



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [REDACTED]

July 29, 2022

[REDACTED]
SH OpCo The Quadrangle, LLC
[REDACTED]
[REDACTED]

RE: Quadrangle Personal Care
3300 Darby Road
Haverford, Pennsylvania 19041
License #: 14676

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on March 8, 2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Mia Johnson

Mia Johnson
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

Facility Information

Name: *QUADRANGLE PERSONAL CARE* License #: *14676* License Expiration Date: *10/16/2021*
Address: *3300 DARBY ROAD, HAVERFORD, PA 19041*
County: *DELAWARE* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: *610-642-3000* Email: [REDACTED]

Legal Entity

Name: *SH OPCO THE QUADRANGLE LLC*
Address: *1920 MAIN STREET, SUITE 1200, IRVINE, CA, 92614*
Phone: *6106423000* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *09/24/1996* Issued By: *Commonwealth of Pa*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *118* Waking Staff: *89*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Monitoring* Exit Conference Date: *03/08/2021*

Inspection Dates and Department Representative

03/08/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *143* Residents Served: *81*

Secured Dementia Care Unit

In Home: *Yes* Area: *SCDU* Capacity: *25* Residents Served: *17*

Hospice

Current Residents: *9*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *81*
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *37* Have Physical Disability: *0*

Inspections / Reviews

03/08/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *04/15/2021*

4/15/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *04/17/2021*

3c - Post Current License

1. Requirements

2600.

- 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 3/8/21, the home's current LIS, dated 10/16/20, was not posted in a conspicuous and public place in the home.

Plan of Correction

Implemented MJ 7/28/22

The Personal Care (PC) Administrator immediately placed the most recent violation report with the accepted Plan of Correction (POC) from 10/16/2020 in the survey binder while surveyor was present. The survey binder that is located on a table near the main entrance. Completed 3/3/21

The PC Administrator upon receipt of the violation report, places a copy of the report in the survey binder that is located on a table near the main entrance. Upon the submission of the Plan of Correction to the Department of Human Services, the submitted plan will also be placed in the Survey Binder. Once the plan is accepted and returned from the Department of Human Services, the final copy will be placed in the survey binder. 4/4/21 and ongoing AED or designee will conduct monthly audit to ensure POC are up to date. 4/13/21.

The POC will be reviewed and evaluated by the PC Administrator and the community leadership team at the next monthly Quality Management (QAPI) meeting for three months to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again. 4/27/21 and ongoing.

Completion Date: 04/27/2021

85d - Trash Receptacles

1. Requirements

2600.

- 85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 3/8/21, there were two full, uncovered, unattended trash cans in the kitchen.

Plan of Correction

Implemented MJ 7/28/22

The Dining Services Coordinator attached the lids on the two-trash. 3/9/21.

Dining Service Coordinator had a training with kitchen staff. 3/11/21.

The Kitchen staff will continue to monitor daily for lids on trash can. 4/27/21 and ongoing.

The POC will be reviewed and evaluated by the PC Administrator and the community leadership team at the next monthly Quality Management (QAPI) meeting for three months to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again. 4/27/21 and ongoing

Completion Date: 04/27/2021

101j7 - Lighting/Operable Lamp

1. Requirements

2600.

- 101.j. Each resident shall have the following in the bedroom:

101j7 - Lighting/Operable Lamp (continued)

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident #1 does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Implemented MJ 7/28/22

Resident #1 refused to have a lamp at bedside. 3/8/21.

A wall lamp was installed in Resident #1's room and one additional room. 3/17/21.

A complete room audit was conducted for bedside lamps and tables. Any issues found were remediated. 3/11/21.

PC or designee will conduct monthly room audits to ensure lamps are at bedside. 3/11/21 and ongoing.

The POC will be reviewed and evaluated by the PC Administrator and the community leadership team at the next monthly Quality Management (QAPI) meeting for three months to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again. 4/27/21 and ongoing.

Completion Date: 04/27/2021

185a - Implement Storage Procedures**1. Requirements**

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

On 2/19/21, at 12:34 pm, the glucometer belonging to resident #2 read 282, however the Medication Administration record was recorded as 269.

Plan of Correction

Implemented MJ 7/28/22

The Resident Care Director (RCD) calibrated Resident #2's glucometer. 3/8/21.

The RCD and designee conducted an audit of all glucometers to verify they are calibrated per manufactures instructions and readings on the devices are documented on the medication administration record. 3/9/21.

The RCD provided re-training to the Medication Care Managers on how to conduct monthly cart audits which include the verifying that glucometers are calibrated. 3/9/21 and ongoing.

The RCD conducts monthly audits of glucometer calibration, per manufactures instructions and readings on the device. 3/9/21 and ongoing.

The POC will be reviewed and evaluated by the PC Administrator and the community leadership team at the next monthly Quality Management (QAPI) meeting for three months to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur 4/27/21.

Completion Date: 04/27/2021