

Department of Human Services
Bureau of Human Service Licensing

May 16, 2022

[REDACTED]
LIFEQUEST NURSING CENTER
[REDACTED]
[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 02/07/2022, 02/08/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance 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 - 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: 104 Waking Staff: 78

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: 02/07/2022

Inspection Dates and Department Representative

02/07/2022 - On-Site: [REDACTED]
02/08/2022 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 141 Residents Served: 78

Special Care Unit

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

Hospice

Current Residents: *xx*

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 77
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 26 Have Physical Disability: 2

Inspections / Reviews

02/07/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: 03/18/2022

03/18/2022 - POC Submission

Inspections / Reviews (*continued*)

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/23/2022*

03/22/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *04/20/2022*

05/16/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

25b Contract signatures and renewal

1. Requirements

2800.

25b . The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees. The contract must run month-to-month with automatic renewal unless terminated by the resident with 14 days notice or by the residence with 30 days notice in accordance with § 2800.228 (relating to transfer and discharge).

Description of Violation

The contract for resident #1, dated [REDACTED]/2020, was not signed by the resident.

Plan of Correction

Accept

1. The contract was not signed by the resident
2. The contract was immediately signed by the resident
3. An audit was done of all the contracts from the time the community opened.
4. A new role was created, Compliance and Quality Manager
5. Audits will be done Monthly by the CQ Manager and given to the Administrator

Completion Date: 04/01/2022

Document Submission

Implemented

The contract was signed by the resident the day of inspection

41e Signed statement

1. Requirements

2800.

41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Description of Violation

Resident #1's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

Plan of Correction

Accept

1. The contract that contained the addendum was not signed by the resident
2. The contract was immediately signed by the resident
3. An audit was done of all the contracts from the time the community opened.
4. A new role was created, Compliance and Quality Manager
5. Audits will be done Monthly by the CQ Manager and given to the Administrator

Completion Date: 04/01/2022

Document Submission

Implemented

The resident signed the contract the day of inspection

42b Abuse/Neglect

1. Requirements

2800.

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/Neglect (continued)

Description of Violation

Resident #2 keeps a urinal at the bedside during the night. During the night on [redacted] or [redacted] staff A came, at the resident's request, staff A helped the resident with the urinal. However, instead of [redacted], the staff tried to [redacted] as the resident was lying in bed. When resident #2 told staff A that [redacted] was hurting [redacted], the staff threw the empty urinal at the resident's left hand, leaving a small bruise.

Plan of Correction

Accept

- 6. Immediate in-service of all staff on abuse and neglect
- 7. Staff will be able to recognize and report abuse appropriately.
- 8. Continue annual trainings
- 9. Residents will be re-educated at the next resident council meeting on different types of abuse and how to report them
- 10. Resident rights are always reviewed at the resident council meetings, we will continue to review with an emphasis on abuse
- 11. All allegations will be reported through quality assurance meetings, tracked and monitored to identify any trends
- 12. Administrator is responsible for reporting, investigation, compliance and all follow up

Completion Date: 05/01/2022

Document Submission

Implemented

The staff have been in-serviced on Abuse and Neglect

42c Dignity/Respect

1. Requirements

- 2800.
- 42.c. A resident shall be treated with dignity and respect.

Description of Violation

On the morning of 02/02/2022, prior to breakfast, staff A came to get resident #2 dressed for the day. Resident #3 noticed that resident #2's undershirt was yellow and asked the staff to change it. Staff A threw a clean undershirt at resident #2 in response to this request. The clothing landed on the floor. When assistance with dressing was completed by staff A, resident #3 noticed that resident #2's undershirt was sticking out and the pants were not pulled all the way up.

Plan of Correction

Accept

- 6. Immediate in-service of all staff on abuse and neglect
- 7. Staff will be able to recognize and report abuse appropriately.
- 8. Continue annual trainings
- 9. Residents will be re-educated at the next resident council meeting on different types of abuse and how to report them
- 10. Resident rights are always reviewed at the resident council meetings, we will continue to review with an emphasis on abuse
- 11. All allegations will be reported through quality assurance meetings, tracked and monitored to identify any trends
- 12. Administrator is responsible for reporting, investigation, compliance and all follow up

Completion Date: 05/01/2022

42c Dignity/Respect (continued)

Document Submission**Implemented***Staff was in-service on dignity and respect*

54a Direct care staff quals

1. Requirements

2800.

54.a. Direct care staff persons shall have the following qualifications:

2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

The residence does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry on file for direct care staff A.

