



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HUMAN SERVICES



CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to SH OPCO THE QUADRANGLE LLC

LEGAL ENTITY

To operate QUADRANGLE PERSONAL CARE

NAME OF FACILITY OR AGENCY

Located at 3300 DARBY ROAD, HAVERFORD, PA 19041

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 143
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 25

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from October 16, 2020 until October 16, 2021,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **146760**

Robert E. Robinson

ISSUING OFFICER

Jamie J. Buchenauer

Deputy Secretary

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

October 16, 2020

Mr. Jeffrey H. Miller
President & Chief Executive Officer
SH OpCo The Quadrangle, LLC
1920 Main Street, Suite 1200
Irvine, California 92614

RE: Quadrangle Personal Care
3300 Darby Road
Haverford, Pennsylvania 19041
License #: 146760

Dear Mr. Miller:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on September 17, 2020 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

In accordance with 55 Pa.Code § 2600.11(b) (relating to procedural requirements for licensure or approval of personal care homes, a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

During the inspection, citations on the enclosed Licensing Inspection Summary were found. All citations specified on the Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your NEW license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

Sincerely,

A handwritten signature in black ink that reads "Jamie F. Buchenauer".

Jamie Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

Facility Information

Name: *Quadrangle Personal Care* License #: *14676* License Expiration Date:
 Address: *3300 Darby Road , Haverford , PA 19041*
 County: *DELAWARE* Region: *SOUTHEAST*

Administrator

Name: *Beverly Duffy* Phone: *610-642-3000* Email: *thequadrangle.AED@sunrise.seniorliving.com*

Legal Entity

Name: *SH OpCo The Quadrangle, LLC*
 Address: *1920 Main Street, Suite 1200 , Irvine , CA, 92614*
 Phone: *610-642-3000* Email: *thequadrangle.AED@sunrise.seniorliving.com*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *09/24/1996* Issued By: *CWOPA Dept. of L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *124* Waking Staff: *93*

Inspection

Type: *Partial* Notice: *Announced* BHA Docket #:
 Reason: *Change Legal Entity* Exit Conference Date: *09/17/2020*

Inspection Dates and Department Representative

09/17/2020 - On-Site: David Carrion

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *143* Residents Served: *74*

Secured Dementia Care Unit

In Home: *Yes* Area: *Reminiscence* Capacity: *25* Residents Served: *14*

Hospice

Current Residents: *8*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *0*
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *50* Have Physical Disability: *0*

Inspections / Reviews

09/17/2020 - Partial

Lead Inspector: *David Carrion* Follow-Up Type: *POC Submission* Follow-Up Date: *10/02/2020*

Inspections / Reviews *(continued)*

9/28/2020 - POC Submission

Lead Reviewer: *Claire Mendez*

Follow-Up Type: *Document Submission*

Follow-Up Date: *10/02/2020*

10/8/2020 - Document Submission

Lead Reviewer: *Claire Mendez*

Follow-Up Type: *Not Required*

82c - Locking Poisonous Materials

1. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

A tube of toothpaste was found in the bathroom in the Reminiscence area (Secure Dementia Care Unit), with a manufacturer's label indicating "if you accidentally swallow contact a Poison Control Center immediately", was unlocked, unattended, and accessible to Resident #1. Not all the residents of the home, including #1, have been assessed capable of recognizing and using poisons safely.

Plan of Correction

Accept

Resident #1's toothpaste was immediately secured in the resident's locked cabinet on 9/17/2020.

The Reminiscence Coordinator conducted a full inspection of all rooms to check for unlocked poisonous materials that the residents are unable to safely use or avoid on 9/17/2020. No other issues were identified.

Care Managers are scheduled to receive training on the community policy regarding securing poisonous materials for residents that have been assessed as not being capable of recognizing and using poisonous materials safely on or before 9/30/2020.

The Lead Care Manager does daily rounds of rooms ensuring poisonous materials are secured. The Reminiscence Coordinator or designee does weekly rounds of all rooms, both are ongoing.

Issues identified during daily or weekly rounds will be reviewed by the Associate Executive Director/Personal Care Home Administrator and Department Managers at the Quality Assurance and Performance Improvement (Quality Management) meetings for the next three months. Next meeting will be scheduled on or before 9/30/2020 and monthly thereafter.

During and at the conclusion of the 3-month period, the QAPI Committee will re-evaluate and initiate necessary action or extend the review period if needed.

Completion Date: 09/30/2020

Document Submission

Implemented

95 - Furniture and Equipment

1. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

Two knives were found in the Reminiscence area (SCDU) in a unlocked cabinet.

