

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

April 10, 2023

[REDACTED], EXECUTIVE DIRECTOR
SH OPCO THE QUADRANGLE LLC

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 02/28/2023, 03/01/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *QUADRANGLE PERSONAL CARE* License #: *14676* License Expiration: *10/16/2023*
 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

Type: *C-2 LP* Date: *09/24/1996* Issued By: *Department of Labor and Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *106* Waking Staff: *80*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *03/01/2023*

Inspection Dates and Department Representative

02/28/2023 - On-Site: [REDACTED]
 03/01/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *143* Residents Served: *63*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Reminiscence* Capacity: *25* Residents Served: *23*

Hospice
 Current Residents: *8*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *87*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *43* Have Physical Disability: *0*

Inspections / Reviews

02/28/2023 Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/07/2023*

Inspections / Reviews (*continued*)

04/06/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/08/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/09/2023

04/10/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/08/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

85a - Sanitary Conditions

1. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On 3/1/23, at 10:45 am, the shower seat in the bathroom of room # 8141 was unclean and unsanitary with a brown smear.

Plan of Correction

Accept (█ - 04/06/2023)

On 3/1/2023, Shower seat was immediately cleaned by Housekeeping Supervisor. Bathroom rounds were completed, and no other issues were found.

Starting on 3/1/2023, The Reminiscence Coordinator (RC) or designee will conduct weekly resident room rounds to confirm resident rooms are clean and in sanitary condition thru July 2023. Round will then continue monthly. Results will be discussed monthly at Quality Management meeting (QAPI) for 90 days, or longer if deemed necessary.

On 4/3/2023 and 4/4/2023, Training was conducted by Associate Executive Director (AED), RC and Personal Care Coordinator (PCC) on Cleaning Bathrooms and all steps were identified that must occur to properly clean the bathroom.

Starting with the April 13th QAPI meeting, the POC and monitoring results are reviewed and evaluated by the AED and the Department Coordinators at the monthly QAPI meeting for 3 months to ensure it is still effective. IF no longer effective, plan will be amended, implemented and monitored to ensure violation does not occur. 4/13/23 up to 3 months

Licensee's Proposed Overall Completion Date: 04/06/2023

Implemented (█ - 04/10/2023)

91 - Telephone Numbers

2. Requirements

2600.
91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in the following room #'s 8141, 8219, 8253.

Plan of Correction

Accept (█ - 04/06/2023)

On 3/1/2023, stickers were placed on cited phones. The AED/Care coordinators or Designees conducted an audit of Resident Apartments and all community phones to ensure compliance, checking that phones have a posting of telephone numbers for nearest hospital, police department, fire department, ambulance, Poison control, local emergency management and personal care complaint line near or on resident telephone line.

91 - Telephone Numbers (continued)

As a result of audits, any resident or community phones noted to missing an "emergency" sticker, had sticker attached to phone by RC or PCC. Completed 4/3/2023.

On 4/3 and 4/4/2023, Training was completed for staff on resident room checklist. (See attached check list)

During weekly apartment cleaning, housekeeper will check all outside phone lines have a posting of telephone numbers for nearest hospital, police department, fire department, ambulance, Poison control, local emergency management and personal care complaint line near or on resident telephone line.

Starting 3/1/2023, PCC or designee will conduct monthly walk through to ensure compliance is maintained. Results will be discussed monthly at Quality Management meeting (QAPI) for 3 months

Starting at the 4/13 QAPI meeting, The POC and monitoring will be reviewed and evaluated by the PC administrator and Care coordinators at the Monthly Quality Management (QAPI) meeting for three 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 violation doesn't occurred again. 4/13/23 up to 3 months

Licensee's Proposed Overall Completion Date: 04/06/2023

Implemented (████ - 04/10/2023)

101o - Walls, Floors, Ceilings

3. Requirements

2600.

101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

Description of Violation

The rugs in the bedroom of room █████ were lifting and buckling creating a trip hazard.

Plan of Correction

Accept (████ - 04/06/2023)

On 3/7/2023, Carpet was repaired (see attached photo). As part of weekly room audits, flooring has been added as part of the audit.

Starting on 3/7/2023, The PCC/Maintenance Coordinator (MC) or designee will conduct weekly room rounds to ensure room is clean, neat and room remains in good repair. In addition, the care managers will monitor daily, and housekeeping will monitor weekly for any signs of buckling or lifting of the carpet. Any signs of buckling or lifting will result in a work order being placed in TELS and repair/replacement will be ordered.

