

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

May 5, 2026

[REDACTED]
LIFEQUEST NURSING CENTER
[REDACTED]
[REDACTED]

RE: THE VILLAGE AT LIFEQUEST
2100 CHERRY BLOSSOM LANE
QUAKERTOWN, PA, 18951
LICENSE/COC#: 14496

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/06/2026 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: THE VILLAGE AT LIFEQUEST License #: 14496 License Expiration: 11/07/2026
 Address: 2100 CHERRY BLOSSOM LANE, QUAKERTOWN, PA 18951
 County: BUCKS Region: SOUTHEAST

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: LIFEQUEST NURSING CENTER
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: Total Daily Staff: 147 Waking Staff: 110

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Incident Exit Conference Date: 01/06/2026

Inspection Dates and Department Representative

01/06/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 141 Residents Served: 123

Special Care Unit
 In Residence: Yes Area: Sunset Reflections Capacity: 21 Residents Served: 16

Hospice
 Current Residents: xx

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 123
 Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 1
 Have Mobility Need: 24 Have Physical Disability: 2

Inspections / Reviews

01/06/2026 Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/31/2026

02/10/2026 - POC Submission

Submitted By: [REDACTED] Date Submitted: 04/19/2026
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/15/2026

Inspections / Reviews *(continued)*

02/20/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/19/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/13/2026

05/05/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/19/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

15b Resident abuse-superv plan

1. Requirements

2800.

15.b. If there is an allegation of abuse of a resident involving a residence's staff person, the residence shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On [REDACTED] the residence suspended direct care staff A due to an allegation of [REDACTED] of resident [REDACTED] however, the residence allowed staff A back to work on [REDACTED] for the night shift without developing or implementing a plan of supervision.

Plan of Correction

Directed [REDACTED] - 02/20/2026)

Effective immediately, the community will suspend any employee alleged to have abused a resident and will not allow the employee to return to work until the investigation is fully completed and written guidance and approval are received from the Department of Human Services (DHS).

In response to this incident, the community acknowledges that Staff A was permitted to return to work on 01/05/2026 without a plan of supervision in place. Upon identification of this error, Staff A was immediately removed from the work schedule on 01/06/2026 and did not return to work until approval was received from DHS.

The community has revised its abuse allegation response protocol to require automatic suspension of the involved staff member upon receipt of any allegation of abuse involving a resident.

The staff member will not be returned to work under any circumstances without written guidance and approval from DHS.

Administrative leadership has been re-educated on mandatory reporting requirements and immediate response procedures for abuse allegations.

Supervisory and scheduling staff have been retrained to ensure no employee under investigation is scheduled prior to DHS approval. 1/30/26

Monitoring

The Executive Director or designee will review all abuse-related incident reports to confirm immediate suspension and DHS notification.

UPDATE 2/15/2026

Policy was revised by the Administrator on 2/5/2026

Training was provided to the following staff members Assistant Administrator, Director of Nursing, Assistant Director of Nursing Resident Care Coordinator, Community Life Director, Maintenance Director, Scheduler and Dining Director on 2/5/2026 by the Administrator.

The Administrator or designee will review all abuse related incidents daily for the next 45 days and then weekly starting 2/16/2025.

15b Resident abuse-superv plan (continued)

Proposed Overall Completion Date: 03/16/2026

Directed Plan of Correction (2/20/26 - [REDACTED])

Only the overall completion date has been directed to 3/12/2026.

Proposed Overall Completion Date: 03/12/2026

Directed Completion Date: 03/12/2026

Implemented [REDACTED] 05/05/2026)

42s Privacy - self/possessions

2. Requirements

2800.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

The residence has video cameras installed in each hallway. On [REDACTED] the residence provided a video recording of a section of the 3rd floor corridor date-stamped [REDACTED] from 05:19 AM till 06:59 AM. Resident room doors and resident and staff's movements in and out of bedrooms and in the corridor was observed. The camera captures the doors of at least three resident living units.

Plan of Correction

Directed ([REDACTED] - 02/20/2026)

The community respectfully disagrees with the cited violation. The video cameras referenced are installed only in common areas, specifically hallways, and do not record inside resident apartments, bathrooms, or any areas where residents receive personal care, bathe, dress, change, or undergo medical procedures.

The cameras are positioned for safety and security purposes only and do not capture activities within resident living units. While resident doors and movement in common corridors may be visible, this does not infringe upon resident privacy as defined under 2800.42.s., which pertains to privacy during personal care and medical activities.

