Department of Human Services
Bureau of Human Service Licensing

October 18, 2021

[redacted], EXECUTIVE DIRECTOR
SH OPCO THE QUADRANGLE LLC
1920 MAIN STREET, SUITE 1200
IRVINE, CA 92614

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

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/14/2021, 09/15/2021 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

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:** *Dept of L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *137* **Waking Staff:** *103*

Inspection

Type: *Full* **Notice:** *Unannounced* **BHA Docket #:**
Reason: *Renewal* **Exit Conference Date:** *09/15/2021*

Inspection Dates and Department Representative

09/14/2021 - On-Site: [redacted]
09/15/2021 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *143* **Residents Served:** *92*

Secured Dementia Care Unit

In Home: *Yes* **Area:** *Reminiscence* **Capacity:** *25* **Residents Served:** *22*

Hospice

Current Residents: *7*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older:** *92*
Diagnosed with Mental Illness: *1* **Diagnosed with Intellectual Disability:** *0*
Have Mobility Need: *45* **Have Physical Disability:** *0*

Inspections / Reviews

09/14/2021 - Full

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *10/08/2021*

10/8/2021 - POC Submission

Lead Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *10/18/2021*

10/18/2021 - Document Submission

Lead Reviewer: [redacted] **Follow-Up Type:** *Not Required*

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted] at [redacted], a staff member found a resident on the ground with a head laceration. The home did not report this incident to the department until [redacted] at [redacted]

On [redacted] at [redacted], a resident fell resulting in a nose fracture. The home did not report this incident to the department until [redacted] at [redacted].

On [redacted] at [redacted], a resident fell in the hallway resulting in a left clavicular fracture. The home did not report this incident to the department until [redacted] at [redacted].

Plan of Correction **Accept**

The incident involving resident on [redacted] at [redacted] was reported to the Department [redacted]
The incident involving resident on [redacted] at [redacted] was reported to the Department [redacted]
The Incident on [redacted] at [redacted] was reported to the Department. [redacted].
The Associate Executive Director (AED) reviewed reported incidents for the past month to verify all have been reported timely 9/17/2021.
The AED reviewed the regulatory reporting requirements of Chapter 2600.16 and guidance of the Regulatory Compliance Guide with the Care Coordinators, Wellness team and Care Managers during the Town Hall meeting 9/23/2021.
During the morning meeting the AED and coordinators review any reportable incidents to confirm that they have been reported timely and proper procedure were followed 9/20/21 and Ongoing
The POC and incidents reporting trends are reviewed and evaluated by the AED and coordinators at the monthly Quality Assurance and Performance Improvement (QAPI/Quality Management) meeting for 3 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. 9/30/2021 up to 3 months

Completion Date: *09/17/2021*

Document Submission **Implemented**

See upload atachment

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 Repeat Violation

On 9/14/21 at 10:35am, Resident Room 8148 in the Secure dementia care unit had 2 bottles of Colgate toothpaste and 1 bottle of Act Mouthwash on the bathroom counter.
The bottles read call poison control center if swallowed.

82c - Locking Poisonous Materials *(continued)*

Plan of Correction **Accept**

The Reminiscence Coordinator (RC) immediately secured the toothpaste and mouthwash in the resident room # 8148's locked cabinet in the bathroom. 9/15/2021
The RC and care managers conducted a walkthrough of the neighborhood and verified all poisonous materials are kept locked and inaccessible to residents who are unable to use safely use poisonous materials. 9/15/2021
The RC or the designee conducted a training on Chemical Safety to care staff. 9/20/2021
The RC or the designee conducts weekly resident rooms rounds to confirm poisonous materials are kept locked and secured. 9/24/2021 and Ongoing
The POC and monitoring results are reviewed and evaluated by the AED and coordinators at the monthly QAPI meeting for 3 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. 9/30/2021 up to 3 months.

Completion Date: *09/30/2021*

Document Submission **Implemented**

see attachemnet

103f - Refrigerator/Freezer Temps

1. **Requirements**

2600.
103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 9/14/21 at 10:45am the temperature in the Refrigerator in the SDCU activities room was 50 degrees Fahrenheit and contained resident food.

On 9/14/21 at 10:50am the temperature in the Refrigerator in the SDCU kitchen was 50 degrees Fahrenheit and contained resident food.

