

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

March 13, 2025

[REDACTED]
SH OPCO THE QUADRANGLE LLC

[REDACTED]
ATTN LICENSING
[REDACTED]

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

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/28/2025 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: *10/16/2025*
 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: *1 2* Date: *10/27/2010* Issued By: *Haverford Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *113* Waking Staff: *85*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *01/28/2025*

Inspection Dates and Department Representative

01/28/2025 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *143* Residents Served: *84*

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

Hospice
 Current Residents: *7*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *84*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *29* Have Physical Disability: *1*

Inspections / Reviews

01/28/2025 - Partial
 Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow Up Date: *02/24/2025*

Inspections / Reviews (*continued*)

02/25/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/05/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/07/2025

03/13/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/05/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [redacted], at 11:30 AM, Staff person A met with Resident [redacted] family members who disclosed that resident [redacted] mentioned that one of the care managers had been "mean" to [redacted] in a verbal manner. However, this allegation of verbal abuse was not reported to the local area agency on aging.

Plan of Correction

Accepted [redacted] 02/25/2025)

On 1/29/2025 The Alleged Suspected Abuse was reported to Local Area Agency of Aging by the Executive Director 2/3/25 and 2/4/25 - The Resident Care Director conducted re-education with staff on immediately reporting suspected abuse of a resident to Older Protective services

The Executive Director and community leadership team will continue to monitor for any instances of abuse and report accordingly within the 24 hour timeframe for DHS and immediately for older Protective services.

2/3/25 and 2/4/25- Resident Care Director provided training to team members on Abuse Reporting Requirements. On going, the Resident Care Director will review all suspected abuse incident report to confirm it was reported immediately to Local Area Agency on Aging.

4/17/25 Resident Care Director will report compliance to the quarterly QAPI (Quality Assurance and Performance Improvement) meeting for 2 consecutive quarters .

4/17/25 and ongoing – This Plan of Correction will be discussed and evaluated for the next 2 quarters by the ED and Coordinators at The QAPI Meeting

The Executive Director is responsible for confirming the implementation and compliance of this POC and addressing and resolving any variance that may occur.

Licensee's Proposed Overall Completion Date: 04/17/2025

Implemented [redacted] - 03/13/2025)

16c - Written Incident Report

2. 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 11:30 AM, Staff person A, the Administrator, met with Resident [redacted] family members who disclosed that resident [redacted] mentioned that one of the care managers had been "mean" to [redacted] in a verbal manner. The home did not report this incident to the department until [redacted] at 6:25 PM.

- On [redacted] 5, Staff Person B expressed concerns with the manner in which Staff Person C interacts/speaks to residents. Staff person B felt Staff Person C is loud and aggressive. This initial concern was reported to Staff Person D. On [redacted] these concerns were reported to staff person A; however, the home did not report this incident to the Department until [redacted] at 2:00 PM.

16c - Written Incident Report (continued)

Plan of Correction

Accept (█) - 02/25/2025)

2/3/25 and 2/4/25 - The Resident Care Director conducted re-education with staff on timely reporting to DHS within the required 24-hour time frame.

The Executive Director and community leadership team will continue to monitor for any instances of abuse and report accordingly within the 24-hour timeframe for DHS.

2/3/25 and 2/4/25- RCD provided re-education to staff on Abuse Reporting requirements

On going - The Resident Care Director will review all Abuse Incident report to confirm it was timely reported to DHS within 24-hour timeframe

4/17/2025 the Resident Care Director will report compliance to the quarterly QAPI (Quality Assurance and Performance Improvement) meeting for 2 consecutive quarters.

4/17/2025 and ongoing – This Plan of Correction will be discussed and evaluated for the next 2 quarters by the ED and Coordinators at The QAPI Meeting

The Executive Director is responsible for confirming the implementation and compliance of this POC and addressing and resolving any variance that may occur.

