

Department of Human Services  
Bureau of Human Service Licensing

May 27, 2021

[REDACTED]  
IVQ LANSDALE OPCO LP  
211 WEST MAIN STREET,SUITE 400  
CARMEL, IN 46032

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

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/24/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
[REDACTED]

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

**Facility Information**

**Name:** TRADITIONS OF LANSDALE      **License #:** 14521      **License Expiration Date:** 02/28/2022  
**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:** 211 WEST MAIN STREET, SUITE 400, CARMEL, IN, 46032  
**Phone:** [REDACTED]      **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** Other      **Date:** 02/28/1986      **Issued By:** Hatfield Township Board of Commisioners

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 89      **Waking Staff:** 67

**Inspection**

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Complaint      **Exit Conference Date:** 02/24/2021

**Inspection Dates and Department Representative**

02/24/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 150      **Residents Served:** 56

**Secured Dementia Care Unit**

**In Home:** Yes      **Area:** Memory Care      **Capacity:** 71      **Residents Served:** 18

**Hospice**

**Current Residents:** 2/10

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 56  
**Diagnosed with Mental Illness:** 0      **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 33      **Have Physical Disability:** 0

## Inspections / Reviews

02/24/2021 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *05/21/2021*

5/19/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *05/31/2021*

5/27/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

23a - Activities of Daily Living Assistance

1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident’s assessment and support plan.

Description of Violation

The assessment and support plan, dated 1/3/21, for resident #1 indicates the resident requires assistance with oxygen. On the night of 2/8/21, the resident did not receive this assistance as required. The resident was forced to sleep in recliner chair because the tubing from oxygen will not reach the bed without the resident receiving assistance.

Plan of Correction

Accept

- What: The assessment and support plan, dated 1/3/21, for resident #1 indicates the resident requires assistance with oxygen. On the night of 2/8/21, the resident did not receive this assistance as required. The resident was forced to sleep in recliner chair because the tubing from oxygen will not reach the bed without the resident receiving assistance.

- Who: The Executive Director confirmed the malfunctioning call bell system was replaced on March 17, 2021. The Executive Director had previously rerouted the notification system and alerted staff to provide routine resident checks prior to the system being replaced, upon learning of the system deficits.

- When: Changes to the notification system were made several times to meet changing needs relative to the call bell system, with the call bell system itself completely replaced and upgraded as of March 17, 2021.

- How: The Executive Director ensured the replacement of the call bell system and coordinates with the Resident Care Director to review the call bell system reports daily.

- Ongoing: Resident Care Director and Executive Director review call bell logs daily to ensure call bells are being answered in a timely manner. Any concerns or trends will be reported and reviewed at the quarterly QA meetings.

Completion Date: 03/17/2021

Document Submission

Implemented

Attached- Sample Daily Audit of System

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

## 42b - Abuse (continued)

**Description of Violation**

On 02/08/21, resident #1 used [REDACTED] call bell to request assistance to use the bathroom and get into bed. Resident #1 is not supposed to get out of [REDACTED] chair or walk unattended. Resident also needs assistance setting up [REDACTED] oxygen while in bed. Staff did not respond to resident's request due to a systemic malfunction of the call bell system. Resident was able to use the rest room alone but was forced to sleep in a recliner chair in order to access [REDACTED] oxygen. The home was aware of the call bell system malfunction on 2/4/21 but failed to ensure the resident received assistance. The home was neglectful in meeting the resident's needs.

**Plan of Correction****Accept**

- What: On 02/08/21, resident #1 used [REDACTED] call bell to request assistance to use the bathroom and get into bed. Resident #1 is not supposed to get out of [REDACTED] chair or walk unattended. Resident also needs assistance setting up [REDACTED] oxygen while in bed. Staff did not respond to resident's request due to a systemic malfunction of the call bell system. Resident was able to use the rest room alone but was forced to sleep in a recliner chair in order to access [REDACTED] oxygen. The home was aware of the call bell system malfunction on 2/4/21 but failed to ensure the resident received assistance. The home was neglectful in meeting the resident's needs.
- Who: The Executive Director confirmed the malfunctioning call bell system was replaced on March 17, 2021. The Executive Director had previously rerouted the notification system and alerted staff to provide routine resident checks prior to the system being replaced, upon learning of the system deficits.
- When: Changes to the notification system were made several times to meet changing needs relative to the call bell system, with the call bell system itself completely replaced and upgraded as of March 17, 2021.
- How: The Executive Director ensured the replacement of the call bell system and coordinates with the Resident Care Director to review the call bell system reports daily.
- Ongoing: Resident Care Director and Executive Director review call bell logs daily to ensure call bells are being answered in a timely manner. Any concerns or trends will be reported and reviewed at the quarterly QA meetings.

