

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

April 17, 2025

[REDACTED]
SH OPCO THE QUADRANGLE LLC

[REDACTED]
ATTN LICENSING
[REDACTED]

RE: QUADRANGLE PERSONAL CARE
3300 DARBY ROAD
HAVERFORD, PA, 19041
LICENSE/COC#: 14676

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/27/2025 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: *QUADRANGLE PERSONAL CARE* License #: *14676* License Expiration: *10/16/2025*
 Address: *3300 DARBY ROAD, HAVERFORD, PA 19041*
 County: *DELAWARE* Region: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *SH OPCO THE QUADRANGLE LLC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C 2 LP* Date: *12/17/1997* Issued By: *Commonwealth of Pennsylvania, L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *115* Waking Staff: *86*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #: [REDACTED]
 Reason: *Incident* Exit Conference Date: *02/27/2025*

Inspection Dates and Department Representative

02/27/2025 On Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *143* Residents Served: *86*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Reminiscence Unit* Capacity: *25* Residents Served: *21*

Hospice
 Current Residents: *9*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *86*
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *29* Have Physical Disability: *1*

Inspections / Reviews

02/27/2025 - Partial
 Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow Up Date: *03/31/2025*

Inspections / Reviews *(continued)*

03/31/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/09/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/10/2025

04/17/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/09/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

42c - Treatment of Residents

1. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

In the early morning hours of Saturday 02/08/25, staff member A was making resident [redacted] bed but did not include a top sheet. Resident [redacted] requested a top sheet and staff member A retrieved a top sheet, brought it to the resident's room and threw it on the resident's bed saying you didn't ask me to put it on, you just asked me if we had one and left the resident's room.

When interviewing resident [redacted] about this incident, resident [redacted] felt the staff member did not like resident [redacted] for some unknown reason and stated the entire interaction made resident [redacted] uncomfortable.

Plan of Correction

Directed ([redacted] - 03/31/2025)

On 2/11/2025, Staff member A involved in the alleged incidents were immediately placed on administrative leave, addressed regarding their alleged conduct. Team member have been terminated at the conclusion of the investigation.

*3/1/2025, Monthly training as scheduled for month of March via learning channel on resident rights
 3/31/2025 Resident Care Director will provide re -training to team members with direct care staff regarding appropriate approach when providing care to residents and the ability to recognize, stop, and report Physical abuse. Staff will be trained utilizing the DHS Abuse and Neglect training as well as the sunrise policy.
 4/17/2025 and ongoing – This Plan of Correction will be discussed and evaluated for the next 2 quarters by the ED and Coordinators at the quarterly QAPI Meeting The Executive Director is responsible for confirming the implementation and compliance of this POC and addressing and resolving any variance that may occur.*

Directed Plan of Correction (slw 3/31/25):

**the ED will discuss dignity and respect at monthly staff meetings for the next two months to ensure staff understand the importance of treating residents with respect, as well as responding to call bells ASAP, at all times, starting immediately.*

**the ED will maintain a copy of the staff sign in sheet of all staff attending monthly staff meetings for the Departments review.*

**the ED or DON will conduct random interviews, at least monthly for the next two months, of residents to discuss staff to resident interactions, starting immediately.*

Proposed Overall Completion Date: 04/17/2025

Directed Completion Date: 04/17/2025

Implemented ([redacted] - 04/17/2025)

60a - Staff/Support Plan

2. Requirements

2600.

60a - Staff/Support Plan (continued)

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident’s assessment and support plan.

Description of Violation

The home could not provide a policy or procedure indicating what the home considers a reasonable response time to a call bell. The amount of time needed to respond to the call bells listed below indicates the home is not adequately staffed;

Date	Time	Response Time
[REDACTED]	[REDACTED]	[REDACTED]

Plan of Correction

Accept [REDACTED] 03/31/2025)

02/28/28 Executive Director reviewed the previous 4 weeks of Direct Care Staff Schedule and confirmed adequate staffing was in place.

3/03/2025, Executive Director educated Resident Care Coordinator on importance on responding to call bells in a timely manner to make sure each resident is provided assistance with care needs as indicated in the resident assessment and support plan.

03/03/2025 and Ongoing, Resident Care Coordinator along with ED will review call bell reports weekly and as needed to confirm all residents are receiving assistance with care needs as indicated in the resident assessment and support plan. ED will conduct weekly audit of Direct Care Workers schedules for the next 4 weeks to ensure adequate staff to meet the needs of residents.

