

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395735	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/01/2024
NAME OF PROVIDER OR SUPPLIER  Lifequest Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  2450 John Fries Highway 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>43883</p> <p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on clinical record review, observation, resident interview, and staff interview, it was determined that the facility failed to implement physician's orders for one of seven sampled residents. (Resident 2)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 2 had diagnoses that included hypertension (high blood pressure), congestive heart failure, and chronic kidney disease. A physician's order dated August 23, 2024, directed staff to apply elastic stockings to the lower extremities every morning for fluid retention. This was scheduled to be done on the night shift at 6:00 a.m. On October 1, 2024, at 12:02 p.m., the resident was observed out of bed in her wheelchair. The elastic stockings were not in place. The resident stated that she was not wearing the elastic stockings, staff had not offered to apply them, and had not applied them in a while. In an interview on October 1, 2024, at 1:13 p.m., the nurse aide (NA 1) assigned to Resident 2 stated that the elastic stockings were not in place. At 1:27 p.m., the resident was again observed in her wheelchair; the elastic stockings were not in place.</p> <p>Physician's orders dated August 23, 2024, and September 18, 2024, directed staff to obtain the resident's weight daily. Review of the resident's treatment administration record for September 2024, revealed no evidence that staff had obtained the resident's weight on September 3, 6, 8, 9, 12, 13, or 24, 2024. There was no evidence that the resident refused.</p> <p>In interviews on October 1, 2024, at 1:40 p.m. and 2:04 p.m., the Director of Nursing confirmed that the resident's elastic stockings were not applied and the daily weights were not obtained as ordered.</p> <p>28 Pa. Code 211.12(d)(1)(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
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