Plan of Correction**Accept**

1. The agency had not sent over the high school diploma for one of their staff members
2. The agency was contacted and the high school diploma sent over
3. The administrator contacted agency and told them that high school diplomas had to be sent over for all staff or they could no longer work here
4. High school diplomas were added to the agency binder
5. Any staff that could not provide a diploma is no longer working here
6. An audit will be done monthly by the Compliance and Quality Manager, audit will be given to the administrator.

Completion Date: 05/01/2022**Document Submission****Implemented***Agency staff are required to have all of this documentation before beginning work*

57c 2 hrs/day/immob. resident

1. Requirements

2800.

57.c. Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.

Description of Violation

On 01/31/2022, there were 75 residents in the residence, including 24 residents with mobility needs, requiring a total minimum of 99 hours of direct care service. On this date, only 94 hours of direct care staffing was provided.

On 02/02/2022, there were 76 residents in the residence, including 24 residents with mobility needs, requiring a total minimum of 100 hours of direct care service. On this date, only 94 hours of direct care staffing was provided.

Plan of Correction**Accept**

1. A daily assignment sheet is completed in advance of the date of shifts
2. The daily assignment sheets are reviewed by the administrator or designee daily, prior to the day of the shifts.
3. The administrator and/or designee will work on filling any empty shifts on the daily assignment sheet
4. If there is an issue filling the shift, ancillary staff that completed the direct care staff test and/or medication administration class in conjunction with the mandatory training will assist the nursing staff on the floor.
5. In an emergency situation we can request that the staff from the nursing center come over to assist as well

Completion Date: 05/01/2022

57c 2 hrs/day/immob. resident (continued)

Document Submission

Implemented

The regulatory hours have been added to the assignment sheets for easier tracking and compliance

57d Waking staff hours

1. Requirements

2800.

57.d. At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

Description of Violation

On 01/31/2022, a total of 99 hours of direct care was required. However, only 70 of the required hours, or 71 percent, were provided during waking hours.

On 02/02/2022, a total of 100 hours of direct care was required. However, only 70 of the required hours, or 70 percent, were provided during waking hours.

Plan of Correction

Accept

1. A daily assignment sheet is completed in advance of the date of shifts
2. The daily assignment sheets are reviewed by the administrator or designee daily, prior to the day of the shifts.
Paying specific attention to the waking hour numbers
3. The administrator and/or designee will work on filling any empty shifts on the daily assignment sheet
4. If there is an issue filling the shift, ancillary staff that completed the direct care staff test and/or medication administration class in conjunction with the mandatory training will assist the nursing staff on the floor.

Completion Date: 05/01/2022

Document Submission

Implemented

The regulatory hours have been added to the assignment sheets for easier tracking

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

The residence does not have staff person A's orientation on the topics listed above on file.

Plan of Correction

Accept

1. The agency staff did not complete the required form for the training that [redacted] received during orientation.
2. An audit was done of all the agency paperwork that we had in our binder
3. Anyone who had not completed the required paperwork did so as soon as possible.

65a Fire Safety- 1st day (continued)

- 4. Moving forward all agency staff are required to complete the required paperwork their first day during orientation, they are not able to go into orientation on the floor without handing it in.
- 5. Audits will be done monthly by the Compliance and Quality Manager and given to the administrator.

Completion Date: 05/01/2022

Document Submission

Implemented

The agency staff did complete the required paperwork for training

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

Description of Violation

Staff A completed ██████ 40th scheduled work hour sometime in mid ██████ 2021. The residence does not have staff person A's orientation on the topics listed above on file.

Plan of Correction

Accept

- 1. The agency staff did not complete the required form for the training that ██████ received during orientation.
- 2. An audit was done of all the agency paperwork that we had in our binder
- 3. Anyone who had not completed the required paperwork did so as soon as possible.
- 4. Moving forward all agency staff are required to complete the required paperwork their first day during orientation.
- 5. Audits will be done monthly by the Compliance and Quality Manager and given to the administrator.

Completion Date: 05/01/2022

Document Submission

Implemented

The agency staff did complete the required training

224a1 Initial assessment - RN

1. Requirements

2800.

224.a.1. The administrator, administrator designee, or LPN, under the supervision of an RN, or an RN shall complete the initial assessment.

Description of Violation

Resident #2's initial assessment, dated ██████/2022, was completed by staff person B, ██████, without the supervision of an RN.

224a1 Initial assessment - RN (continued)

Plan of Correction

Accept

- 1. The initial assessment was done and the RN did not sign off that [redacted] reviewed it after it was complete
- 2. The initial assessment was reviewed the next day by the RN and [redacted] signed off on it.
- 3. The RN immediately created a spreadsheet and started to sign off on the ASPs as [redacted] reviewed them.
- 4. The RN is going to continue to review the ASPs as needed
- 5. The Compliance and Quality Manager and given to the Administrator
- 5. The Compliance and Quality Manager will be doing monthly audits and giving the reports to the administrator

Completion Date: 05/01/2022

Document Submission

Implemented

Our RN has created her own tickler file and reviewed all our ASPs

227c Final support plan - revision

1. Requirements

2800.