On 9/14/21 at 11:15am the temperature in the Refrigerator in the 2nd floor kitchenette was 52 degrees Fahrenheit and contained resident food.

103f - Refrigerator/Freezer Temps *(continued)*

Plan of Correction **Accept**

The RC replaced the thermometer in the refrigerator in the SDCU activities room 9/21/2021.
The RC removed the internal thermometer and will use external thermometer of the Refrigerator in the SDCU kitchen. 9/21/2021
The Personal Care Coordinator (PCC) removed the internal thermometer and will use external thermometer of the 2nd floor kitchenette. 9/21/2021.
The Dining Services Coordinator (DSC) and/or Care Coordinator will conduct an audit of all refrigerators outside of the main kitchen area and verify the Food requiring refrigeration are stored at or below 40°F and that each refrigerator has a thermometer 9/21/2021 and Ongoing
The AED conducted training with care staff during the Town Hall meeting on the requirements to check refrigerator temperatures daily, document and report to the neighborhood coordinator and DSC any refrigerator temperatures that are not at or below 40°F. 9/23/2021.
The DSC or designee checks refrigerator temperatures daily, document and report to the supervisor any refrigerator temperatures that are not at or below 40°F 9/23/2021.
The POC and monitoring results are reviewed and evaluated by the AED and coordinators at the monthly QAPI meeting for 3 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. 9/30/2021 for up to 3 months.

Completion Date: *09/21/2021*

Document Submission **Implemented**

see attachment

103i - Outdated Food

1. Requirements

2600.
103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

On 9/15/21 at 9:45am, in the walk-in refrigerator there were Teriyaki sauce and Scallions labelled for expiration on 9/13/21.

103i - Outdated Food *(continued)*

Plan of Correction **Accept**

The DSC removed and discarded the scallions and teriyaki sauce from the walk-in refrigerator immediately. 9/15/2021.
The DSC conducted an audit of all refrigerators to verify that all expired foods have been discarded. 9/22/2021.
The DSC conducted training on expired food removal process with the Kitchen Staff and care staff. 9/23/2021 ongoing.
The DSC or designee will check kitchen refrigerators weekly for outdated or spoiled food 9/24/21 ongoing.
The POC and monitoring results are reviewed and evaluated by the AED and coordinators at the monthly QAPI meeting for 3 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. 9/30/2021 for up to 3 months

Completion Date: *09/30/2021*

Document Submission **Implemented**

see attachment

105g - Lint Removal and Duct Cleaning

1. **Requirements**

2600.
105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 9/14/21 at 11:00am, there was full accumulation of lint in the lint traps in both 2nd floor dryers. There were no clothes in the dryers at the time.

Plan of Correction **Accept**

There were no clothes in the dryers at the time the PCC removed the lint of the 2nd floor dryers. 9/14/2021
The Maintenance Coordinator (MC) cleaned the dryers
to remove all lint. 9/15/2021
The MC posted signs near the dryers reminding team members to remove the lint from the dyers after each use. 9/17/2021
The MC conducted a check of all dryers to verify lint trap and drum of clothes, dryers did not have lint. 9/24/2021
During the monthly Town Hall meeting the AED or designee provided education and reminders that include making sure lint traps are cleaned after each use. 9/23/2021
The MC or designee conducts an audit weekly to verifies signs remain posted and lint traps are cleaned after each use. 9/24/2021
An external vendor is scheduled to clean out lint trap and drum of clothes dryer ever quarter.7/2/2021 and Ongoing
The POC and monitoring results are reviewed and evaluated by the AED and coordinators at the monthly QAPI meeting for 3 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. 9/30/2021 for up to 3 months

Completion Date: *09/30/2021*

105g - Lint Removal and Duct Cleaning *(continued)*

Document Submission **Implemented**

see attachment

144c1 - Smoking Area Guidelines

1. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

On 9/14/21 at 11:45am, there were 5 cigarette butts outside near the doorway to the trash compactor. Home has a no smoking policy and there is a no smoking sign by the doorway.

