

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 04/03/2025
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 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43883</p> <p>Based on review of the Resident Assessment Instrument (RAI) user manual, clinical record review, and staff interview, it was determined that the facility failed to complete Minimum Data Set (MDS) assessments in accordance with specified time frames for two of 22 sampled residents. (Residents 92 and 360)</p> <p>Findings include:</p> <p>Review of the Long Term Care Facility RAI user manual dated October 2024, which provided instructions and guidelines for completion of federally required MDS assessments, revealed that admission assessments were to be completed no later than 13 days after the resident's entry date and that a quarterly assessment must be completed every quarter.</p> <p>Clinical record review revealed that Resident 92 had a quarterly MDS assessment due for the reference date of January 24, 2025. There was no evidence that a quarterly assessment was completed as per the time requirements.</p> <p>Clinical record review revealed that Resident 360 had an admission MDS assessment dated [DATE], noted as still in progress and had not been completed as per the time requirements.</p> <p>In an interview on April 3, 2025, at 11:24 a.m., the Administrator confirmed that the MDS assessments were not completed within the required time frames.</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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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39422</p> <p>Based on clinical record review and observation, it was determined that the facility failed to ensure that safety interventions for falls were in place for one of 22 sampled residents. (Resident 2)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 2 had diagnoses that included dementia and hemiplegia (paralysis to one side of the body). The Minimum Data Set assessment dated [DATE], revealed that Resident 2 required staff assistance for bed mobility and transfers. Review of progress notes dated October 7, November 8, and December 1, 2024, and March 11, 2025, revealed that the resident was found on the floor in her room by her bed. Review of the care plan identified that the resident was at risk for falls related to poor communication and cognitive loss. The intervention was for staff to place the bed in the low position with floor mats on both sides of the bed while the resident was in bed. Observations on April 1, 2025, at 10:10 a.m., and 2:14 p.m., April 2, 2025, at 10:50 a.m., and April 3, 2025, at 9:00 a.m., revealed Resident 2 was in bed. The floor mats were not in place.</p> <p>In an interview on April 3, 2025, at 11:30 a.m., the Director of Nursing confirmed that the fall mats should have been in place.</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services.</p>		

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<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>39422</p> <p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p>Based on facility policy review, clinical record review, and staff interview, it was determined that the facility failed to attempt non-pharmacological interventions to alleviate pain prior to the administration of pain medication prescribed on an as needed basis for two of 22 sampled residents. (Residents 13 and 87)</p> <p>Findings include:</p> <p>Review of the facility policy entitled, Pain Management, last reviewed January 14, 2025, revealed that non-pharmacological interventions should be attempted prior to administration of pain medication that was prescribed on an as needed basis.</p> <p>Clinical record review revealed that Resident 13 had diagnoses that included dementia, abnormalities of mobility, and pain in right arm and left lower leg. A physician's order dated February 10, 2025, directed staff to administer tramadol (a pain medication) every six hours, as needed, for moderate pain. Review of the medication administration records (MARs) for February and March 2025, revealed no evidence that staff attempted non-pharmacological interventions to alleviate pain prior to the administration of tramadol on 17 occasions in February and 26 occasions in January. There were no documented refusals of non-pharmacological interventions.</p> <p>Clinical record review revealed that Resident 87 had diagnoses that included dementia, weakness, and low back pain. A physician's order dated February 7, 2025, directed staff to administer tramadol every eight hours, as needed, for all levels of pain. Review of the MARs for February and March 2025, revealed no evidence that staff attempted non-pharmacological interventions to alleviate pain prior to the administration of tramadol on four occasions in February and 12 occasions in March. There were no documented refusals of non-pharmacological interventions.</p> <p>In an interview on April 3, 2025, at 12:21 p.m., the Director of Nursing confirmed that non- pharmacological interventions should be documented in the MAR and that there was no evidence that staff attempted non-pharmacological interventions prior to the administration of the as needed pain medication.</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>43883</p> <p>Based on observation, it was determined that the facility failed to store food and equipment under sanitary conditions in the kitchen and on one of four nursing units. (Unit DEF)</p> <p>Findings include:</p> <p>A tour of the main kitchen on April 2, 2025, at 10:27 a.m., revealed the following:</p> <p>There was no hand soap at a handwashing station. There was an uncovered garbage can next to a food preparation surface. Garbage was piled over the top of the garbage can and in contact with the table top can opener. There was an accumulation of dust on the vent cover to the ice machine. There were particles of debris, rust, and water on the top of the ice machine.</p> <p>In dry storage, there was a dented can of pumpkin on the can rack. There was a container of cereal with a use by date of March 22, 2025. There was a container of cous cous with a use by date of November 2024.</p> <p>There was an uncovered garbage can, that contained garbage, by the beverage station. Boxes of gloves were stored over the garbage can. Clean gloves were hanging out of the boxes and in contact with the garbage can. There was a rack of clean mugs that were used for resident trays stored next to the uncovered garbage can.</p> <p>There was an accumulation of a brown substance on the cover to the flour bin. There was a pan of pickles in the walk in refrigerator, the plastic wrap was not covering the pan and the items were left open to air. In the walk in freezer, there was a package of turkey bacon and a box of ground beef patties. The packages had been opened, were not re sealed, and the contents were left open to air.</p> <p>Observation of the microwave on the DEF nursing unit on April 3, 2025, at 12:53 p.m., revealed an accumulation of splatter from unknown substances on the inside of the door and inside walls of the microwave. The top of the inside of the microwave was discolored, chipped, and corroded.</p> <p>28 Pa. Code 210.14(a) Responsibility of licensee.</p> <p>28 Pa. Code 201.18(e)(2.1) Management</p>		