

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395405	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/10/2026
NAME OF PROVIDER OR SUPPLIER  Quakertown Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1020 South Main Street Quakertown, PA 18951	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0804  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.  Based on facility policy review, resident interview, results of a test tray audit, and staff interview, it was determined that the facility failed to provide food that was at an appetizing temperature on one of two nursing units. (North Unit) Findings include: Review of the facility policy entitled, Food Prep, dated December 18, 2025, revealed that hot food served to residents should be greater than 135 degrees Fahrenheit, and cold food items no greater than 41 degrees Fahrenheit (F). In interviews on January 10, 2026, at 11:40 a.m. through 12:00 p.m., Residents 1, 2 and 3 stated that food was often served cold. Results of a test tray audit conducted on January 10, 2026, at 12:33 p.m., after the last resident meal tray was served from the dining cart, revealed the crunchy buttermilk chicken was served at a temperature of 126.5 degrees F and the green beans were served at a temperature of 132 degrees F. Both food items were cool to taste. In an interview during this observation period, the Dietary Manager stated that the hot food should have achieved a temperature of 135 degrees F or higher at the time of service. 28 Pa. Code 201.14(a) Responsibility of licensee. 28 Pa. Code 201.18(b)(3) Management.		

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  Facility ID: 395405	If continuation sheet Page 1 of 2

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on policy review, observation, and staff interview, it was determined that the facility failed to record food temperatures at the time of service in the main kitchen. Findings include: Review of the facility policy entitled, Food Prep, dated December 18, 2025, revealed that food temperature would be recorded at the time of service and monitored periodically during meal service. A review of the facility's food temperature log on January 10, 2026, at 12:15 p.m., revealed that there was no documented evidence that the holding food temperatures were obtained at the time of or during service for breakfast and lunch to ensure that the food maintained safe internal temperatures. In an interview during this observation period, the Dietary Manager stated that the food temperatures should have been recorded for breakfast and lunch at the time of service. 28 Pa. Code 201.14(a) Responsibility of licensee. 28 Pa, Code 201.18(b)(3) Management.</p>		