

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

September 14, 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 07/10/2023, 07/11/2023 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

Type: *I-2* Date: *10/22/2019* Issued By: *Milford Township*

Staffing Hours

Resident Support Staff: *36* Total Daily Staff: *163* Waking Staff: *122*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *07/11/2023*

Inspection Dates and Department Representative

07/10/2023 - On-Site: [REDACTED]
 07/11/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *141* Residents Served: *83*

Special Care Unit
 In Home: *No* Area: Capacity: Residents Served:

Hospice
 Current Residents: *6*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *82*
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *44* Have Physical Disability: *0*

Inspections / Reviews

07/10/2023 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/06/2023*

08/04/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *09/11/2023*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/09/2023*

Inspections / Reviews *(continued)*

08/09/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/11/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 09/10/2023

09/14/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/11/2023

Reviewer: [REDACTED]

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 4/10/2023 is missing the evacuation route and evacuation time.

The fire drill record for the drill conducted on 5/26/2023 is missing the evacuation time, the evacuation route, and the number of residents in the residence at the time of the drill.

The fire drill record for the drill conducted on 6/20/2023 is missing the evacuation route and number of residents evacuated.

Plan of Correction

Accept ([redacted] - 08/09/2023)

1. The Fire Drill Log was not completed correctly by the maintenance team during a fire drill.
2. Maintenance staff has be educated on Regulation 132c Fire Drill Records, August 1st, 2023 by [redacted] and all the associated requirements. Maintenance Staff will ensure all Fire Drill Records are completed fully per this regulation.
3. The Village at LifeQuest Fire Drill Log has been updated to reflect each requirement in Regulation 132.c. A copy of the log is provided as part of this Plan of Correction.
4. The facility Administrator and the Director of Support Services will be provided a copy of each completed Fire Drill Log for review. If either party should find an error in documentation or in the fire drill process, an additional Fire Drill will be scheduled within 24 hours.
5. The Fire Drill log will become part of the Compliance Program and submitted to the Compliance Manager and Administrator

Licensee's Proposed Overall Completion Date: 09/09/2023

Implemented [redacted] 09/14/2023)

132d Evacuation

2. Requirements

2800.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the residence.

Description of Violation

132d Evacuation (continued)

The residence has a maximum safe evacuation time of 8 minutes and 30 seconds, as specified in writing on 2/24/2023. The residence exceeded an evacuation time of 8 minutes 30 seconds during the following drills: 8/18/22 (22 minutes); 6/20/23 (11 minutes 30 seconds).

Plan of Correction

Accept [REDACTED] - 08/09/2023)

1. The Fire Drill was out of the time designated by the fire expert
2. Maintenance staff has been educated on Regulation 132c Fire Drill Records and all the associated requirements. The training was done on 8/3/23 by [REDACTED]. Maintenance Staff will ensure all Fire Drill Records are completed fully per this regulation.
3. The Village at LifeQuest Fire Drill Log has been updated to reflect each requirement in Regulation 132.c. A copy of the log is provided as part of this Plan of Correction.
4. The facility Administrator and the Director of Support Services will be provided a copy of each completed Fire Drill Log for review. If either party should find an error in documentation or in the fire drill process, an additional Fire Drill will be scheduled immediately.
5. After each fire drill the staff will get together and do a debrief on the drill
6. The Fire Marshal will be called and scheduled to come out to look at the evacuation time and make sure its sufficient.
7. The Fire Drill log will become part of the Compliance Program and submitted to the Compliance Manager and Administrator

Licensee's Proposed Overall Completion Date: 09/09/2023

Implemented [REDACTED] 09/14/2023)

132h Designated meeting place**3. Requirements**

2800.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

During the following fire drills, residents did not evacuate to a designated meeting place away from the building or within the fire-safe area:

- 7/14/2022 at 4:00AM
- 8/18/2022 at 4:00PM
- 9/4/2022 at 11:30AM
- 10/8/2022 at 3:00AM
- 11/2/2022 at 1:30PM
- 12/10/2022 at 5:00PM
- 1/16/2023 at 2:30AM
- 2/22/2023 at 10:15AM