On 4/3 and 4/4/203, Training was completed for staff on resident room checklist. (See attached check list)

Starting April 13, Results will be discussed monthly at Quality Management meeting (QAPI) for 90 days, or longer if deemed necessary.

Starting April 13th, The POC and monitoring will be reviewed and evaluated by the PC administrator and Care coordinators at the Monthly Quality Management (QAPI) meeting for three 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 violation doesn't occurred again. 4/13/2023 for 3 months

101o - Walls, Floors, Ceilings (continued)

Licensee's Proposed Overall Completion Date: 04/06/2023

Implemented () - 04/10/2023

103c - Food Protected

4. Requirements

2600.

103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

Description of Violation

On 2/28/23, at 12:35 pm, the food temperature of a plate being served was 118-degree Fahrenheit. The required temperature for hot food is 135 Fahrenheit or above. The home failed to utilize plate covers to ensure the required temperature.

Plan of Correction

Accept () - 04/06/2023

On 2/28/23, Plate covers are being used to ensure hot food temperature is maintained.

On 2/28/23, Dining Services Coordinator or designee will ensure plate covers are being utilized for hot meals."

On 4/3 and 4/4/2023, Food Safety and Seniors" training was completed for staff highlighting safe food handling, food temperatures and sanitation.

Starting on 4/13, Results will be discussed monthly at Quality Management meeting (QAPI) for 90 days or longer if deemed necessary.

On 4/13/2023, The POC and monitoring will be reviewed and evaluated by the PC administrator and Care coordinators at the Monthly Quality Management (QAPI) meeting for three 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 violation doesn't occurred again. Starting 4/13 and ongoing

Licensee's Proposed Overall Completion Date: 04/06/2023

Implemented () 04/10/2023

103f - Refrigerator/Freezer Temps

5. 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

There was no thermometer in the freezer or refrigerator on the 2nd floor kitchen area of the home.

There was no thermometer in the freezer or refrigerator located in the memory care kitchenette area of the home.

Plan of Correction

Accept () - 04/06/2023

On 3/1/2023, Thermometers were immediately placed in the 2nd Floor and Memory Care Refrigerators by DSC.

103f - Refrigerator/Freezer Temps (continued)

Remaining community refrigerators were checked, and thermometers were in place.

On 3/1/2023 and ongoing, The DSC or designee 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 degrees Fahrenheit and that each refrigerator has a thermometer.

On 4/3 and 4/4/2023, " Food Safety and Seniors" training was completed for staff highlighting safe food handling, food temperatures and sanitation.

Starting 4/13/2023, Results will be discussed monthly at Quality Management meeting (QAPI) for 90 days or longer if deemed necessary.

On 4/13/2023, The POC and monitoring will be reviewed and evaluated by the PC administrator and Care coordinators at the Monthly Quality Management (QAPI) meeting for three 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 violation doesn't occurred again. Starting 4/13/2023 and ongoing.

Licensee's Proposed Overall Completion Date: 04/06/2023

Implemented [redacted] - 04/10/2023)

103g - Storing Food

6. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

The 5 gallon tub of ice cream located in the freezer of the pantry area was opened and unsealed.

Plan of Correction

Accept (MJ - 04/06/2023)

On 3/1/2023, At time of inspection, ice cream tub was sealed and secured by DSC. Since inspection, Memory Care has changed from 5-gallon tubs (scooped ice cream) to single serve ice cream variety cups.

On 3/7/2023 and ongoing, DSC or Designee will audit Ice Cream Freezer every Tuesday for usage, as well as sanitation.

On 4/3 and 4/4/2023, " Food Safety and Seniors" training was completed for staff highlighting safe food handling, food temperatures and sanitation.

Starting on 4/13, Results will be discussed monthly at Quality Management meeting (QAPI) for 90 days or longer if deemed necessary.

Starting on 4/13/2023, The POC and monitoring will be reviewed and evaluated by the PC administrator and Care coordinators at the Monthly Quality Management (QAPI) meeting for three 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 violation doesn't occurred again. Starting 4/13 and ongoing

Licensee's Proposed Overall Completion Date: 04/06/2023

Implemented [redacted] - 04/10/2023)

103g - Storing Food (continued)

105g - Lint Removal and Duct Cleaning

7. 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 2/28/23, there was an accumulation of lint debris under the lint tray located in the lint trap of the dryer on the 2nd floor. There were no clothes in the dryer at the time.