4/02/2025 and ongoing, Resident Care Coordinator will re-educate staff on call bell response times and the importance of calls are being responded to in a timely manner to meet their needs. RCC will review documentation of care to confirm residents receive the support indicated in the care plan

4/17/2025 and ongoing – This Plan of Correction will be discussed and evaluated for the next 2 quarters by the ED and Coordinators at the quarterly QAPI Meeting the Executive Director is responsible for confirming the implementation and compliance of this POC and addressing and resolving any variance that may occur.

Licensee's Proposed Overall Completion Date: 04/17/2025

Implemented [REDACTED] - 04/17/2025)

65d - Initial Direct Care Training

3. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

1. Training that includes a demonstration of job duties, followed by supervised practice.
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.
3. Initial direct care staff person training to include the following:

65d - Initial Direct Care Training *(continued)*

- i. Safe management techniques.
- ii. ADLs and IADLs
- iii. Personal hygiene.
- iv. Care of residents with dementia, mental illness, cognitive impairments, an intellectual disability and other mental disabilities.
- v. The normal aging-cognitive, psychological and functional abilities of individuals who are older.
- vi. Implementation of the initial assessment, annual assessment and support plan.
- vii. Nutrition, food handling and sanitation.
- viii. Recreation, socialization, community resources, social services and activities in the community.
- ix. Gerontology.
- x. Staff person supervision, if applicable.
- xi. Care and needs of residents with special emphasis on the residents being served in the home.
- xii. Safety management and hazard prevention.
- xiii. Universal precautions.
- xiv. The requirements of this chapter.
- xv. Infection control.
- xvi. Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

Description of Violation

Direct care staff member A, hired on [REDACTED], began providing unsupervised ADL services in April 2023. However, the staff member did not complete and pass the Department-approved direct care training course and pass the competency test.

Plan of Correction

Accept ([REDACTED] - 03/31/2025)

2/11/2025 Direct Care staff A immediately removed from the schedule and no longer work as direct care staff.

On 03/03/2025, Human Resources initiated an audit on all active employee files to ensure compliance.

03/03/2025 Executive Director educated Care Coordinators & Human Resources to ensure that all new team members complete their DHS Direct Care Staff training prior to starting their on-the-floor shadowing period to ensure that training is completed prior to providing unsupervised ADL services independently.

4/17/2025 and ongoing – This Plan of Correction will be discussed and evaluated for the next 2 quarters by the ED and Coordinators at the quarterly QAPI Meeting The Executive Director is responsible for confirming the implementation and compliance of this POC and addressing and resolving any variance that may occur.

Licensee's Proposed Overall Completion Date: 04/17/2025

Implemented ([REDACTED] - 04/17/2025)

65f - Training Topics

4. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

- 1. Medication self-administration training.
- 2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- 3. Care for residents with dementia and cognitive impairments.
- 4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- 5. Personal care service needs of the resident.
- 6. Safe management techniques.

65f - Training Topics (continued)

- 7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff member A did not receive training in medication self-administration training, instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, safe management techniques, and care for residents with mental illness or an intellectual disability, or both, if the population is served in the home during training year 2024.

Plan of Correction

Accept (█ - 03/31/2025)

*2/11/2025 Direct Care staff A was immediately removed from the schedule and no longer work as direct care staff.
 Direct Care Staff A no longer work for the community
 2/5/2025 The Executive Director provided Human Resources re-education on training requirements for Direct Care Staff for annual training for 2025 calendar year
 2/12/2025 – The Human Resources Manager conducted an audit of all team member files to verify that direct care staff required training is completed
 3/1/2025 the Human Resources Manager will conduct random audit of direct care staff files monthly x 6 months to confirm that scheduled annual training are completed.
 4/17/2025 the Human Resource Manager will report compliance to the quarterly QAPI (Quality Assurance and Performance Improvement) meeting for 2 consecutive quarters.
 4/17/2025 and ongoing – This Plan of Correction will be discussed and evaluated for the next 2 quarters by the ED and Coordinators at The QAPI Meeting
 The Executive Director is responsible for confirming the implementation and compliance of this POC and addressing and resolving any variance that may occur.*

Licensee's Proposed Overall Completion Date: 04/17/2025

Implemented (█ - 04/17/2025)