

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

July 29, 2025

[REDACTED]
IVQ LANSDALE OPCO LP
[REDACTED]

RE: TRADITIONS OF LANSDALE
1800 WALNUT STREET
LANSDALE, PA, 19446
LICENSE/COC#: 14521

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/05/2025 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: *TRADITIONS OF LANSDALE* License #: *14521* License Expiration: *02/28/2026*
 Address: *1800 WALNUT STREET, LANSDALE, PA 19446*
 County: *MONTGOMERY* Region: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *IVQ LANSDALE OPCO LP*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *Other* Date: *11/12/2024* Issued By: *Hatfield Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *93* Waking Staff: *70*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *06/05/2025*

Inspection Dates and Department Representative

06/05/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *150* Residents Served: *67*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Daybreak* Capacity: *21* Residents Served: *19*

Hospice
 Current Residents: *5*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *67*
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *26* Have Physical Disability: *0*

Inspections / Reviews

06/05/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/05/2025*

07/07/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *07/28/2025*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *07/28/2025*

Inspections / Reviews *(continued)*

07/29/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/28/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

141b1 - Annual Medical Evaluation

1. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident [redacted] most recent medical evaluation was completed on [redacted] The resident's previous medical evaluation was completed on [redacted]

Plan of Correction

Accept [redacted] 07/07/2025)

Immediate Corrective Actions:

Unable to complete an immediate corrective action, as we missed the opportunity to schedule an appointment to have the DME completed timely, before the Physician went on vacation.

Additional Corrective Actions:

The Executive Director met with the Clinical Care Coordinator and the Resident Care Director on 6/30/25 to conduct an in-service to review the acceptable time frame for completion of the annual DME. Effective 7/01/25, the Clinical Care Coordinator (CCC) and the Resident Care Coordinator (RCD) will schedule appointments with the Resident's Physician in advance, so that evaluations with the physician are completed one month prior to the due date for the DME, to ensure compliance with this regulation. Due dates for DMEs will be tracked in Tabula Pro and due date reports will be reviewed no less than monthly by the CCC and RCD, so scheduling needs can be reviewed and implemented, beginning 7/15/25.

Ongoing Quality Assurance Actions:

The Resident Care Director, the Memory Care Director, Clinical Care Coordinator, and Executive Director will review all resident charts by 7/18/25, using the 30-day Admission, Annual, and Discharge Audit tool to check the dates of the completed DMEs. They will also identify a 5% sample of resident records to be reviewed each month to ensure DMEs continue to be completed timely, beginning 8/01/25. All findings will be reviewed at the Quarterly QA Meeting, to be held on 7/24/25, and subsequently, the QA Meetings being held during the 3rd week of each of the following months: October, January, April, and July.

Licensee's Proposed Overall Completion Date: 07/18/2025

Implemented [redacted] 07/29/2025)

183e - Storing Medications

2. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On [redacted], the following medication cards were observed to have a punctured blister foil with the medication still present in the spot:

- [redacted]
- [redacted]
- [redacted]
- [redacted]

183e - Storing Medications (continued)

Plan of Correction

Accept [REDACTED] - 07/07/2025)

Immediate Corrective Actions:

The following medications listed for each of the four Residents were removed from the medication cards by the 1st shift Med Tech on duty, and destroyed on 6/05/25 when it was noted that there was a puncture in the foil:

Resident [REDACTED] 81mg (1 pill), Resident [REDACTED] 10 mg tab (2 pills), Resident [REDACTED] 10 mg tab (1 pill), and Resident [REDACTED] tab (2 pills)

Replacement medications were ordered from the pharmacy by the 1st shift Med Tech on 6/05/25 and were received the same day, 6/05/25 by the 2nd shift Med Tech.

Additional Corrective Actions:

The Clinical Care Coordinator/Med Tech Trainer will meet with all our current Med Techs by 7/18/25 to complete an in-service about the proper disposal and documentation of any medication found in med cards, with any type of puncture or damage to the foil on the back of the med card. In addition, the training session will include refresh/reminder content for Med Techs to ensure their understanding that medications are stored in an organized manner under proper conditions of sanitation, temperature, moisture and light, and in accordance with manufacturer's instructions.

Ongoing Quality Assurance Actions:

The Med Techs will continue to conduct weekly med cart audits, which include review of medication storage conditions, with forms being submitted to the RCD, beginning 7/18/25. The Memory Care Director and the Resident Care Director will review the weekly audits of the Med Carts conducted by the Med Techs, as well as conduct a monthly MAR to Cart audit to ensure ongoing compliance. All findings will be reviewed at the Quarterly QA Meeting, to be held on 7/24/25, and subsequently, the QA Meetings being held during the 3rd week of each of the following months: October, January, April, and July.

Licensee's Proposed Overall Completion Date: 07/18/2025

Implemented [REDACTED] - 07/29/2025)