Plan of Correction

Accept (█ - 04/06/2023)

On 2/28/2023, MC and Housekeeping Supervisor immediately checked all dryers to verify lint trap and lint tray did not have lint.

2/28/2023 and ongoing, The MC or designee will conduct a weekly audit to verify lint traps and lint tray are clean and free of lint. An external vendor cleans out the lint trap and drums every quarter.

on 4/3 and 4/4/2023, Training was conducted for staff on the "Dryer Fire Prevention Policy"

Starting 4/13/2023, Results will be discussed monthly at Quality Management meeting (QAPI) for 90 days or longer if deemed necessary.

on 4/13/2023, The POC and monitoring will be reviewed and evaluated by the PC administrator and Care coordinators at the Monthly Quality Management (QAPI) meeting for three 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 violation doesn't occurred again. Starting 4/13 and ongoing

Licensee's Proposed Overall Completion Date: 04/06/2023

Implemented (█ - 04/10/2023)

132c - Fire Drill Records

8. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the drill conducted on 12/6/22 and 1/20/23 does not include the exit route used. The fire drill record states "Away from fire location to fire safe zone".

132c - Fire Drill Records (continued)

Plan of Correction

Accept (█) - 04/06/2023

On 3/29/2023, AED Reviewed with MC that a written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

3/30/2023, The MC will conduct monthly unannounced fire drills. Going forward, all fire drills will include which exit route was utilized. In conjunction with this new verbiage, each time a fire drill is conducted, the DES and the AED will ensure the proper language is stated on the drill prior to signing off on the drill and it being uploaded into TELS.

Starting 4/13/2023, Results will be discussed monthly at Quality Management meeting (QAPI) for 90 days or longer if deemed necessary.

Starting 4/13/2023, The POC and monitoring will be reviewed and evaluated by the PC administrator and Care coordinators at the Monthly Quality Management (QAPI) meeting for three 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 violation doesn't occurred again. Starting 4/13 and ongoing.

Licensee's Proposed Overall Completion Date: 04/06/2023

Implemented (█) - 04/10/2023

132f - Alternate Exit Routes

9. Requirements

2600.

132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

The exit routes are not specific the fire drill record states "Away from fire location to fire safe zone " was the only exit route location used.

Plan of Correction

Accept (█) - 04/06/2023

3/29/2023, Reviewed with MC that a written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

3/30/2023, The MC will conduct monthly unannounced fire drills. Going forward, all fire drills will include which exit route was utilized. In conjunction with this new verbiage, each time a fire drill is conducted, the DES and the AED will ensure the proper language is stated on the drill prior to signing off on the drill and it being uploaded into TELS.

Starting 4/13/2023, Results will be discussed monthly at Quality Management meeting (QAPI) or longer if deemed necessary.

Starting 4/13/2023, The POC and monitoring will be reviewed and evaluated by the PC administrator and Care coordinators at the Monthly Quality Management (QAPI) meeting for three 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 violation

132f Alternate Exit Routes (continued)

doesn't occurred again.

Licensee's Proposed Overall Completion Date: 04/06/2023

Implemented (█ - 04/10/2023)

181a - Self-adminstration Assist**10. Requirements**

2600.

181.a. A home shall provide residents with assistance, as needed, with medication prescribed for the resident's self-administration. This assistance includes helping the resident to remember the schedule for taking the medication, storing the medication in a secure place and offering the resident the medication at the prescribed times.

Description of Violation

Resident #1 requires assistance with medication to self administer medications. The home has failed to provide this assistance, resulting in the resident taking the █ medication on █ at █.

Plan of Correction

Accept (█ - 04/06/2023)

On 2/28/23, RCD conducted Medication Assessment for Self Administration Assessment, as a result, resident was founded to no longer be able to self administer her medication (see attached). Resident medication is currently being administered by staff.

On 4/3 and 4/4/2023, Training was conducted and completed by RCD with Wellness Staff on Medication Assessment for Self Administration Assessment.

April and ongoing, RCD or Nurse Designee will conduct monthly assessment on all resident who self administer medication.

Starting 4/13/2023, Results will be discussed monthly at Quality Management meeting (QAPI) for 90 days or longer if deemed necessary.

Starting 4/13/2023, The POC and monitoring will be reviewed and evaluated by the PC Administrator, RCD, and designee at the Monthly Quality Management (QAPI) meeting for three months to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented, then monitored to ensure violation doesn't occur again. Starting 4/13 and ongoing.