Additionally, the community has clear signage posted throughout the building informing residents, staff, and visitors that video recording is in use in common areas. Residents are made aware of the presence and purpose of cameras upon admission and through posted notices.

The community maintains policies and procedures governing the appropriate use of video monitoring to ensure resident dignity, privacy, and confidentiality are upheld at all times.

UPDATED 2/15/2026

The community believed that the use of video camera recording in the corridor was compliant with the regulation because the camera monitors an area leading directly to an exit. It was our understanding that this placement met the requirements outlined in 2800.42.s.

42s Privacy - self/possessions (continued)

Based on your response, we now understand that if any portion of the recording captures areas beyond the exit door itself, including resident room doors or corridor activity not directly limited to the exit, it may be interpreted as a violation of resident privacy. This was not the community's intent.

Effective immediately, the community will discontinue video recording in these area and will assess and adjust the camera placement and viewing angle to ensure compliance with the regulation.

The assessment of camera placements and viewing angles to be completed by 3/1/2026

Proposed Overall Completion Date: 03/01/2026

Directed Plan of Correction (2/20/26 - [REDACTED])

In addition to the above plan of correction, within 10 days of the receipt of the acceptable plan of correction, the administrator or designee shall audit all camera placement and angles to ensure video recording and monitoring adheres to the requirements of 42c, to include the posting of signage notifying of the presence of cameras and the processes involved.

Directed Completion Date: 03/01/2026

Implemented [REDACTED] 05/05/2026)

141a Medical evaluation

3. Requirements

2800.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.
11. An indication that a tuberculin skin test has been administered with negative results within 2 years; or if the tuberculin skin test is positive, the result of a chest X-ray. In the event a tuberculin skin test has not been administered, the test shall be administered within 15 days after admission.
12. Information about a resident's day-to-day assisted living service needs.

Description of Violation

The medical evaluation dated [REDACTED] for resident [REDACTED] did not include height and weight on (1) General Physical Examination and TB test date on (9) Immunization History.

141a Medical evaluation (continued)

Plan of Correction

Accept [REDACTED] - 02/20/2026)

The resident's physician was contacted, and an updated medical evaluation was obtained with height and weight. The community will be holding a TB clinic to ensure compliance.

*** Updated 2/15/2026

The Height of and Weight for Resident [REDACTED] was updated on the Medical Evaluation on 1/6/2026 by the Director of Nursing.

TB clinic was conducted on 2/6/2026 by the Director of Nursing

The updated evaluation has been filed in the resident's chart.

1. Staff Re-Education

The 12 mandatory components of the medical evaluation, especially that the residents needs can be meet by the residence.

Verification requirements prior to accepting a new admission

Returning incomplete forms to the provider

Using the pre-admission checklist consistently

Training was documented with staff signature. Training conducted on 1/16/2026

Update 2/15/2026

All Administrative staff which consist of the Assistant Administrator, Director of Nursing, Assistant Director of Nursing, Resident Care Coordinator and Nursing Supervisor have been re-educated on: 1/16/2026 by the Administrator.

2. Monitoring and Quality Assurance

The Administrator or designee will conduct weekly audits of all medical evaluations for newly admitted residents to ensure compliance. **Weekly audits will be conducted for 60 days and then monthly.**

Any missing components will be corrected immediately.

The Director of Nursing will conduct a full audit of all current resident medical evaluations will be completed by 2/17/2026 to ensure every file contains all required elements, including assisted living needs determinations.

3. Ongoing Compliance

The pre-admission checklist and administrative review process will remain in place permanently to ensure all required elements of the medical evaluation are completed before admission and consistently maintained thereafter. Medical evaluation compliance will be reviewed monthly during Quality Assurance meetings. Trends will be identified, and corrective measures will be implemented as needed. **Quality Assurance Meeting to be held on 3/4/2026 . Information and Trends to be presented by the Director of Nursing and or Assistant Director of Nursing.**

141a Medical evaluation (continued)

Licensee's Proposed Overall Completion Date: 03/02/2026

Implemented ([REDACTED] - 05/05/2026)

141b1 Annual medical evaluation

4. Requirements

2800.

141.b. A resident shall have a medical evaluation:

1. At least annually.

Description of Violation

The annual medical evaluation for resident [REDACTED], dated [REDACTED] not include the resident's ability to self-administer medications. This area of the form is blank.

Repeat Violation: [REDACTED] et al.