Completion Date: 03/17/2021

**Document Submission****Implemented**

Call bell system itself completely replaced and upgraded as of March 17, 2021

## 54a - Direct Care Staff

**1. Requirements**

2600.

54.a. Direct care staff persons shall have the following qualifications:

1. Be 18 years of age or older, except as permitted in subsection (b).
2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

**Description of Violation**

Direct care staff person A, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

54a - Direct Care Staff (continued)

**Plan of Correction**

**Accept**

- *What: Direct care staff person A does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.*
- *Who: Staff Member A is no longer employed with Traditions of Lansdale. The Business Office Manager will receive training from the Executive Director on regulations pertaining to employee records and the required elements of employment. Requirements for Employment (Attachment A) will be reviewed, and a Sign-In Sheet of Attendance (Attachment B) will be recorded.*
- *How: In addition to completing the training, the Business Office Manager will use the New Employee Checklist (Attachment C) to ensure all new employees have met all employment requirements and have all related documents within the first 30 days of employment. All current employee records will be audited by the Business Office Manager to ensure they are correct.*
- *When: The training will be completed by May 30, 2021. The employee record audit will be completed by May 30, 2021.*
- *Ongoing: The Business Office Manager or Designee will conduct monthly Quality Assurance audits of 5% of employee onboarding files. Findings will be reviewed at the quarterly QA meetings.*

**Completion Date:** 05/30/2021

**Document Submission**

**Implemented**

*Attached- Signed Education*

88a - Surfaces

**1. Requirements**

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

**Description of Violation**

*On Wednesday, 02/24/21, the following issues were observed;*

- *Several cement patches were made to the floor of the main dining area in the memory care unit. These patches present a tripping hazard.*
- *A piece of the carpet in the memory care unit's activity room was not fastened to the floor and presents a tripping hazard.*
- *Another cement patch on the flooring outside the memory care unit present as a hazard.*

88a - Surfaces (continued)

Plan of Correction

Accept

- *What: Several cement patches were made to the floor of the main dining area in the memory care unit. These patches present a tripping hazard. A piece of the carpet in the memory care unit's activity room was not fastened to the floor and presents a tripping hazard. Another cement patch on the flooring outside the memory care unit present as a hazard.*
- *Who: Temporary repairs were made, due to concerns with flooring in the dining area, which will be addressed as part of long-term planning for the community. At this time, the Maintenance Director or Designee will sand down all cement patches to be level with the floor, thereby alleviating the tripping hazard. Carpet pieces will be secured by the Maintenance Director or Designee to ensure they are properly fastened.*
- *When: The carpet was corrected immediately by fastening the carpet piece to the floor. Sanding of the rough surface areas will be completed by May 30, 2021.*
- *How: The Maintenance Director or Designee will sand down all cement patches to be level with the floor. These areas will be inspected daily, for any changes or new concerns, as part of the walk-through of the community by the Maintenance Director or Designee.*
- *Ongoing: The Maintenance Director or Designee will conduct daily walk throughs of the building, reviewing both the status of previous concerns and looking for new issues (Attachment D). The Maintenance Director will report findings at quarterly QA meetings.*

Completion Date: 05/30/2021

Document Submission

Implemented

- Attached- Carpet Fastened to Floor*
- Attached- Sanding Rough Surfaces*

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

*On Wednesday 02/24/2021, a flood light was missing outside of room [REDACTED] in the memory care unit. The missing fixture left two exposed electrical wires, one capped and one uncapped.*

*On Thursday 02/04/2021, the home discovered a problem with the call bell system not transferring alerts to caregivers' phones. The home was able to determine that the call bell system could not be fixed and would need to be replaced. In the meantime; however, there was an incident where a resident's call bell request was not answered.*

95 - Furniture and Equipment (continued)

**Plan of Correction**

**Accept**

- *What: A flood light was missing outside of room [REDACTED] in the memory care unit. The missing fixture left two exposed electrical wires, one capped and one uncapped. The home discovered a problem with the call bell system not transferring alerts to caregivers' phones.*
- *Who: The Maintenance Director was working on fixing the flood light at the time of the inspection. The flood light repair was completed immediately. The Executive Director ensured the call bell system was replaced on March 17, 2021.*
- *When: The Maintenance Director completed the work on the flood light at the time of the inspection. The call bell system was replaced on March 17, 2021.*
- *How: Maintenance Director was working on fixing the flood light at time of inspection. The flood light repair was completed immediately. The call bell system was completely replaced.*
- *Ongoing: The Maintenance Director will complete daily walks through the community, and will note any lights needing repair (Attachment D). Findings from daily walks will be reviewed at quarterly QA meetings. Resident Care Director and Executive Director review call bell logs daily to ensure call bells are being answered in a timely manner.*

**Completion Date:** 03/17/2021

**Document Submission**

**Implemented**

*Attached-Flood Light Repair*