Licensee's Proposed Overall Completion Date: 04/17/2025

Implemented (█) - 03/13/2025)

54a - Direct Care Staff

3. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

1. Be 18 years of age or older, except as permitted in subsection (b).
2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

Description of Violation

Direct care staff person B, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Accept (█) - 02/25/2025)

1/29 Direct Care Staff Person B was removed on the schedule and no longer work as Direct Care Staff

2/5/25 The Executive Director provided Human Resources re-education to Human Resources Manager on Direct Care Staff requirements.

2/12/25 The Human Resources Manager conducted an audit on all new hire Direct Care Staff to confirm compliance with GED/High School Diploma

On going, the Human Resources Manager will report compliance to the quarterly QAPI (Quality Assurance and Performance Improvement) meeting for 2 consecutive quarters .

4/17/ 2025 and ongoing – This Plan of Correction will be discussed and evaluated for the next 2 quarters by the ED and Coordinators at The QAPI Meeting

The Executive Director is responsible for confirming the implementation and compliance of this POC and addressing and resolving any variance that may occur.

54a - Direct Care Staff (continued)

Licensee's Proposed Overall Completion Date: 04/17/2025

Implemented [REDACTED] 03/13/2025)

65f - Training Topics

4. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

- Direct care staff person B did not receive training in medication self-administration training, instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, safe management techniques during training year 2024.

- Direct care staff person C did not receive training in medication self-administration training, instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, safe management techniques during training year 2024.

Plan of Correction

Accept [REDACTED] 02/25/2025)

1/29/25- Direct Care staff B immediately removed from the schedule and no longer work as direct care staff.

Direct Care Staff C no longer work for the community

2/5/25 The Executive Director provided Human Resources re-education on training requirements for Direct Care Staff.

2/12/25 – The Human Resources Manager conducted an audit of all team member files to verify that direct care staff required training is completed

3/1/2025 the Human Resources Manager will conduct random audit of direct care staff files monthly x 6 months to confirm that scheduled annual training are completed.

4/17/2025 the Human Resource Manager will report compliance to the quarterly QAPI (Quality Assurance and Performance Improvement) meeting for 2 consecutive quarters.

4/17/2025 and ongoing – This Plan of Correction will be discussed and evaluated for the next 2 quarters by the ED and Coordinators at The QAPI Meeting

The Executive Director is responsible for confirming the implementation and compliance of this POC and addressing and resolving any variance that may occur.

Licensee's Proposed Overall Completion Date: 04/17/2025

Implemented [REDACTED] - 03/13/2025)

65g - Annual Training Content

5. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff person B did not receive training in resident rights during training year 2024.

Repeat Violation: 05/15/24 et. al.

Plan of Correction

Accepted (██████) - 02/25/2025)

1/29/25- Direct Care Staff B was removed from the schedule and no longer worker as direct care staff
 2/3/25 and 2/4/25 The Resident Care Director Provided re -training to team members on Resident Rights
 3/1/25 the Human Resources Manager will conduct monthly audits for annual trainings to ensure compliance.
 4/17/2025 and ongoing- The Human Resources Manager will report compliance with the annual trainings quarterly at QAPI meeting (Quality Assurance and Performance Improvement) for 2 consecutive quarters.
 4/17/ 2025 and ongoing – This Plan of Correction will be discussed and evaluated for the next 2 quarters by the ED and Coordinators at the quarterly QAPI Meeting
 The Executive Director is responsible for confirming the implementation and compliance of this POC and addressing and resolving any variance that may occur.

Licensee's Proposed Overall Completion Date: 04/17/2025

Implemented (██████) 03/13/2025)

227d - Support Plan Medical/Dental

6. Requirements

2600.

227.d. Each home shall document in the resident’s support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident’s physician, physician’s assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The home uses an Individual Service Plan (ISP) which is equal to the Department's Support Plan. The home's ISP is considered a "live" document in that it can be updated to reflect changes in care or new treatments for the resident.