95 - Furniture and Equipment *(continued)*

Plan of Correction

Accept

*The Reminiscence Coordinator immediately removed the knives from the drawer on 9/17/2020.
 The Reminiscence Coordinator conducted a full inspection of all drawers in the Reminiscence Dining Room, no other issues were identified on 9/17/2020.
 Care Managers, Activity and Dining team members are scheduled receive training on leaving sharp objects unsecured in the Reminiscence Neighborhood (SCDU) on or before 9/30/2020.
 The Lead Care Manager, Reminiscence Coordinator or designee does daily rounds verifying that no sharp objects are in unlocked drawers within the Reminiscence Neighborhood, which is ongoing.
 Issues identified during daily or weekly rounds will be reviewed by the Associate Executive Director/Personal Care Home Administrator and Department Managers at the Quality Assurance and Performance Improvement (Quality Management) meetings for the next three months. The next meeting will be scheduled on or before 9/30/2020 and monthly thereafter.
 During and at the conclusion of the 3-month period, the QAPI Committee will re-evaluate and initiate necessary action or extend the review period if needed.*

Completion Date: 09/30/2020

Document Submission

Implemented

see attach -Environment Audit

107d - Procedure Emergency Management Agency Submission

1. Requirements

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home's written emergency procedures have not been submitted to the municipal emergency management agency.

107d - Procedure Emergency Management Agency Submission (continued)

Plan of Correction

Accept

As evidenced by the copy of the letter dated 11/4/2019, the plan was submitted to the Fire Marshall who had been designated as the Jurisdiction Having Authority (JHA). However, receipt of review had not been received by the community from the Emergency Management Agency. The Director of Facilities hand delivered a copy of the Emergency Procedures Manual for review on 9/17/2020. The Haverford Township Emergency Management Agency Official acknowledged review and receipt on 9/21/2020 (see attached)

As the community updates the emergency procedures, the Director of Facilities, Associate Executive Director/Personal Care Home Administrator or designee will send the updated plan to the Haverford Township Emergency Management Official and follow up for acknowledgement of receipt and review, which is ongoing.

If a new policy, procedure or program is adopted during the monthly Quality Assurance and Performance Improvement (Quality Management) meeting that relates to emergency procedures, the Director of Facilities, Associate Executive Director/Personal Care Home Administrator or designee will update the Emergency Procedures plan.

Issues identified by the Associate Executive Director/Personal Care Home Administrator and Department Managers will be presented at the Quality Assurance and Performance Improvement (Quality Management) meetings for the next three months. The next meeting will be scheduled on or before 9/30/2020 and monthly thereafter.

During and at the conclusion of the 3-month period, the QAPI Committee will re-evaluate and initiate necessary action or extend the review period if needed.

Completion Date: 09/21/2020

Document Submission

Implemented

Acknowledgement letter

231c - Preadmission Screening

1. Requirements

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident #1 was admitted to the Secure Dementia Care Unit (SDCU) on 10/10/19. However, the resident 1's written cognitive preadmission screening was completed on 09/19/19.

Resident #2 was admitted to the Secure Dementia Care Unit (SDCU) on 10/16/19. However, the resident 2's written cognitive preadmission screening was completed on 10/08/19.

231c - Preadmission Screening (continued)

Plan of Correction

Accept

For residents #1 & #2, the preadmission screening was completed before the 72-hour period. This was identified during an internal audit in December 2019 as well. However, the community cannot change the original document. At that time, the Executive Director, Associate Executive Director/Personal Care Home Administrator and regional team reviewed with the Resident Care Director (RCD) the reason for obtaining a cognitive preadmission screening within 72 hours of the resident moving into the community or transferring neighborhoods.

Following the internal audit, a full audit of medical charts was conducted with no issues identified. An additional full audit of all medical charts was completed again with no issues identified.

The RCD or designee will confirm that a written cognitive screening completed in collaboration with a physician or a geriatric assessment team on the Department's preadmission screening form is completed for each resident within 72 hours prior to admission to a secured dementia unit. The RCD or designee will have each cognitive screening reviewed by the Associate Executive Director/Personal Care Home Administrator or designee prior to the resident moving into the SDCU, which is ongoing.

Issues identified will be reviewed by the Associate Executive Director/Personal Care Home Administrator and Department Managers at the Quality Assurance and Performance Improvement (Quality Management) meetings for the next three months. The next meeting will be scheduled on or before 9/30/2020 and monthly thereafter.

During and at the conclusion of the 3-month period, the QAPI Committee will re-evaluate and initiate necessary action or extend the review period if needed.

Completion Date: 09/24/2020

Document Submission

Implemented

Pre screen audit