STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395405	A. Building B. Wing	03/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Quakertown Center	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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on facility policy review, staff interview, and observation, it was determined that the facility failed to store food in a sanitary manner in the dietary department and on one of two nursing units. (North unit)Findings include:Review of the facility policy entitled, Food Storage: Cold Foods, dated December 18, 2025, revealed that staff were to label food items with the date prepared or opened. Observations during the kitchen tour on March 15, 2026, at 9:30 a.m., revealed the following:There was a thick layer of dust and debris on top of the dish machine. In the walk-in cooler, there were two boxes of cooked diced chicken on top of milk crates with milk stored in them. The bottom box of chicken, that was in contact with the milk crates, had a red stain on it. There was a box of raw chicken fillets touching the floor. On a shelf, there was an opened butter package with a brown substance on the bottom, and both were in contact with the shelf. There was a container of sweet and sour sauce labelled with a use by date of March 10, 2026. There were two large containers of sour cream labelled with a use by date of February 16, 2026. In the walk-in freezer, there was an opened half gallon of ice cream that was not dated. In dry storage, there was a box of bananas and a large bag of onions stored on the floor. There was a box of cranberry juice that was dated use by March 6, 2026. There was a box of prune juice that had food debris on it. There was food debris and several condiment packets on the floor. There was a box of chocolate chips that was not sealed. In the reach-in cooler, there were three shelled eggs in a pan, three poured glasses of orange juice, and two glasses of tea that were not dated. There was an opened bag of whipped topping that was dated use by March 5, 2026. In an interview on March 15, 2026, at 3:25 p.m., the Dietary Director confirmed that the previously mentioned food items should have been dated and the expired items removed. Review of the facility policy entitled, Food Brought in for Residents, dated December 18, 2025, revealed that foods that required refrigeration were to be labelled with the resident's name and date. Observation of the North unit resident pantry on March 15, 2026, at 12:11 p.m., revealed a piece of brownie and pie on a plate and a bottle of soda in the freezer that were not labelled with a name or dated. In the refrigerator, there was a container of yogurt with a hole in the top that was dated use by February 9, 2026. There was a plastic bag with a container of food, an orange, and milk, and a container of two slices of cheesecake that were not labelled or dated. Along the bottom shelf, there was an area of pink, dried, and sticky liquid that had spilled onto the floor in front of the refrigerator. On the counter there was a banana and two pitchers of fruit punch. There were four ants seen crawling on the counter and pitchers. The counter had sticky food debris along the length of it. There were areas of dried food debris inside the microwave. In an interview at that time, Nurse Aide (NA) 1 stated that the microwave and pantry were used for residents only. CFR 483.60(i) Food Safety RequirementPreviously cited 1/10/2628 Pa. Code 201.14(a) Responsibility of licensee. 28 Pa. Code 201.18(b)(3)(e)(2.1) 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

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and staff interview, it was determined that the facility failed to maintain the resident environment in a sanitary and homelike manner in the main lobby and on one of two nursing units. (North Nursing Unit)Findings include: Observation on March 15, 2026, from 9:45 a.m. to 2:15 p.m., and March 17, 2026, from 9:15 a.m. to 12:45 p.m., revealed the following: Two chairs in the lobby had torn cushions; one with a dark liquid stain on the seat cushion. The lobby wall adjacent to the reception desk had chipped paint and black marks. There were also black marks on the walls across from the reception desk. There were missing floor tiles in front of resident laundry. On the North Nursing unit, the hallway walls between resident rooms [ROOM NUMBERS] were stained with brown streaks under the chair rail molding and there were red stains on the baseboard between resident rooms 101 and103. In resident room [ROOM NUMBER], there was a yellow stain on the floor. In resident room [ROOM NUMBER], the privacy curtain between the beds was stained with brown streaks. The wall under the bathroom sink had holes in the concrete with the rubber baseboard pulling away from the concrete. In resident room [ROOM NUMBER], there was a brown stain on the left side of the bed sheet. There was paper debris and peeling paint behind the bed. Dust and debris was observed on and under the fall mats. The privacy curtain in resident room [ROOM NUMBER] was missing hooks and was marred with light brown stains. In an interview on March 18, 2026, at 2:00 p.m., the Administrator confirmed the identified environmental issues were present. CFR 483.10(i)(1)-(7) Safe/Clean/Comfortable/Homelike EnvironmentPreviously cited 2/7/25 28 Pa. Code 201.14(a) Responsibility of licensee.28 Pa. Code 201.18(e)(2.1) Management.

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. Based on facility policy review, clinical record review, and staff interview, it was determined that the facility failed to ensure physicians' orders were implemented for two of 25 sampled residents. (Residents 12 and 14)Findings include:Review of the policy entitled, Medication Administration, General Guidelines, last reviewed December 18, 2025, revealed that staff were to obtain vital signs if necessary, and document necessary medication administration information. Clinical record review revealed that Resident 12 had diagnoses that included hypotension (low blood pressure). A physician's order dated March 1, 2026, directed staff to administer a medication (midodrine) once a day for hypotension. Staff were not to administer the medication if the resident's systolic blood pressure (SBP, the first measurement of blood pressure when the heart beats and the pressure is at its highest) was more than 130 millimeters of mercury (mm/Hg). Review of Resident 12's medication administration record (MAR) for March 2026 revealed that staff administered the medication 16 times with no evidence that the blood pressure was assessed prior to the medication being administered or withheld. Clinical record review revealed that Resident 14 had diagnoses that included diabetes and end stage kidney disease. A physician's order dated December 5, 2025, directed staff to administer 43 units of a diabetic medication (insulin glargine subcutaneous solution) two times a day. Staff were not to administer the medication if the blood sugar was less than 150 milligrams per deciliter (mg/dL). Review of Resident 14's February and March 2026 MARs revealed that the resident was administered the insulin glargine one time in February and one time in March when their blood sugar was less than 150 mg/dL. In an interview on March 18, 2026, at 9:36 a.m., the Director of Nursing confirmed there was no documented evidence the blood pressure was obtained prior to the medication administration for Resident 12 and that the insulin was administered outside of the parameters in the physician's order for Resident 14. CFR 483.25 Quality of CarePreviously cited 1/10/2628 Pa. Code 211.12(d)(1)(5) Nursing services.

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F 0732 Level of Harm - Potential for minimal harm Residents Affected - Many	Post nurse staffing information every day. Based on observation, it was determined that the facility failed to post accurate and current nurse staffing information.Findings include:During a tour of the facility conducted on March 15, 2026, 2026, at 9:15 a.m., the staffing information that was posted in the lobby was dated February 20, 2026. 28 Pa Code 201.18(b)(3) Management.