The ISP for resident ██████ with an initiation date of ██████ has several errors:

- Under "Assistive Devices" the ISP reads "I am independent with the use of my prosthetic device". The resident does not have a prosthetic device.

227d - Support Plan Medical/Dental (continued)

- Under "Bathing Assistance" the ISP addresses transferring for bathing and bathing in this category. The ISP indicates the resident needs a full mechanical lift with transferring for bathing. When Resident [REDACTED] arrived on [REDACTED] the resident was using a mechanical lift but is currently using two person assist to transfer for bathing. The ISP further reads, in this category, that the resident uses physical assistance of 1 person with bathing and the resident uses physical assistance of 2 persons with bathing.
- Under "Turning and positioning" the ISP reads that the resident is independent with turning and repositioning in bed/chair. However, Resident [REDACTED] has a bedside mobility device. Due to the use of a bedside mobility device, the resident's Service Plan must include the following;
 - The specific need for the device,
 - The intended Use,
 - Any risks associated with the device,
 - The resident's ability to use the device safely for the intended purpose,
 - Identification of the specific device to be used,
 - If a cover is required to meet FDA guidelines.

Repeat Violation: [REDACTED] et. al.

Plan of Correction

Accept [REDACTED] 02/25/2025)

1/28/2025- Resident Care Director (RCD) updated Resident [REDACTED] Individualized Service Plan with assistive devices, bathing assistance, turning and positioning, and needs of assistive devices including the risks associated with use of device.

2/3/2025 - Executive Director (ED) educated RCD on updating Individualized Service Plan with assistive devices, bathing assistance, turning and positioning, and needs of assistive devices including the risks associated with use of device.

1/28/2025 – Resident Care Director conducted an audit of all ISPs for residents with assistive device to ensure the use of assistive device and risks associated with use are documented.

3/1/ 2025 the Resident Care Coordinator will randomly audit residents with assistive devices monthly for the next 2 quarters to confirm the use of assistive device and risk associated with the device are documented in the ISP

4/17/ 2025 The Resident care coordinator will report compliance to the quarterly QAPI meeting for 2 consecutive quarters.

4/17/2025 and ongoing – This Plan of Correction will be discussed and evaluated for the next 2 quarters by the ED and Coordinators at the quarterly QAPI Meeting

The Executive Director is responsible for confirming the implementation and compliance of this POC and addressing and resolving any variance that may occur.

Licensee's Proposed Overall Completion Date: 04/17/2025

Implemented [REDACTED] - 03/13/2025)

236 - Staff Training

7. Requirements

2600.

236. Training - Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training specified in § 2600.65 (relating to direct care staff person training and orientation).

236 Staff Training (continued)

Description of Violation

Direct care staff person B, who works in the Secure Dementia Care Unit (SDCU) had only 2 hours, 30 minutes of training in dementia care during the 2024 training year.

Direct care staff person C, who works in the Secure Dementia Care Unit (SDCU) had only 5 hours of training in dementia care during the 2024 training year.

Plan of Correction

Accept [REDACTED] - 02/25/2025)

1/29/2025 Care staff person B was removed from the schedule and no longer work as a direct care staff

Care staff person C no longer works for the community

2/24/2025 The Human Resources Manager will conduct an audit of all team member files to confirm that the 6 hours of annual training to related to Dementia Care and Services are completed in addition to the 12 hours of annual training specified in 2600.65 (relating to direct care staff person training and orientation)

3/1/2025 the HRM will conduct monthly random audits to team member files to confirm that all required Dementia training is completed

4/17/ 2025 the Human Resource manager will report compliance to the Quarterly QAPI meeting for 2 consecutive months.

4/17/ 2025 and ongoing This Plan of Correction will be discussed and evaluated for the next 2 quarters by the ED and Coordinators at the quarterly QAPI Meeting

The Executive Director is responsible for confirming the implementation and compliance of this POC and addressing and resolving any variance that may occur.

Licensee's Proposed Overall Completion Date: 04/17/2025

Implemented [REDACTED] 03/13/2025)