

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  08/10/2024
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 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>45840</p> <p>Based on clinical record review and staff interview, it was determined that the facility failed to ensure that physician's orders were implemented for two of four sampled residents. (Residents 1, 2)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 1 had diagnoses that included intervertebral disc displacement (when a disc in the spinal column shifts and presses on against the spinal nerves) and morbid obesity. A physician's order dated July 2, 2024, directed staff to cleanse surgical incision to lower back with normal saline solution and pat dry, to keep incision clean and dry, to keep the incision open to air, and to apply folded abdominal pad dressing (ABD) on each side of the incision due to skin fold two times a day. A review of the July 2024 Treatment Administration Records (TARs) revealed that there was no evidence the treatment was done as ordered on July 3, 4, and 6, 2024.</p> <p>Clinical record review revealed that Resident 2 had diagnoses that included metabolic encephalopathy and cellulitis of bilateral lower extremities. A review of physician's orders dated August 1 through 10, 2024, the Medication Administration Record (MAR) for August 2024, and the Treatment Administration Record (TAR) for August 2024, revealed the following:</p> <p>Staff were to apply ammonium lactate external lotion 12% to bilateral lower extremities daily for venous stasis. There was no evidence that the lotion was applied as ordered on August 5, 2024.</p> <p>Staff were to administer doxycycline monohydrate (an antibiotic) oral capsule 100 milligrams (mg) two times a day. There was no evidence that the medication was administered as ordered on August 8, 2024.</p> <p>Staff were to administer Suboxone sublingual film (a narcotic) 2-0.5mg 1 film four times a day for narcotic dependence. There was no evidence that the medication was administered as ordered on August 5, 2024.</p> <p>A physician's order dated July 2, 2024, directed staff to apply moisturizing lotion to the entire left lower leg then cover with ACE bandage from bottom of foot and work up to below the knee every day shift to maintain skin integrity. A review of the August 2024 TAR revealed that there was no evidence the treatment was done as ordered on August 4 through 8, 2024.</p> <p>(continued on next page)</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
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F 0684  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	In an interview on August 10, 2024, at 2:05 p.m., the Manager on Duty confirmed that there was no documented evidence that Residents 1 and 2 received the treatments and/or medications as ordered by the physician.  28 Pa. Code 211.12(d)(1)(5) Nursing services.		