Plan of Correction

Accept [REDACTED] 02/20/2026)

Medical Evaluation for Resident [REDACTED] A new annual medical eval was completed for resident on 2/5/2026. Please see attached

The Director of Nursing has created and updated the Medical Evaluation Tracking Log listing each resident's last medical evaluation and next due date. The Director of Nursing checks this log daily to ensure that it reflects current information

Immediately, the Director of Nursing or designee will conduct monthly audits of 10 resident medical evaluation records to ensure:

Evaluations are completed annually and all items on the medical evaluation have been addressed.

- The provider will be contacted if items have not been completed to ensure compliance.
- Updated forms are filed promptly.
- No resident exceeds the required 12-month interval.
- Annual medical evaluation requirements.
- Timeline expectations.

Training was provided to the Director of Nursing, Assistant Director of Nursing, Assistant Administrator and Resident Care Coordinator on 1/15/2026 and 1/26/2026 by the Administrator

141b1 Annual medical evaluation (continued)

Licensee's Proposed Overall Completion Date: 03/02/2026

Implemented [REDACTED] 05/05/2026)

182c Medication administration

5. Requirements

2800.

182.c. Medication administration includes the following activities, based on the needs of the resident:

1. Identify the correct resident.
2. If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
3. Remove the medication from the original container.
4. Crush or split the medication as ordered by the prescriber.
5. Place the medication in a medication cup or other appropriate container, or in the resident's hand.
6. Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in subsection (b)(4).
7. Complete documentation in accordance with § 2800.187 (relating to medication records).

Description of Violation

Resident [REDACTED] has a physician order "Call CRNP for a SBP [systolic blood pressure] greater than [REDACTED] every shift for [REDACTED]" On [REDACTED] around 05:30 AM, agency staff B asked direct care staff A to obtain resident [REDACTED] blood pressure, who performed the test as requested. However, staff B completed the documentation.

Plan of Correction

Accept [REDACTED] 02/20/2026)

Education was provided to both community staff and agency staff involved regarding proper medication administration procedures, including the requirement that the staff member who performs the vital sign must be the individual who documents the result. Training conducted on 1/15/2026

Measures to Prevent Reoccurrence

All staff, including agency staff, will be trained on proper medication administration and documentation requirements, emphasizing: Training on the following by the Director of Nursing by 2/28/26

Measuring and documenting vital signs as ordered by the prescriber

Accurate and timely documentation by the staff person performing the task

182c Medication administration (continued)

Agency staffing partners will receive written notification of documentation expectations and compliance requirements.

Monitoring

The Director of Nursing or designee will conduct weekly reviews of medication records and vital sign documentation for accuracy and compliance for 60 days then monthly.

Resident Care Coordinator will do random observation of staff to ensure compliance for the next 60 days.

Monthly audits will be completed to ensure vital signs are both performed and documented by the appropriate staff member.

Licensee's Proposed Overall Completion Date: 03/02/2026

Implemented [REDACTED] 05/05/2026)

187d Follow prescriber's orders**6. Requirements**

2800.

187.d. The residence shall follow the directions of the prescriber.

Description of Violation

Resident [REDACTED] has an order "Call CRNP for a SBP [systolic blood pressure] greater than [REDACTED] every shift for [REDACTED]." However, from [REDACTED] through [REDACTED] and from [REDACTED] through [REDACTED], the resident's blood pressure was obtained/documented only once in the morning.

Repeat Violation: [REDACTED] et al.

Plan of Correction

Directed ([REDACTED] - 02/20/2026)

The Certified Registered Nurse Practitioner (CRNP) was contacted regarding Resident [REDACTED] blood pressure monitoring. Following consultation, the prescriber revised the order to require blood pressure monitoring at 8:00 a.m., 2:00 p.m., and 8:00 p.m. This updated order has been implemented 1/30/2026 and placed in the resident's medical record and medication administration record. The CRNP was contacted by the Director of Nursing on 1/30/2026

Measures to Prevent Reoccurrence

Licensed Nurses and Med Tech staff will be educated on the importance of following prescriber orders exactly as written, including frequency and documentation requirements. Training scheduled for 2/4/2026 by the Director of Nursing

Blood pressure monitoring orders will be reviewed during shift change to ensure clarity and compliance.

Supervisory staff will verify that all prescriber orders are accurately transcribed and scheduled.

