**

*188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.*

- 1. The medication that was refused and not given was documented as see progress note but no progress note was written and nothing was specified that the appropriate parties were contacted*
- 2. The resident, doctor and responsible party were notified and the residents record was documented*
- 3. Nurses and Med Techs will be in serviced on how to properly notify and document any medication errors.*
- 4. Any refusal of medications or medication errors will be reported to the Director of Resident Services and documented in the resident record.*
- 5. The Director of Resident Services will ensure that documentation is complete and proper parties notified.*

**Completion Date:** 10/31/2020

**Document Submission**

**Implemented**

*documentation attached*

188c Medication error-documentation

**1. Requirements**

2800.

188.c. Documentation of medication errors and the prescriber's response shall be kept in the resident's record.



188c Medication error-documentation (continued)

**Description of Violation**

Resident #1 is prescribed Lorazepam 2 MG/ML 30 Give .5ML (1MG) under the tongue every 8 hours scheduled was not administered on 9/25/20 at 6AM; 9/27/20 at 6AM; 9/28/20 at 6AM; 10/4/20 at 6AM and 10/5/20 at 6AM. There is no documentation of the error in the resident's record.

Resident #1 is prescribed Morphine 20mg/ml give .25ml (5MG) under tongue every 4 hours scheduled was not administered on 9/27/20 at 1AM and 5AM, 9/28/20 at 1AM and 5AM, 10/4/20 at 1AM and 5AM and 10/5/20 at 5AM. There is no documentation of the error in the resident's record.

Resident #1 is prescribed Morphine 20mg/ml give .25ml (5Mg) PO/SL Every 6 hours was not administered on 9/4/20 at 12am, 6am, and 12pm. There is no documentation of the error in the resident's record.

Resident #1 is prescribed Cephalexin 500MG cap give 1 capsule by mouth twice daily X 7 days was not administered on 9/3/20 at 9AM. There is no documentation of the error in the resident's record.

Resident #2 is prescribed Furosemide 20mg take 1 tablet Orally Once Daily \*Vial\* was not administered on 9/4/20, 9/5/20, 9/6/20, 9/8/20, 9/9/20. There is no documentation of the error in the resident's record.

**Plan of Correction**

**Accept**

- 188.c. Documentation of medication errors and the prescriber's response shall be kept in the resident's record.
- 6. The medication that was refused and not given was documented as see progress note but no progress note was written and nothing was specified that the appropriate parties were contacted
- 7. The resident, doctor and responsible party were notified and the residents record was documented
- 8. Nurses and Med Techs will be in serviced on how to properly notify and document any medication errors.
- 9. Any refusal of medications or medication errors will be reported to the Director of Resident Services and documented in the resident record.
- 10. The Director of Resident Services will ensure that documentation is complete and proper parties notified.

Completion Date: 10/31/2020

**Document Submission**

**Implemented**

documentation attached

227g Support plan - signatures

**1. 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 #2's support plan was not signed and dated by the resident and the Assessor. The Support plan is not marked for unable to participate, declined to participate, refused to sign, or unable to sign.

227g Support plan - signatures (*continued*)**Plan of Correction****Accept**

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

*1. The support plan was created prior to admission. The Administrator signed and dated the support plan. The resident did not sign the support plan.*

*2. The ASP was signed by the resident and assessor*

*3. An audit will be done of all support plans by the administrator and Director of Resident Services to ensure that all of the current support plans have been signed.*

*4. Moving forward, upon assessment the support plan will be completed and signed by both the assessor, resident and responsible party if necessary.*

*5. The final support plan will be put into Point Click Care, printed and signed by both the assessor, resident and responsible party if necessary, within thirty days of admission.*

*6. The Director of Resident Services will complete the Admission Checklist and give the Administrator the chart and list for review and signature within one week of admission*

*7. To be completed within the next thirty days by administrator and Resident Services Director*

**Completion Date:** 11/30/2020

**Document Submission****Implemented**

*documentation attached*