

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

April 2, 2024

[REDACTED]  
IVQ LANSDALE OPCO LP  
[REDACTED]  
[REDACTED]

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

[REDACTED],  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/03/2024 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: *TRADITIONS OF LANSDALE* License #: *14521* License Expiration: *02/28/2024*  
 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: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

**Staffing Hours**

Resident Support Staff: Total Daily Staff: *118* Waking Staff: *89*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint* Exit Conference Date: *01/03/2024*

**Inspection Dates and Department Representative**

01/03/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *150* Residents Served: *90*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *Daybreak* Capacity: *71* Residents Served: *18*

**Hospice**

Current Residents: *xx*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *90*  
 Diagnosed with Mental Illness: *6* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *28* Have Physical Disability: *11*

**Inspections / Reviews**

**01/03/2024 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/27/2024*

**02/16/2024 - POC Submission**

Submitted By: [REDACTED] Date Submitted: *03/26/2024*  
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *03/29/2024*

Inspections / Reviews *(continued)*

04/02/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/26/2024

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] a medication error for resident [redacted] was identified but this incident was not reported to the department until [redacted].

On [redacted] around [redacted] resident [redacted] had a witnessed fall in a shower and was sent out due to a complaint of pain in the leg. The home did not report this incident to the department until [redacted].

On [redacted] around [redacted] resident [redacted] approached staff A and kissed the staff on the lips, who allegedly reciprocated. The home failed to submit an incident report to the department within 24 hours.

Plan of Correction

Accept [redacted] - 02/16/2024)

Immediate Corrective Actions: Training was conducted by [redacted], Director of Quality Services, on [redacted] with all Managers to review the regulatory requirements and reporting process, as well as the incident types to be reported.

Additional Corrective Actions: The Executive Director will review incidents to ensure state reportable events are submitted as required on a daily basis. Managers, when serving as Manager on Duty, will report to the Executive Director any incidents which occur after normal business hours, beginning on 12/14/23.

Ongoing Quality Assurance Actions: All incidents will be reviewed during the Quarterly QA Review process, beginning with the January 2024 review of the 4th Quarter Review for 2023.

Licensee's Proposed Overall Completion Date: 01/31/2024

Implemented [redacted] - 04/02/2024)

85a - Sanitary Conditions

2. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On [redacted] around [redacted] the kitchen floor under some equipment was strewn with dried food debris and dust balls. The floors between the countertops were wet and stained. The inner surface of the walk-in freezer door was soiled with an unknown black substance.

Plan of Correction

Accept [redacted] - 02/16/2024)

Immediate Corrective Actions: The kitchen was cleaned and sanitized the same day as the inspection [redacted] by the Food Services Director, Cook, and Utilities person, with specific focus on the areas of the floor and the freezer door.

Additional Corrective Actions: The Food Services Director began conducting training on [redacted] for the food service team regarding cleaning and sanitizing standards. Training will be completed by [redacted].

**85a - Sanitary Conditions (continued)**

*Ongoing Quality Assurance Actions: Routine daily checks for cleanliness and sanitation will be conducted by the Executive Director or Food Services Director, beginning [REDACTED]. The Regional Director of Operations will also inspect the kitchen during each site visit. These checks will be reviewed at the Quarterly QA Reviews beginning with the January 2024 Review of the Q4 2023 Review.*

**Licensee's Proposed Overall Completion Date: 02/15/2024**

**Implemented [REDACTED] 04/02/2024)**

**102i - Soap Dispenser****3. Requirements**

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

**Description of Violation**

*On [REDACTED] around [REDACTED], there was an unlabeled used bar of soap in one of the two shower stalls in the home's memory care unit spa, which is used by many residents. There were three unlabeled used bars of soap on the bathroom sink in the same spa.*

**Plan of Correction**

**Accept [REDACTED] - 02/16/2024)**

*Immediate Corrective Actions: The bars of soap were immediately removed and disposed of by the Executive Director on [REDACTED].*

*Additional Corrective Actions: Inventories of residents' hygiene/soap products were conducted on [REDACTED] by the Memory Care Director to ensure that all residents had their own soap, stored individually with appropriate labels. Training of Memory Care staff to ensure that all resident hygiene products have residents' name labels will begin [REDACTED] and will be completed by [REDACTED]. This training will be conducted by the Memory Care Director and the LPN.*

*Ongoing Quality Assurance Actions: The Memory Care Director will complete weekly audits of resident hygiene product supplies for labeling of resident names. This will begin on [REDACTED]. In addition, findings will be reviewed at Quarterly QA Reviews, beginning with the January 2024 Review of Q4 2023.*

**Licensee's Proposed Overall Completion Date: 02/29/2024**

**Implemented [REDACTED] - 04/02/2024)**

**183a - Original Containers and Injections****4. Requirements**

2600.

