

Department of Human Services  
Bureau of Human Service Licensing

November 10, 2021

[REDACTED], COO  
IVQ LANSDALE OPCO LP  
765 SKIPPACK PIKE, SUITE 300  
BLUE BELL, PA 19422

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 09/28/2021, 09/29/2021 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: *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: *2158551235* Email: [REDACTED]

**Legal Entity**

Name: *IVQ LANSDALE OPCO LP*  
Address: *765 SKIPPACK PIKE, SUITE 300, BLUE BELL, PA, 19422*  
Phone: *2158551235* Email: [REDACTED]

**Certificate(s) of Occupancy**

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

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *93* Waking Staff: *70*

**Inspection**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *09/29/2021*

**Inspection Dates and Department Representative**

*09/28/2021 - On-Site:* [REDACTED]  
*09/29/2021 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *150* Residents Served: *67*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *Memory Care* Capacity: *71* Residents Served: *17*

**Hospice**

Current Residents: *2*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *66*  
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *26* Have Physical Disability: *1*

## Inspections / Reviews

09/28/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/23/2021*

10/26/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *11/08/2021*

11/10/2021 - Document Submission

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

63a - First Aid/CPR Training

1. Requirements

2600.

- 63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On 09/26/2021 and 09/27/2021, from 11 PM to 07:00 AM next morning, 67 residents were present in the home. During this time, only one staff person who was certified in First Aid/CPR training was present in the home.

Plan of Correction

Accept

- What: On 09/26/2021 and 09/27/2021, from 11 PM to 07:00 AM next morning, 67 residents were present in the home. During this time, only one staff person who was certified in First Aid/CPR training was present in the home.
- Who: Resident Care Director or Designee
- When: CPR class completed on 10/6/21. Next CPR class scheduled for November.
- How: Resident Care Director or designee will manage the CPR binder and schedule a CPR class prior to expiration dates.
- Ongoing: Resident Care Director or designee will manage the CPR binder and perform a quarterly audit and report findings to quarterly QA meeting.

Completion Date: 10/22/2021

Document Submission

Implemented

Completed

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

On 09/28/2021 at 10:30 AM, the activity closet in the home's Secured Dementia Care Unit (SDCU) was unlocked. Inside were 3 bottles of cleaning supplies including No Rinse Food Contact Cleaner Sanitizer, with a manufacture's label indicating "if inhaled or in the eye, immediately call a Poison Center/doctor," unlocked, unattended, and accessible to residents. Not all the residents of the home, including SDCU residents, have been assessed capable of recognizing and using poisons safely.

82c - Locking Poisonous Materials *(continued)*

**Plan of Correction**

**Accept**

*82c- Locking Poisonous Materials*

- *What: On 09/28/2021 at 10:30 AM, the activity closet in the home's Secured Dementia Care Unit (SDCU) was unlocked. Inside were 3 bottles of cleaning supplies including No Rinse Food Contact Cleaner Sanitizer, with a manufacture's label indicating "if inhaled or in the eye, immediately call a Poison Center/doctor," unlocked, unattended, and accessible to residents. Not all the residents of the home, including SDCU residents, have been assessed capable of recognizing and using poisons safely.*

- *Who: Memory Care Director or Designee*

- *When: Activity closet was immediately secured.*

- *How: Poisonous materials have been removed from the activity closet and placed in the closet designated for storing poisonous materials. Staff will be educating on how and where to properly store poisonous materials (Attachment L).*

- *Ongoing: Memory Care Director to conduct daily walkthroughs (Attachment M) and monthly QA audits (Attachment N) of locked locations on the secure unit to ensure locks are in proper working condition, and report findings during quarterly QA meeting.*

**Completion Date:** 11/05/2021

**Document Submission**

**Implemented**

*See attached*

85a - Sanitary Conditions

**1. Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

**Description of Violation**

*On 09/28/2021 at 10:30 AM, there were two shower puffs, orange and black, in B46 common shower. There was no label showing the owner of the puffs.*

*On 09/29/2021 at 11:00 AM, resident room #13 smelled bad. The hallway carpet in front of the resident's bathroom was stained with feces and the bathroom floor itself was stained with feces.*

85a - Sanitary Conditions (continued)

Plan of Correction

Accept

- What: On 09/28/2021 at 10:30 AM, there were two shower puffs, orange and black, in B46 common shower. There was no label showing the owner of the puffs.
- Who: Memory Care Director or Designee
- When: Two shower puffs were removed Immediately. Staff education will be completed by Memory Care Director by 11/5/2021 (Attachment J).
- How: Hanging washcloths removed from shower room. Staff education completed regarding importance of using washcloths once and then removing from the common shower area and sending to the laundry to be washed.
- Ongoing: Memory Care Director or designee will conduct daily rounds and report findings during quarterly QA meetings (Attachment K).

