

Department of Human Services
Bureau of Human Service Licensing

January 18, 2022

[REDACTED]
LIFEQUEST NURSING CENTER
[REDACTED]

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/05/2022 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 - PUBLIC

Facility Information

Name: *THE VILLAGE AT LIFEQUEST* License #: *14496* License Expiration: *11/07/2022*
Address: *2100 CHERRY BLOSSOM LANE, QUAKERTOWN, PA 18951*
County: *BUCKS* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: *2674242096* Email: [REDACTED]

Legal Entity

Name: *LIFEQUEST NURSING CENTER*
Address: [REDACTED]
Phone: *2674242096* Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *95* Waking Staff: *71*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *01/06/2022*

Inspection Dates and Department Representative

01/05/2022 - Off-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *141* Residents Served: *71*

Special Care Unit

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

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *70*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *24* Have Physical Disability: *1*

Inspections / Reviews

01/05/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/17/2022*

01/13/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *01/17/2022*

Inspection Dates and Department Representative (*continued*)

01/18/2022 - Document Submission

Reviewer:



Follow-Up Type: *Not Required*

132c Fire drill records

1. Requirements

2800.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the residence at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the drill conducted on 12/20/21 does not include the amount of time it took for evacuation, the exit route used, and the number of residents evacuated.

Plan of Correction**Accept**

The fire drill log did not have all the information, however the record we keep individually for each fire does contain all of the information needed.

I have attached that record here for your review

We are no longer going to keep the log and continue with the individual sheets

Document Submission**Implemented**

The fire drill paperwork we use when a drill is conducted that has all information per the regulation

141a Medical evaluation

1. Requirements

2800.

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.
11. An indication that a tuberculin skin test has been administered with negative results within 2 years; or if the tuberculin skin test is positive, the result of a chest X-ray. In the event a tuberculin skin test has not been administered, the test shall be administered within 15 days after admission.
12. Information about a resident's day-to-day assisted living service needs.

Description of Violation

The medical evaluation for resident # 1, dated 1/28/21, does not include immunization history and does not have an indication that a tuberculin skin test has been administered with negative results within 2 years. This area of the form is blank.

Plan of Correction**Accept**

The medical evaluation was reviewed by the nurse and doctor

141a Medical evaluation (continued)

The medical evaluation was corrected immediately

An audit is being completed on all medical evaluations for completion

A review was done with our inhouse nurse practitioner

All medical evaluations will be reviewed by the Resident Care Nurse for completion before being filed

Document Submission**Implemented**

The corrected ADME and chart audit