183.a. Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration. Assistance with insulin and epinephrine injections and sterile liquids shall be provided immediately upon removal of the medication from its container.

**Description of Violation**

*According to the home's two medication staff, when a resident goes out for an outing with family members for any*

183a - Original Containers and Injections (continued)

reasons for a period of less than 2 weeks, the resident's next scheduled medications are poured into a small envelop with written directions on it and given to the family members for administration as scheduled, rather than the original labeled containers being given.

**Plan of Correction**

**Accept** [REDACTED] - 02/16/2024)

Immediate Corrective Actions: The Regional Director of Operations communicated proper medication dispensing practice to all Med Techs immediately, on [REDACTED].

Additional Corrective Actions: RDO ([REDACTED]) and LPN ([REDACTED]) will conduct additional training reviews beginning on [REDACTED] and will be completed by [REDACTED]. Med Techs will be retrained on dispensing of medications and how to properly provide medications when a resident will be out of the community.

Ongoing Quality Assurance Actions: The Executive Director, Resident Care Director, or Community Wellness Nurse will review this process every time a resident will be gone from the community, beginning 2/1.24. Medication procedures and any related concerns will reviewed at Quarterly QA Reviews, beginning with the Q4 2023 Review in January 2024.

Licensee's Proposed Overall Completion Date: 02/29/2024

**Implemented** [REDACTED] - 04/02/2024)

187b - Date/Time of Medication Admin.

5. 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 [REDACTED] is prescribed [REDACTED] at bedtime. The resident was not administered this medication from [REDACTED] till [REDACTED]. However, staff members documented on the resident's medication administration record that the medication was administered on these dates by entering their initials.

**Plan of Correction**

**Accept** [REDACTED] - 02/16/2024)

Immediate Corrective Actions: This violation could not be corrected immediately, but was reported to the family and physician upon discovery of the error.

Additional Corrective Actions: Retraining on proper documentation regarding dates and times within the EMAR will begin on [REDACTED] and will be completed by [REDACTED]. Training will be conducted by the Executive Director, Community Wellness Nurse, and the Regional Director of Operations with all Med Techs.

Ongoing Quality Assurance Actions: The Executive Director and/or Resident Care Director will conduct daily audits of the EMAR system dashboard and weekly medication cart audits to identify concerns related to properly documenting date and time of medication administration, using proper administration processes. These audits will begin by [REDACTED]. Audits will be reviewed at Quarterly QA Reviews, beginning with the Q1 2024 Review to be held in April 2024.

Licensee's Proposed Overall Completion Date: 02/29/2024

187b - Date/Time of Medication Admin. (continued)

Implemented [REDACTED] - 04/02/2024)

187d - Follow Prescriber's Orders

6. Requirements

2600.

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

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] at bedtime. However, this medication was not administered to the resident from [REDACTED] till [REDACTED] because the medication was not available in the home.

Plan of Correction

Accept [REDACTED] - 02/16/2024)

Immediate Corrective Actions: The Physician and pharmacy were immediately notified by the Clinical Care Coordinator and had the medication refilled on [REDACTED], upon discovery of the issue.

Additional Corrective Actions: Training of all Med Tech staff on following the directions of the prescriber to begin by [REDACTED] and will be completed by [REDACTED]. Training will be conducted by the Executive Director, Community Wellness Nurse, and Regional Director of Operations.

Ongoing Quality Assurance Actions: The Executive Director and/or Resident Care Director will conduct daily audits of the EMAR system dashboard and weekly medication cart audits to identify concerns related to ensuring timely refills of medications. These audits will begin by [REDACTED]. Audits will be reviewed at Quarterly QA Reviews, beginning with the Q1 2024 Review to be held in April 2024.

Licensee's Proposed Overall Completion Date: 02/29/2024

Implemented [REDACTED] 04/02/2024)