Completion Date: 11/05/2021

Document Submission

Implemented

See attached

96a - First Aid Kit

1. Requirements

2600.

- 96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The first aid kit at the reception desk does not include a breathing shield, eye covering, scissors, or adhesive tape. The thermometer was not working. The first aid kit in the home's van did not have a thermometer or tweezer.

Plan of Correction

Accept

- What: The first aid kit at the reception desk does not include a breathing shield, eye covering, scissors, or adhesive tape. The thermometer was not working. The first aid kit in the home's van did not have a thermometer or tweezer.
- Who: Executive Director or Designee
- When: Corrected Immediately.
- How: Executive Director replaced all missing contents from First aid kits.
- Ongoing: Executive Director or Designee will complete monthly first aid kit audits to ensure all contents are inside. Findings will be reported during quarterly QA meetings.

Completion Date: 10/22/2021

Document Submission

Implemented

Completed

103i - Outdated Food

1. Requirements

2600.

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

Description of Violation

There was an unlabeled, undated hot dog bun and hamburger buns in the SDCU kitchen cupboard.

103i - Outdated Food (continued)

Plan of Correction

Accept

- What: There was an unlabeled, undated hot dog bun and hamburger buns in the SDCU kitchen cupboard.
- Who: Memory Care Director or Designee
- When: Memory Care Director will complete staff education by 11/5/2021 (Attachment H)
- How: Undated items have been removed from the area. Education will be completed to remind staff of standard food dating practices. Fridge and cabinet checks added to overnight staff task list.
- Ongoing: Overnight staff to check daily to ensure food in refrigerator and kitchen staples are stored and dated properly to be held accountable by task list. Memory Care Director to check daily that food is being stored and dated properly.

Completion Date: 11/05/2021

Document Submission

Implemented

See attached

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

- 141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
  2. Medical diagnosis including physical or mental disabilities of the resident, if any.
  3. Medical information pertinent to diagnosis and treatment in case of an emergency.
  4. Special health or dietary needs of the resident.
  5. Allergies.
  6. Immunization history.
  7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
  8. Body positioning and movement stimulation for residents, if appropriate.
  9. Health status.
  10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

Resident #1's medical evaluations dated [redacted] did not include Body Positioning/Movement. The resident uses a walker.

Plan of Correction

Accept

- What: Resident #1's medical evaluations dated [redacted] did not include Body Positioning/Movement. The resident uses a walker.
- Who: Resident Care Director or Designee
- When: Resident #1's medical evaluation was corrected immediately.
- How: Resident Care Director or Designee will complete an audit to ensure all current residents in our community have a DME with the correct information filled in prior to submitting into Tabulapro. (Attachment Q)
- Ongoing: Resident Care Director or designee will review all initial/annual/significant change DME's to ensure every section is completely filled out and report all findings to quarterly QA meeting.

Completion Date: 11/05/2021

141a 1-10 Medical Evaluation Information (continued)

Document Submission

Implemented

See attached

183d - Prescription Current

1. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

Resident #2 was prescribed [redacted] (08/24~09/23) but on 09/29/2021, a card with 55 remaining counts (60 pills filled on 09/24/2021) was in the home's med cart.

On 09/29/2021, a glucometer for resident #3 was in the home's med cart; however, the resident's blood glucose level check was discontinued in November 2020.

Plan of Correction

Accept

- What: On 09/29/2021, a glucometer for resident #3 was in the home's med cart; however, the resident's blood glucose level check was discontinued in November 2020.

- Who: Memory Care Director or designee

- When: Discontinued equipment immediately removed. Memory Care Director will complete staff education by 11/5/2021 (Attachment O).

- How: Glucose monitor with discontinued order removed from med cart. Med tech education completed regarding details of weekly cart audits and removing discontinued medications and equipment.

- Ongoing: Memory Care Director or designee to continue weekly audits of the med carts to ensure discontinued medications or equipment are removed immediately when orders change. Weekly cart audit checklist updated to include discontinued equipment (Attachment P). Memory Care Director will report findings during quarterly QA meeting.

Completion Date: 11/05/2021

Document Submission

Implemented

See attached

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

Resident #2 is prescribed [redacted]. On 09/29/2021, this medication was not available in the home.

185a - Implement Storage Procedures (continued)

Plan of Correction

Accept

- What: Resident #2 is prescribed [REDACTED] as needed. On 09/29/2021, this medication was not available in the home.
- Who: Resident Care Director or Designee
- When: Corrected Immediately.
- How: Resident Care Director called pharmacy and medication was delivered. Resident Care Director or designee will educate all Med Techs on storage procedures by 11/5/21 (Attachment T)
- Ongoing: Resident Care Director or designee will complete medication cart audits weekly. Findings will be reported during quarterly QA meetings.