Monitoring

187d Follow prescriber's orders (continued)

The Director of Nursing or designee will review Resident [REDACTED]'s blood pressure documentation weekly for compliance with the revised order for 60 days then monthly starting 2/9/2026

Monthly audits of vital sign documentation will be conducted for all residents with monitoring parameters ordered by a prescriber for the next six months starting 2/9/2026

Any identified discrepancies will be addressed immediately with retraining and corrective action.

Proposed Overall Completion Date: 03/02/2026

Directed Plan of Correction (2/20/26 - [REDACTED])

To clarify the above plan of correction, within 5 days from the receipt of the acceptable plan of correction, the Director of Nursing or Designee of supervisory or management-level position shall be responsible for the aforementioned audits.

Directed Completion Date: 03/02/2026

Implemented [REDACTED] - 05/05/2026)

225a2 Assessment – significant change**7. Requirements**

2800.

225.a.2. The administrator or administrator designee, or an LPN, under the supervision of an RN, or an RN shall complete additional written assessments for each resident. A residence may use its own assessment form if it includes the same information as the Department's assessment form. Additional written assessments shall be completed as follows: If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident [REDACTED]'s most recent assessment was completed on [REDACTED]. According to staff interviews, about a month ago, resident [REDACTED] was observed crying hysterically, claiming that [REDACTED] was [REDACTED] again when [REDACTED] already had three [REDACTED] with [REDACTED] and that this [REDACTED] was not [REDACTED]. Then on [REDACTED], the resident stated that there was a [REDACTED] sleeping in bed with [REDACTED] the previous night. However, the residence failed to complete additional written assessments of the resident.

Plan of Correction

Directed [REDACTED] - 02/20/2026)

The community identified that Resident [REDACTED] experienced significant changes in mental and emotional status, including episodes of emotional distress and delusional statements. An additional written assessment addressing these changes has been completed by the Director of Nursing or licensed nurse and placed in the resident's record. Update completed by the Director of Nursing on 1/7/2026

The resident's care needs were reviewed, and appropriate follow-up actions, including provider notification and care planning, were initiated as indicated. Resident was seen by CRNP on 1/6/2026 and [REDACTED] Psychotherapist on 1/28/2026

Measures to Prevent Reoccurrence

225a2 Assessment – significant change (continued)

Administrative and clinical staff have been re educated on the requirement to complete an additional written assessment whenever a resident experiences a significant change in condition, including changes in mental status, behavior, or emotional functioning. Training conducted by Director of Nursing on 1/21/2026

Shift supervisors are required to report observed or reported significant changes to the Director of Nursing immediately.

Monitoring

The Administrator or designee will review all incident reports, weekly to identify any indications of significant change requiring an additional assessment.

Quarterly audits of resident records will be conducted to ensure additional assessments are completed timely when indicated.

Proposed Overall Completion Date: 03/02/2026

Directed Plan of Correction (2/20/26 - [redacted]):

To clarify the above plan of correction, within 5 days of the receipt of the acceptable plan of correction, the administrator or designee will audit all incident reports weekly for two months, then monthly for three months.

Within 5 days of the receipt of the acceptable plan of correction, the administrator or designee shall audit resident assessments quarterly, as required by 2800.227c.

Directed Completion Date: 03/02/2026

Implemented [redacted] - 05/05/2026)

227g Support plan - signatures

8. Requirements

2800.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident [redacted] Assessment/Support plan (ASP) dated [redacted] was not signed by the assessor.

Plan of Correction

Accept [redacted] - 02/20/2026)

The support plan has been re signed and dated by the appropriate interdisciplinary team members for Resident [redacted] on 1/7/2026 by the ADON and Administrator

Updated Procedure for Support Plan Completion

Effective immediately, staff completing the support plan must document the resident's participation status at the time of each review or revision as follows:

227g Support plan signatures (continued)

The resident participated, OR

The resident was unable to participate, OR

The resident declined participation.

Staff Education

All staff responsible for developing or updating support plans have been educated on the requirement for signatures and participation documentation.

Training was conducted on 1/16/2026 by the Administrator to includes instruction on:

Proper documentation procedures

Required signatures from individuals involved in the support plan process

How to document resident non participation appropriately

Staff will sign an acknowledgment of training to confirm understanding.

Ongoing Monitoring

The Director of Nursing or designee will review all newly completed or updated support plans weekly for 60 days to ensure: Starting 2/10/2026

Licensee's Proposed Overall Completion Date: 03/02/2026

Implemented ([REDACTED] 05/05/2026)