

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 01/30/2026
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)
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on clinical record review and resident interview, it was determined that the facility failed to perform a skin treatment as ordered by the physician for one of three sampled residents. (Resident 1) Findings include: Clinical record review revealed that Resident 1 had diagnoses that included a history of an infection of the toes. Since November 4, 2025, the physician ordered that staff clean both great toes and apply an antibacterial ointment (bacitracin). In an interview on January 30, 2026, Resident 1 stated that three days prior on January 27, 2026, the nurse did not perform this treatment. Review of the Treatment Administration Records revealed no documented evidence that nursing staff performed the treatment on January 27, 2026, as ordered by the physician. 28 Pa. Code 211.12(d)(5) Nursing services.</p>

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