Completion Date: 11/05/2021

Document Submission

Implemented

See attached

2. 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

Resident #2's glucometer was not calibrated to correct date and time. On 09/29/2021 at 11:48 AM, the meter read 06/10 15:38.

Resident #4 is prescribed blood sugar check once daily. There was no reading on the resident's meter for 09/28, 27, 26, 24, 23, 20, 19, and 14 but the log has numbers listed.

Plan of Correction

Accept

- What: Resident #2 is prescribed [REDACTED]. On 09/29/2021, this medication was not available in the home.
- Who: Resident Care Director or Designee
- When: Corrected Immediately.
- How: Resident Care Director called pharmacy and medication was delivered. Resident Care Director or designee will educate all Med Techs on storage procedures by 11/5/21 (Attachment T)
- Ongoing: Resident Care Director or designee will complete medication cart audits weekly. Findings will be reported during quarterly QA meetings.

Completion Date: 11/05/2021

Document Submission

Implemented

See attached

185b - Medication Procedures

1. Requirements

2600.

185.b. At a minimum, the procedures must include:

2. A process to investigate and account for missing medications and medication errors.

185b - Medication Procedures (continued)

**Description of Violation**

Resident #5 is prescribed [REDACTED]. On 09/29/2021 at 11:00 AM, the count is 8 while the narc sign out sheet says 9. Resident #6 is prescribed [REDACTED]. The count is 15 while the narc sign out sheet says 16. It was determined that this discrepancy was due to the staff administering these meds in the morning around 08:00 AM not logging the sign-out sheet.

**Plan of Correction**

**Accept**

185(b)- Medication Procedures

- What: Resident #5 is prescribed [REDACTED] 3 times a day. On 09/29/2021 at 11:00 AM, the count is 8 while the narc sign out sheet says 9. Resident #6 is prescribed [REDACTED] twice a day. The count is 15 while the narc sign out sheet says 16. It was determined that this discrepancy was due to the staff administering these meds in the morning around 08:00 AM not logging the sign-out sheet.

- Who: Resident Care Director or Designee

- When: 11/5/21

- How: Resident Care Director will complete education with Med Techs on proper medication procedures (Attachment U)

- Ongoing: Resident Care Director or designee will complete medication cart audits weekly. Findings will be reported during quarterly QA meetings.

Completion Date: 11/05/2021

**Document Submission**

**Implemented**

See attached

187a - Medication Record

**1. Requirements**

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

12. Diagnosis or purpose for the medication, including pro re nata (PRN).

**Description of Violation**

Resident #2 is prescribed [REDACTED]. However, the resident's September medication administration record (MAR) does not indicate the diagnosis/purpose for this medication.

**Plan of Correction**

**Accept**

- What: Resident #2 is prescribed [REDACTED]. However, the resident's September medication administration record (MAR) does not indicate the diagnosis/purpose for this medication.

- Who: Resident Care Director or Designee

- When: Resident Care Director will train med techs on receiving medication November 5, 2021

- How: Resident Care Director will complete education with all Med Techs on medication records by 11/5/21 (Attachment S).

- Ongoing: Resident Care Director or designee will complete medication cart audits weekly. Findings will be reported during quarterly QA meetings.

Completion Date: 11/05/2021

187a - Medication Record (continued)

Document Submission

Implemented

See attached

187b - Date/Time of Medication Admin.

1. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #1 is prescribed [redacted]. The resident's September MAR does not include the initials of the staff person who administered it on 09/23/2021 at 02:30 PM, 09/25/2021 at 08:00 PM, 09/26/2021 at 07:48 AM, and 09/27/2021 at 08:00 AM.

Resident #2 was administered [redacted] 09/25/2021 at 08:00 AM, 08:00 PM, on 09/26/2021 at 08:21 AM, 09/28/2021 at 07:30 PM, and 09/29/2021 at 08:12 AM. The resident's September MAR does not include the initials of the staff person who administered it.

Resident #7 is prescribed [redacted] who administered it on 09/17/2021 at 05:26 PM, 09/18/2021 at 02:00 PM, and 09/19/2021 at 01:00 PM

Plan of Correction

Accept

- What: The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.
- Who: Resident Care Director or Designee
- When: Resident Care Director will train med techs on receiving medication November 5, 2021
- How: Resident Care Director will complete education with all Med Techs on medication records by 11/5/21 (Attachment S).
- Ongoing: Resident Care Director or designee will complete medication cart audits weekly. Findings will be reported during quarterly QA meetings.