132h Designated meeting place (continued)

- 3/13/2023 at 3:30PM
- 4/10/2023 at 10:30PM
- 5/26/2023 at 5:07AM
- 6/20/2023 at 1:39PM

Plan of Correction

Accept [REDACTED] - 08/09/2023)

1. *The Fire Drill Log was not completed correctly by the maintenance team during a fire drill.*
2. *Maintenance staff has be educated on Regulation 132c Fire Drill Records and all the associated requirements. Maintenance Staff will ensure all Fire Drill Records are completed fully per this regulation.*
3. *The Village at LifeQuest Fire Drill Log has been updated to reflect each requirement in Regulation 132.c. A copy of the log is provided as part of this Plan of Correction.*
4. *The facility Administrator and the Director of Support Services will be provided a copy of each completed Fire Drill Log for review. If either party should find an error in documentation or in the fire drill process, an additional Fire Drill will be scheduled within 24 hours.*
5. *After each fire drill the fire leader will immediately gather all staff to debrief*
5. *The Fire Drill log will become part of the Compliance Program and submitted to the Compliance Manager and Administrator*

In addition to the above plan of correction: The administrator or designee will make sure the all residents evacuate the home to a designated meeting place away from the building or within a fire-safe area. [REDACTED]

Licensee's Proposed Overall Completion Date: 09/09/2023

Implemented [REDACTED] - 09/14/2023)

181f Self-administer Record of medication**4. Requirements**

2800.

181f Self-administer Record of medication (continued)

181.f. The resident's record shall include a current list of prescription, CAM and OTC medications for each resident who is self-administering his medication.

Description of Violation

Resident #1 self-administers [REDACTED] medication. On 7/11/2023, resident #1's record did not include a current list of medications. The record listed a dosage of one 300-MG capsule of Gabapentin daily, but a more recent prescription filled 7/7/23 instructs the resident to take it twice a day.

Plan of Correction

Accept [REDACTED] - 08/09/2023)

1. An independent resident had gone to the doctor and received a new prescription that [REDACTED] took to the pharmacy [REDACTED] and had filled. The resident gives [REDACTED] own medications. The resident did not inform the nursing department at the community that [REDACTED] had gotten a new order from the doctor and had a new prescription filled so we could update our records

2. The nursing department was able to obtain and have the correct information entered into the PCC by the pharmacy

2. The information was obtained and added to the medical record by the pharmacy

3. The Administrator educated the residents on 7/12/23 that bringing new information from the doctor to the nursing department is very important so that we can keep accurate records

4. A memo was also created and handed out to the residents by the administrator on 7/13/23

5. An audit form for self medicating residents was created and the Resident Care Coordinator and designee will be monitoring self medicating residents quarterly to ensure that our records and the medication in their rooms are matching.

6. The Compliance Manager and Administrator will receive copies of these audits and will add them audits to our compliance program.

Licensee's Proposed Overall Completion Date: 09/09/2023

Implemented [REDACTED] - 09/14/2023)

185a Storage procedures**5. 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 #2 is prescribed 10-MG bisacodyl suppositories and 100-MG docusate sodium capsules as needed. On 7/11/2023, these medications were not available in the residence.

Resident #3 is prescribed 10 ML of Geri-Tussin Syrup every six hours as needed. On 7/11/2023, this medication was not available in the residence.

185a Storage procedures (continued)**Plan of Correction****Accept** [REDACTED] - 08/04/2023)

1. *The PRN medications were in the medication cart and had not been administered in a few months*
2. *During a cart audit, the medications were removed and orders to be discontinued*
3. *The orders were discontinued for non use*
5. *An audit has been created for PRN medications and will be completed monthly to ensure that all PRN medications are present and being used.*
6. *The Resident Care Director or designee will complete the audit*
7. *The audit will be turned into the Compliance Manager and Administrator to be used as part of the compliance program*

Licensee's Proposed Overall Completion Date: 09/04/2023**Implemented** [REDACTED] - 09/14/2023)