Plan of Correction **Accept**

The cigarette butts near the trash dumpster were immediately cleaned up and discarded appropriately by the MC. 9/15/2021

The community does have a smoking policy, located in Policy Binder and as part of the residency agreement. The designated smoking area is located outside of the community. When exiting the community make a right and follow to the stop sign. Make another right at stop sign and follow the bend at curb. 9/15/2021

There was a No Smoking sign outside on the loading dock. In addition, a new No Smoking sign was placed on the internal doors leading to loading dock.

9/21/2021.

During the monthly Town hall meeting the AED or designee provided education and reminders on the Smoking Policy and Procedures, including the location of the designated smoking area. 9/23/2021

The MC or designee will monitor during daily rounds for signs of smoking outside of the designated smoking area. 9/24/2021

The POC and monitoring results are reviewed and evaluated by the AED and coordinators at the monthly QAPI meeting for 3 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.9/30/2021 for up to 3 months

Completion Date: *09/30/2021*

Document Submission **Implemented**

see attachment

181d -Storing Medication

1. Requirements

2600.

181.d. If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

181d -Storing Medication *(continued)*

Description of Violation

Resident #8 self-administers medications and stores medications in their room. On 9/14/21 at 11:30am, the resident's room was unlocked and there were several unlocked, unattended medications including [redacted] *in resident's bedroom* [redacted]

Plan of Correction **Accept**

The Resident Care Director (RCD) placed resident #8's medications in a lock box, and the box is in the resident's room. 9/14/2021

The RCD and designee checked the rooms of residents who self-administer medications to verify medications were secured 9/22/2021.

During the monthly Town hall meeting the AED or designee provided education and reminders on verifying residents that self-administer medications maintain their medications secured and room door is locked when the resident is not in their room.. 9/23/2021

Care managers will report to the RCD or neighborhood coordinator any instances of residents that self-administer medications not maintaining their medications secured and room door is locked when the resident is not in their room. 9/23/2021 and Ongoing

The RCD or designee will conduct room checks for residents who self- administer medications weekly for the next 3 months to confirm medications are kept in a secured location. 10/6/2021ongoing.

The RCD or designee conducts a monthly assessment on residents who self-administer medications to verify the resident is still able to self-administer and maintains the medications secured. 9/22/2021

The POC and monitoring results are reviewed and evaluated by the AED and coordinators at the monthly QAPI meeting for 3 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 again9/30/2021 for up to 3 months

Completion Date: *09/30/2021*

Document Submission **Implemented**

see attachment

183f - Discontinued Medications

1. **Requirements**

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

Resident #7 is prescribed [redacted]*. However, the eye drops on the medication cart expired August 2021.*

183f - Discontinued Medications *(continued)*

Plan of Correction **Accept**

The RCD removed resident #7's the eye drops for resident from the medication cart. A discontinue order for the eye drops was obtained..9/15/2021
The RCD and designee conducted medication carts audit for expired medication.
9/22/2021 ongoing.
The RCD provided re-training to the Medication Care Managers (MCM) and nurses on how to conduct monthly cart audits to identify expired medication 9/30/2021
ongoing
The MCM's and nurse will conduct weekly medication cart audits to identify expired medication 9/30/2021 and Ongoing
Monthly the RCD or designee conducts medication cart audits to identify expired medication.9/30/2021 and Ongoing
The POC and monitoring results are reviewed and evaluated by the AED and coordinators at the monthly QAPI meeting for 3 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 9/30/2021 for up to 3 months

.

Completion Date: *09/30/2021*

Document Submission **Implemented**

see attachment

184a - Labeling OTC/CAM

1. **Requirements**

2600.
184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

Resident #5 is prescribed Lantiseptic Skin Protectant Ointment 50% apply every day and evening shift. However the medication label reads apply daily in the evening.

184a - Labeling OTC/CAM *(continued)*

Plan of Correction **Accept**

The RCD placed a change of direction label on resident #5's prescribed ointment. 9/15/2021
The RCD and designee conducted medication carts audit to check for medication labels matching the prescribed orders/Medication Administration Record (MAR).9/30/2021
The RCD provided re-training to the Medication Care Managers (MCM) and nurses on how to conduct monthly cart audits to identify medication labels that do not match the MAR.9/30/2021
The MCM and designee will conduct weekly medication cart audits to identify medications with a label that does not match the MAR9/21/2021 and
Ongoing
The RCD or designee will conduct monthly medication cart audits to identify medications with a label that does not match the MAR 9/30/2021 and Ongoing
The POC and monitoring results are reviewed and evaluated by the AED and coordinators at the monthly QAPI meeting for 3 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.9/30/2021 for up to 3 months

Completion Date: *09/30/2021*

Document Submission **Implemented**

see attachment

184b - Resident's Meds Labeled

1. **Requirements**

2600.
184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On 9/15/21 at 10:42am in Reminiscence Cart there was CVS brand stomach relief Bismuth Subsalicylate without a label for a resident.