Completion Date: 11/05/2021

Document Submission

Implemented

See attached

187d - Follow Prescriber's Orders

1. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

187d - Follow Prescriber's Orders (continued)

**Description of Repeat Violation**

Resident #2 was prescribed [REDACTED] (08/24~09/23). The resident was administered this medication on 09/25 (twice), 09/26 (once), 09/28 (once), 09/29 (once).

Resident #4 is prescribed blood sugar check once a day. However, the resident's blood sugar check was not done on 09/28, 27, 26, 24, 23, 20, 19, 14/2021.

Repeated Violation: 3/26/21

**Plan of Correction**

**Accept**

- What: Resident #2 was prescribed [REDACTED] (08/24~09/23). The resident was administered this medication on 09/25 (twice), 09/26 (once), 09/28 (once), 09/29 (once).
- Who: The Resident Care Director (RCD) or designee will review with all Medication Technicians the 5 rights to medication management, and the importance of using the EMAR and related alerts to ensure all medications are administered as prescribed (Attachment A), and complete the Sign-in Sheet to confirm training (Attachment B).
- When: Training to be completed by November 5, 2021
- How: In addition to the Medication Training components, the Resident Care Director or designee will conduct daily MARs audit by reviewing the computer dashboard alerts for missed medications, to ensure staff are administering medications following the direction of prescriber (Attachment C), and Medication Techs will complete the Shift Change Responsibilities at the end of each shift to review alerts and prevent missed medications. (Attachment D)
- Ongoing: Resident Care Director or designee will conduct Quality Assurance audits of MARs. Findings and trends will be reviewed at the quarterly QA meetings.

Completion Date: 11/05/2021

**Document Submission**

**Implemented**

See attached

190a - Completion Medication Course

**1. Requirements**

2600.

- 190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

190a - Completion Medication Course (continued)

**Description of Repeat Violation**

Staff person A completed the Department-approved medications administration course on 09/27/2019 with the staff's previous employer. The home has no record of the staff's annual practicum for 2020. The staff administered medications to residents to include the following:

On 09/04/2021 in the morning and at bed time

On 09/05/2021 in the morning and at bed time

On 09/16/2021 in the morning and at bed time

On 09/19/2021 in the morning and at bed time.

Repeated Violation: 3/26/21

**Plan of Correction**

**Accept**

- What: Staff person A completed the Department-approved medications administration course on 09/27/2019 with the staff's previous employer. The home has no record of the staff's annual practicum for 2020.
- Who: Staff person is no longer employed with Traditions of Lansdale
- How: Resident Care Director or designee will conduct quarterly Medication Technician training for MAR reviews and medication pass observations, and complete Sign-in Sheet (Attachment E) and all applicable Medication Training documents, which will be stored in the Medication Technician Binder. A quarterly review of Medication Training components will be completed to ensure it is done timely and documented properly as part of the QA process. (Attachment F)
- Ongoing: Executive Director will review all medication training audits during quarterly Quality Assurance meetings.

Completion Date: 10/22/2021

**Document Submission**

**Implemented**

See attached

234a - Admission Support Plan

**1. Requirements**

2600.

234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

**Description of Violation**

Resident #8 was admitted to the SDCU on [REDACTED] However, the resident's initial support plan was completed on [REDACTED]

234a - Admission Support Plan (continued)

Plan of Correction

Accept

- What: Resident #8 was admitted to the SDCU on [REDACTED]. However, the resident's initial support plan was completed on [REDACTED]
- Who: Memory Care Director or Designee.
- When: Memory Care Director or Designee will complete audit by 11/5/21
- How: Memory Care Director or Designee will complete an audit to ensure all current residents in our Secured Dementia Unit have a support plan completed within 72 hours of being admitted.
- Ongoing: Memory Care Director or Designee will use form tracker report in Tabulapro in order to keep track of forms due. the initial support plan being due within 72 hours will appear on the TabulaPro Dashboard, and on the tracking sheet of tasks to be done for new admissions. Resident records are reviewed every month as part of your QA process (Attachment G).

Completion Date: 11/05/2021

Document Submission

Implemented

Completed

251b - Record Entries Legible

1. Requirements

2600.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

On the controlled substance sign-out sheet for resident #2's [REDACTED], the 4th entry was crossed out.

Plan of Correction

Accept

- What: On the controlled substance sign-out sheet for resident #2's [REDACTED], the 4th entry was crossed out.
- Who: Resident Care Director or Designee
- When: Sign-out sheet for residents #2's was corrected immediately
- How: Resident Care Director will complete medication cart trainings with med techs to review resident's record must be permanent, legible, dated and signed by the staff person making the entry. (Attachment R)
- Ongoing: Resident Care Director or designee will complete medication cart audits weekly and report findings during quarterly QA meetings.

Completion Date: 11/05/2021

Document Submission

Implemented

See attached