

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

May 22, 2023

[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 03/01/2023, 03/06/2023, 03/08/2023, 03/09/2023 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: THE VILLAGE AT LIFEQUEST License #: 14496 License Expiration: 11/07/2023
 Address: 2100 CHERRY BLOSSOM LANE, QUAKERTOWN, PA 18951
 County: BUCKS Region: SOUTHEAST

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

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

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: Total Daily Staff: 117 Waking Staff: 88

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint, Incident Exit Conference Date: 03/13/2023

Inspection Dates and Department Representative

03/01/2023 Off Site [REDACTED]
 03/06/2023 Off Site [REDACTED]
 03/08/2023 Off Site [REDACTED]
 03/09/2023 Off Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 141 Residents Served: 84
 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: 83
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 33 Have Physical Disability: 0

Inspections / Reviews

03/01/2023 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/06/2023

Inspections / Reviews (*continued*)

04/10/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/26/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 04/15/2023

04/18/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/26/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission

Follow-Up Date: 05/15/2023

05/22/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/26/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

15a Resident abuse report

1. Requirements

2800.

15.a. The residence shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [redacted]/2023 at [redacted] AM, resident #1 reported to staff person A that there were three checks missing from the checkbook kept in a computer desk drawer. The resident could verify through online banking that two checks [redacted] and [redacted] were cashed out to staff member B. Around the same time, resident #2 reported to staff member A that on [redacted]/2023 the resident found about [redacted] missing from an envelope kept on his/her desk and again on [redacted]/2023 the resident noticed [redacted] missing from his/her wallet. However, these allegations of financial exploitation were not reported to the local Area Agency on Aging until [redacted] 2023.

Plan of Correction

Accept ([redacted] - 04/18/2023)

- 1. Both of the incidents were immediately reported to the Local Area on Aging on [redacted]/23 by [redacted], Administrator
- 2. The information for the Local Area on Aging was added to the reportable incident binder so that it can be easily referenced. The information was added to the binder on [redacted]/23 by [redacted], Compliance Manager and [redacted] Sales Director. The Administrator was out on vacation
- 3. A training was completed with the departments heads who serve as Managers on Duty so that they knew how to do the reporting properly to all departments
Training was completed on 3/7/23 by [redacted], Compliance Manager
- 4. Moving forward all incidents will be called in to the department immediately and then the written report will follow. All Department Heads that are on the MOD rotation are responsible for reportable incidents. In addition to the Administrator, this includes The Sales Director, Resident Care Director, Resident Care Coordinator, Activities Director and Compliance Manager. All department heads are required to report any incidents to the Administrator who will determine if it is reportable and if so call the department to make the report. In addition the the call, reportable form will be sent to the department by the administrator or designee with in 24 hours. The procedure was started on 3/7/23
- 5. A letter was sent out to families and given to residents to advise them to keep valuable and financial belongings locked and we will give anyone who wants it a lock box or put a lock on a drawer for them. The letter was sent on March 30th, 2023 by the administrator, [redacted].

Licensee's Proposed Overall Completion Date: 05/01/2023

Implemented ([redacted] - 05/22/2023)

16c Incident reporting

2. Requirements

2800.

16.c. The residence shall report the incident or condition to the Department's assisted living residence office or the assisted living residence complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2800.15 (relating to abuse reporting covered by law).

Description of Violation

Around [redacted]/2023, resident #2 reported to staff member A that on [redacted] 2023 the resident found about \$ [redacted] missing from an envelope kept on his/her desk and again on [redacted]/2023 the resident noticed [redacted] missing from his/her

16c Incident reporting (continued)

wallet. The residence did not report this incident to the Department until [REDACTED]/2023.

Plan of Correction

Accept ([REDACTED] - 04/18/2023)

1. The incident was immediately reported to the Department by [REDACTED] Administrator on [REDACTED] 23
2. A training was completed with the departments heads who serve as Managers on Duty so that they knew how to do the reporting properly to all departments. The training was completed on 3/7/23 by [REDACTED] Compliance Manager
3. Moving forward all incidents will be called in to the department immediately and then the written report will follow. All Department Heads that are on the MOD rotation are responsible for reportable incidents. In addition to the Administrator, this includes The Sales Director, Resident Care Director, Resident Care Coordinator, Activities Director and Compliance Manager. All department heads are required to report any incidents to the Administrator who will determine if it is reportable and if so call the department to make the report. In addition the the call, reportable form will be sent to the department by the administrator or designee within 24 hours.
5. The Compliance Manager will audit this process monthly, Audits will begin May 1, 2023 and will be ongoing.

Licensee's Proposed Overall Completion Date: 05/05/2023

Implemented ([REDACTED] - 05/22/2023)

42b Abuse/Neglect**3. 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.

Description of Violation

On [REDACTED]/2023, resident #1 noticed 3 personal checks missing from the checkbook kept inside a computer desk drawer. Two of the stolen checks were endorsed by and were cashed out to staff member B in the amount of \$ [REDACTED] on [REDACTED]/2023 and \$ [REDACTED] on [REDACTED]/2023. Around the same time, resident #2 reported cash missing from his/her room (\$ [REDACTED] to \$ [REDACTED] from an envelope kept on his/her desk and another [REDACTED] from his/her wallet). The home's door entry log shows that staff member B entered resident #1's apartment on [REDACTED]/2023 at [REDACTED] AM and [REDACTED] AM and resident #2's apartment on [REDACTED] 2023 at [REDACTED] AM without cause.

Plan of Correction

Accept ([REDACTED] - 04/18/2023)

1. The resident reported the incident to the administrator on 2/17/23 and the incident was immediately investigated by [REDACTED] Administrator
2. Both of the incidents were reported to the State Police on 2/17/23 by [REDACTED], Administrator
3. The agency was contacted and that staff member immediately terminated on [REDACTED]/23
4. The incident was reported to DHS on [REDACTED]/23 and AAA on [REDACTED] 23, both were reported by [REDACTED], Administrator
5. A review on keeping belongs safe, locked, reviewing bank accounts and that we offer lock boxes or locks can be installed on drawers was given to the residents on 4/12/23 at resident council and was given by [REDACTED], Administrator
6. A second in-service is planned for May 5th, 2023 and will be given by one of our safety committee team members [REDACTED]
7. During our Family Meeting on April 27th, 2023 we are going to review information about residents person belongings and keeping valuables safe if they are going to have them in the community [REDACTED] Administrator and [REDACTED], safety committee member [REDACTED] will do the review

42b Abuse/Neglect (continued)

Licensee's Proposed Overall Completion Date: 05/12/2023

Implemented ([REDACTED] - 05/22/2023)