Plan of Correction **Accept**

The RCD obtained and placed a pharmacy label on the prescribed CVS brand stomach relief Bismuth Subsalicylate in the reminiscence medication cart. 9/15/2021
The RCD and designee conducted medication carts audit to check for unlabeled medications 9/30/2021
The RCD provided re-training to the MCM and nurses on how to conduct monthly cart audits to identify medications missing a label. 9/30/2021
Weekly the MCM's or Nurse conduct medication cart audits to identify medications missing a label.9/21/2021 and Ongoing
Monthly the RCD or designee conduct medication cart audits to identify medications missing a label.9/30/2021 and Ongoing
The POC and monitoring results are reviewed and evaluated by the AED and coordinators at the monthly QAPI meeting for 3 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 .9/30/2021 for up to 3 months

Completion Date: *09/30/2021*

184b - Resident's Meds Labeled *(continued)*

Document Submission **Implemented**

see attachment

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 Repeat Violation

The glucometer readings for resident #6 on 7/5/21 at 5:00pm was 204, however it was documented in the Medication Administration Record as 201.

Plan of Correction **Accept**

The RCD corrected resident #6's documentation on the electronic medical record relating to the incorrect documented glucometer reading. 10/4/2021

The RCD and designee reviewed the glucometers, and the MARs were audited to verify that the glucometer reading were recorded correctly. 9/22/2021.

The RCD educated the MCM's and nurses on how to document an error on an electronic MAR. 9/30/2021 and Ongoing

The RCD or designee conducts medication cart to MAR audits monthly to verify any errors have been corrected properly in the MAR 9/22/2021 and Ongoing

The POC and monitoring results are reviewed and evaluated by the AED and coordinators at the monthly QAPI meeting for 3 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.9/30/2021 for up to 3 months

Completion Date: *09/30/2021*

Document Submission **Implemented**

see attachment

227h - Support Plan Refuse Sign

1. Requirements

2600.

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

Description of Violation

Resident #1's support plan was completed on [redacted] However it was not signed, marked refused to sign, or marked unable to sign for the resident

Resident #2's support plan dated [redacted] is marked refused to sign and unable to sign but doesn't indicate if that was for the resident.

Resident #3's support plan was completed on [redacted]. However it was not signed, marked refused to sign, or marked unable to sign for the resident

Resident #4's support plan was completed on [redacted]. However it was not signed, marked refused to sign, or marked unable to sign for the resident

227h - Support Plan Refuse Sign *(continued)*

Plan of Correction **Accept**

The PCC scheduled Resident #1's care plan meeting with the resident and responsible party to review the support plan and document participation. 9/27/2021
The PCC designee scheduled Resident #2's care plan meeting with the resident to review the support plan and document participation. 9/27/2021
The PCC designee scheduled Resident #3's care plan meeting with the resident to review the support plan and document participation 9/27/2021
The PCC designee scheduled Resident #4's care plan meeting with the resident to review the support plan and document participation.
The neighborhood coordinators reviewed and identified residents and responsible parties who participated in the development of the support plan but did not sign and date the support plan. Meetings were scheduled and documentation obtained accordingly 9/20/2021
The AED reviewed the procedure to be followed with the RC and the PCC for obtaining signatures and dates for those that participated in the development of the support plan .9/20/2021
The PC and RC schedule support plan meetings with residents and responsible parties via verbal or written communication. Signatures and dates are obtained for those that participate in the development of the support plan. 9/27/2021
The AED or designee reviews care plan meeting documentation prior to filing in the resident's record. 9/20/2021 and Ongoing
The POC and monitoring results are reviewed and evaluated by the AED and coordinators at the monthly QAPI meeting for 3 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.9/30/2021 for up to 3 months

Completion Date: *10/21/2021*

Document Submission **Implemented**

see attachment