

Department of Human Services
Bureau of Human Service Licensing

May 12, 2022

[REDACTED]
SH OPCO THE QUADRANGLE LLC
[REDACTED]

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 licensing inspections on 04/05/2022, 04/06/2022, 04/07/2022, 04/12/2022 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations 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: *10/16/2022*
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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *140* Waking Staff: *105*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *04/12/2022*

Inspection Dates and Department Representative

04/05/2022 - Off-Site: [REDACTED]
04/06/2022 - Off-Site: [REDACTED]
04/07/2022 - Off-Site: [REDACTED]
04/12/2022 - Off-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: *MC* Capacity: *25* Residents Served: *22*

Hospice

Current Residents: *xx*

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: *48* Have Physical Disability: *0*

Inspections / Reviews

04/05/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/01/2022*

Inspections / Reviews (*continued*)

05/12/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *06/15/2022*

65a - FS Orientation 1st Day

1. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff person A, whose first day of work was in [redacted] did not receive orientation on the topics listed above until [redacted]/2022.

Plan of Correction

Accept

[redacted] staff received orientation on topics of General Fire Safety and Emergency Preparedness [redacted] 22 Associate Executive Director (AED) reviewed current [redacted] staff working (for last 3 months) and confirmed that orientation on General Fire Safety and Emergency Preparedness was completed prior to or during the first day of work

In the event a new [redacted] staff member arrives for a last-minute shift coverage or an overnight shift a Lead Care Manager or designee will provide the orientation upon their arrival.

Completed orientation forms will remain with [redacted] Employee's credential file.

The Manager on Duty will audit [redacted] orientation binder to confirm compliance with [redacted] staff orientation.

The AED/designee will audit [redacted] staff file on a weekly basis x 3 months to confirm that orientation on General Fire Safety and Emergency preparedness were completed timely.

The POC and monitoring results will be reviewed and evaluated by the AED /Designee during the monthly QAPI meeting x 3 months or until [redacted] staff are no longer used

The Associate Executive Director (AED) and/or designee is responsible for confirming implementation and ongoing compliance with the components of the Plan of Correction and addressing and resolving variances that may occur.

Completion Date: 04/28/2022

182c - Medication Administration

1. Requirements

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

1. Identify the correct resident.

Description of Violation

On [redacted] 2022 at [redacted] AM, staff A did not identify the correct resident and administered resident #1's [redacted] AM medications to resident #2.

Plan of Correction

Accept

Resident # 2 had no negative outcome from the medications [redacted] received and continues reside in the community.

The RCD initiated the refresher training on Medication Administration including the Six Rights to Medication Care

182c - Medication Administration (continued)

Managers, Nurses, and [REDACTED] staff. Ongoing training will be provided annually and as needed. RCD or designee will conduct medication pass observations on 5 staff members per month for 3 months to ensure proper protocol is being followed. The AED and RCD designee will review results of medication pass observations in monthly QAPI meeting for 3 months and as needed thereafter.

The Associate Executive Director (AED) and/or designee is responsible for confirming implementation and ongoing compliance with the components of the Plan of Correction and addressing and resolving variances that may occur

Completion Date: 04/28/2022

186b - Medication Used by Resident**1. Requirements**

2600.

186.b. Prescription medications shall be used only by the resident for whom the prescription was prescribed.

Description of Violation

On [REDACTED] 2021 at [REDACTED] AM, resident #2 was administered [REDACTED] prescribed for and belonging to resident #1.

Plan of Correction**Accept**

Resident # 2 had no negative outcome from the medications [REDACTED] received and continues to reside in the community.

The RCD initiated the refresher training on Medication Administration including the Six Rights to Medication Care Managers, Nurses, and agency staff. Ongoing training will be provided annually and as needed.

RCD or designee will conduct medication pass observation on MCM, as well as routine [REDACTED] staff every 6 months or as needed

The AED and RCD will review results of medication pass observation in monthly QAPI meeting for 3 months and as needed thereafter

The Associate Executive Director (AED) and/or designee is responsible for confirming implementation and ongoing compliance with the components of the Plan of Correction and addressing and resolving variances that may occur

Completion Date: 04/28/2022