Licensee's Proposed Overall Completion Date: 04/06/2023

Implemented (█ - 04/10/2023)

181d -Storing Medication**11. 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 #1 self-administers medications and stores medications in [redacted] room. On [redacted], at [redacted], there were several unlocked, unattended medications stored in a shoebox in the bedroom of resident #1. Resident #1, had four sample bottles of [redacted] Physician sample medication stored in [redacted] closet.

Plan of Correction

Accept [redacted] - 04/06/2023)

On [redacted], [redacted] was removed promptly, and lockbox given.

RCD later conducted Medication Assessment for Self-Administration Assessment, as a result, resident was founded to no longer be able to self-administer her medication independently (see attached). Resident medication currently being administered by nursing staff.

On 4/3 and 4/4/2023, Training was conducted and completed by RCD with Wellness Staff on Medication Assessment for Self-Administration Assessment.

Starting in April, RCD or Nurse Designee will conduct monthly Medication Assessment for Self-Administration Assessment on residents who self-medicate.

Starting 4/13/2023, Results will be discussed monthly at Quality Management meeting (QAPI) for 90 days or longer if deemed necessary.

Starting 4/13/2023, The POC and monitoring will be reviewed and evaluated by the PC Administrator, RCD, and designee at the Monthly Quality Management (QAPI) meeting for three months to ensure effectiveness. If no longer effective, it will be amended and a new POC will be implemented, then monitored to ensure violation doesn't occur again. Starting 4/13/23 and ongoing.

Licensee's Proposed Overall Completion Date: 04/06/2023

Implemented [redacted] - 04/10/2023)

184c - Sample Prescription Meds.

12. Requirements

2600.

184.c. Sample prescription medications shall have written instructions from the prescriber that include the components specified in subsection (a).

Description of Violation

Sample [redacted] tablets, belonging to resident #1 were in the closet. The labels for these samples did not include written instructions from the prescriber.

Plan of Correction

Accept [redacted] - 04/06/2023)

On [redacted], RCD removed [redacted] from resident room. Medication Assessment for Self-Administration Assessment conducted, as a result, resident was founded to no longer be able to self-administer her medication independently (see attached). Resident medication currently being administered by nursing staff.

On 4/3 and 4/4/2023, Training was conducted and completed by RCD with Wellness Staff on proper Medication Assessment for Self-Administration Assessment.

184c Sample Prescription Meds. (continued)

On 4/13/2023,RCD or Nurse Designee will conduct monthly Medication Assessment for Self Administration on residents. Results will be discussed monthly at Quality Management meeting (QAPI) for 90 days or longer if deemed necessary.

On 4/13/2023, The POC and monitoring will be reviewed and evaluated by the PC Administrator, RCD, and designee at the Monthly Quality Management (QAPI) meeting for three months to ensure it is still effective. If no longer effective, it will be amended and a new POC will be implemented, then monitored to ensure violation doesn't occurred again. Starting 4/13 and ongoing.

Licensee's Proposed Overall Completion Date: 04/06/2023

Implemented (█ - 04/10/2023)

185a - Implement Storage Procedures

13. 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 #1 is prescribed █ as needed. On █ at █, this medication was not available in the home.

Resident #2 is prescribed █ and █ as needed. On █ at █, these medications were not available in the home.

Plan of Correction

Accept (█ - 04/06/2023)

On 2/28/23, █ was obtained and later discontinued █. RCD conducted Medication Assessment for Self Administration Assessment, as a result, resident #1 was founded to no longer be able to self administer her medication (see attached).

On 3/30/23. Resident #2 had █ and █ discontinued for not being used.

On 4/3 and 4/4/2023, Training was conducted and completed by RCD with Wellness Staff on Medication Assessment for Self Administration Assessment. In addition, Medication cart audit process was reviewed, to include availability of PRN medication.

April and ongoing, RCD or Nurse Designee will conduct monthly Medication Assessment for Self Administration Assessment on all residents who self medicate. RCD or Designee will conduct Monthly Medication Cart Audits to confirm all PRN medications are available.

Starting 4/13/2023, Results will be discussed monthly at Quality Management meeting (QAPI) for 90 days or longer if deemed necessary

185a Implement Storage Procedures (continued)

On 4/13/2023, The POC and monitoring will be reviewed and evaluated by the PC Administrator, RCD, and designee at the Monthly Quality Management (QAPI) meeting for three 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 violation doesn't occurred again. Starting 4/13 and ongoing

Licensee's Proposed Overall Completion Date: 04/06/2023

Implemented ([REDACTED] /10/2023)