

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395574	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/14/2024
NAME OF PROVIDER OR SUPPLIER  Belle Terrace		STREET ADDRESS, CITY, STATE, ZIP CODE 1320 Mill Road 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 0584</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45125</p> <p>Based on observation, it was determined that the facility failed to provide a clean, homelike, and comfortable environment on two of two nursing units. (A-wing and B-wing)</p> <p>Findings include:</p> <p>During tours of A-wing and B-wing nursing units on March 14, 2024, between 10:12 a.m. and 11:30 a.m., the following were observed:</p> <p>In rooms 27, 32, 36, and 47, there were holes in the partition wall between the residents' sleeping area and the bathroom</p> <p>On the right side of the B-wing hallway, between rooms [ROOM NUMBERS], there was detached molding in the space where the floor met the wall, exposing a large hole in the wall.</p> <p>In the shared bathroom located between rooms [ROOM NUMBERS], two round holes in the sheetrock were observed.</p> <p>In room [ROOM NUMBER]-2, there was a hole in the wall under the window.</p> <p>28 Pa. Code 201.18(b)(1)(e)(2.1) Management.</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
---	-------	-----------