227.c. The final support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment. The residence shall review each resident's final support plan on a quarterly basis and modify as necessary to meet the resident's needs.

Description of Violation

Resident #1's support plan has not been reviewed on a quarterly basis.

Plan of Correction

Accept

- 1. The support plan was not reviewed on a quarterly basis as indicated
- 2. The support plan was immediately reviewed and signed off on
 - 1. The RN immediately created a spreadsheet to track and trend when the quarterly ASPs are due
 - 2. The RN is going to continue to review the ASPs as needed
 - 3. The Compliance and Quality Manager and given to the Administrator
 - 5. The Compliance and Quality Manager will be doing monthly audits and giving the reports to the administrator

Completion Date: 05/01/2022

Document Submission

Implemented

ur RN has created her own tickler file and reviewed all our ASPs

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:

- 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.

Description of Violation

The medical evaluation for resident #1, dated [redacted]/2021, does not include TB skin test or chest X-ray date. This area of the form is blank.

Repeat Violation: 01/05/2022

141a Medical evaluation (continued)**Plan of Correction****Accept**

1. The ADME did not have the date the TB test was administered although it was noted that it was administered.
2. The information was located and added to the ADME at the instruction of the doctor
3. The ADMEs will be reviewed monthly by the Compliance and Quality manager and a report given to the administrator.
4. The ADMEs that we receive on admission will be reviewed before the resident moves in for accuracy by the nurse and the administrator.

Completion Date: 05/01/2022**Document Submission****Implemented**

An ADME audit has been created to be completed monthly

Department of Human Services
Bureau of Human Service Licensing
PRIVACY CODING

Facility Information

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

Inspection Information

Start Date: 02/07/2022 Type: *Partial*

Staff Privacy Coding

| <u>Designation</u> | <u>Staff Members Name</u> | <u>Job Title</u> | <u>Date Hired</u> |
|-----------------------|-----------------------------|-------------------------------------|-------------------|
| <i>Staff Member A</i> | <i>Byron Kareeb Crocket</i> | <i>Agency RCA</i> | <i>11/03/2021</i> |
| <i>Staff Member B</i> | <i>Colleen Grove</i> | <i>Sales and Marketing Director</i> | <i>08/25/2020</i> |

Resident Privacy Coding

| <u>Designation</u> | <u>Resident's Name</u> |
|--------------------|------------------------|
| <i>Resident 1</i> | <i>June Brinckman</i> |
| <i>Resident 2</i> | <i>Gary Stenson</i> |
| <i>Resident 3</i> | <i>Elsie Stenson</i> |

Department of Human Services
Bureau of Human Service Licensing

May 16, 2022

SALLY PRIOR, CHIEF OPERATING OFFICER
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. Sally Prior,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 05/04/2022 of the above facility, no regulatory citations have been identified as a result of this inspection.

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 - 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: *Dee Jones* Phone: *2674242096* Email: *djones@lq.org*

Legal Entity

Name: *LIFEQUEST NURSING CENTER*
Address: *2460 JOHN FRIES HIGHWAY, QUAKERTOWN, PA, 18951*
Phone: *2674242096* Email: *sprior@lq.org*

Certificate(s) of Occupancy

Type: *I-2* Date: Issued By:

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *87* Waking Staff: *65*

Inspection Information

Type: *Interim - POC* Notice: *Unannounced* BHA Docket #:
Reason: *Interim* Exit Conference Date: *05/04/2022*

Inspection Dates and Department Representative

05/04/2022 - On-Site: Denise Siniari

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *141* Residents Served: *66*

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: *65*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *21* Have Physical Disability: *1*

Inspections / Reviews

05/04/2022 - Interim - POC

Lead Inspector: *Denise Siniari* Follow-Up Type: *Not Required*

NO DEFICIENCIES FOUND

Department of Human Services
Bureau of Human Service Licensing
PRIVACY CODING

Facility Information

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

Inspection Information

Start Date: *05/04/2022* Type: *Interim - POC*

Staff Privacy Coding

| <u>Designation</u> | <u>Staff Members Name</u> | <u>Job Title</u> | <u>Date Hired</u> |
|--------------------|---------------------------|------------------|-------------------|
|--------------------|---------------------------|------------------|-------------------|

Resident Privacy Coding

| <u>Designation</u> | <u>Resident's Name</u> |
|--------------------|------------------------|
|--------------------|------------------------|