

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

March 3, 2026

[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 02/02/2026, 02/03/2026, 02/05/2026 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: *10/16/2026*  
 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: *146* Waking Staff: *110*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #: [REDACTED]  
 Reason: *Incident* Exit Conference Date: *02/02/2026*

**Inspection Dates and Department Representative**

02/02/2026 On Site: [REDACTED]  
 02/03/2026 Off Site: [REDACTED]  
 02/05/2026 Off Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *143* Residents Served: *101*

**Secured Dementia Care Unit**  
 In Home: *Yes* Area: *REM* Capacity: *25* Residents Served: *21*

**Hospice**  
 Current Residents: *8*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *101*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *45* Have Physical Disability: *0*

**Inspections / Reviews**

02/02/2026 - Partial  
 Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow Up Date: *02/27/2026*

Inspections / Reviews (*continued*)

## 03/03/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/03/2026

Reviewer: [REDACTED]

Follow Up Type: *Bypass Document  
Submission*

## 03/03/2026 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/03/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

62 - Contact List

1. Requirements

2600.

62. List of Staff Persons - The administrator shall maintain a current list of the names, addresses and telephone numbers of staff persons including substitute personnel and volunteers.

Description of Violation

Staff person A, the administrator, provided a partial contact list that did not include ancillary staff.

Plan of Correction

Accept (redacted) - 03/03/2026)

The team member contact list has been updated to reflect ancillary team members.

The concierge/designee is now responsible to keep the team member contact list current.

The list will be reviewed monthly and edited as needed to ensure the list remains current, including ancillary team members.

The executive director is responsible for confirming the implementation and compliance of this POC and addressing and resolving any variations that may occur.

Licensee's Proposed Overall Completion Date: 03/06/2026

Implemented (redacted) - 03/03/2026)

63a - First Aid/CPR Training

2. 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 (redacted), from 11 am to 7 pm, 101 residents were present in the home. During this time only 2 staff persons were present in the home who were certified in CPR and only 1 person certified in first aid and obstructed airway techniques.

Plan of Correction

Accept (redacted) 03/03/2026)

CPR/first aid certified staffing schedule is reviewed each day in stand up and verified prior to the start of a new schedule.. See audit attached. CPR training was held on 1/27/26 and was held again on 2/26/26. The schedule will be reviewed weekly x3 months and findings reviewed in QAPI for the 1st and 2nd quarter.

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

Licensee's Proposed Overall Completion Date: 03/06/2026

Implemented (redacted) - 03/03/2026)

100b - Removal Snow/Obstructions

3. Requirements

2600.

100.b. The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

Description of Violation

On (redacted) at 9:14 am

100b Removal Snow/Obstructions (continued)

, there was an approximate 3 inch accumulation of snow on several walkways, outside of the main dining room exit, outside of the exit near the salon, and the memory care exits and courtyard. It last snowed on [REDACTED].

Plan of Correction

Accept [REDACTED] - 03/03/2026)

Upon notification the egresses were immediately cleared. Effective immediately a maintenance team member will complete a visual inspection immediately following all weather incidents to ensure each egress is cleared of debris that blocks the exit walkway. During ice and snowstorms maintenance will do a visual inspection of each egress periodically throughout the storm to ensure All egresses are clear. Executive Director is responsible for confirming the implementation and compliance of this POC and addressing and resolving any variations that may occur.

Licensee's Proposed Overall Completion Date: 02/27/2026

Implemented [REDACTED] - 03/03/2026)

121a - Unobstructed Egress

5. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On [REDACTED], egress doors from the home's main dining room, the door closest to the salon, the exit from stair well 4, and both exits from the memory care dining area were all unable to be opened because of 3 inches of snow and ice accumulation prevented the doors from opening.

Plan of Correction

Accept [REDACTED] - 03/03/2026)

upon notification the egresses were cleared.Effective immediately a maintenance team member will complete a visual inspection immediately following all weather incidents to ensure each egress is cleared of debris that blocks the exit walkway. During ice and snowstorms maintenance will do a visual inspection of each egress periodically throughout the storm to ensure walkways are kept clear.

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

Licensee's Proposed Overall Completion Date: 02/27/2026

Implemented [REDACTED] - 03/03/2026)

141b1 - Annual Medical Evaluation

6. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident [REDACTED] most recent medical evaluation was completed on [REDACTED]. The resident's previous medical evaluation was completed on [REDACTED]

Plan of Correction

Accept [REDACTED] - 03/03/2026)

Resident [REDACTED] is [REDACTED]. A complete audit of files was completed on 12/23/25 and is attached. Weekly random

141b1 - Annual Medical Evaluation (continued)

audits of all files are being completed by the Executive Director. See attached. Results of audits will be reviewed in the first quarter QAPI meeting. Executive Director is responsible for confirming the implementation and compliance of this POC and addressing and resolving any variations that may occur.

Licensee's Proposed Overall Completion Date: 03/06/2026

Implemented ( ) - 03/03/2026)

162c - Menus Posted

7. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

On ( ), the home's menu for the week of ( ) was posted. However, ( ) was not posted. The menu was also not in a conspicuous place. The menu was posted only at the front of the building. Residents in the secured dementia care unit are not able to leave the unit to view the posted menu.

Plan of Correction

Accept ( ) - 03/03/2026)

New frames were posted in the SCDU and posted at the door of the dining room. The two week menu will be kept updated by the dining coordinator/designee. The executive director/designee will do a visual inspection weekly to ensure the menus are posted.

Executive Director is responsible for confirming the implementation and compliance of this POC and addressing and

Licensee's Proposed Overall Completion Date: 02/27/2026

Implemented ( ) - 03/03/2026)

225c - Additional Assessment

8. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 1. Annually.
- 2. If the condition of the resident significantly changes prior to the annual assessment.
- 3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident ( ) current assessment was completed on ( ). However, the resident's previous assessment was completed on ( ).

Plan of Correction

Accept ( ) 03/03/2026)

Resident ( ) is deceased. Resident files are being randomly audited weekly by the ED/Designee. A house audit was completed on 12/23/25. See attached documentation. Findings will be reviewed in The first quarter QAPI. Executive Director is responsible for confirming the implementation and compliance of this POC and addressing and

**225c - Additional Assessment (continued)***resolving any variations that may occur*

Licensee's Proposed Overall Completion Date: 02/27/2026

Implemented [REDACTED] - 03/03/2026)

**252 - Record Content****9. Requirements**

2600.

252. Content of Resident Records - Each resident's record must include the following information:

1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. A photograph of the resident that is no more than 2 years old.
4. Language or means of communication spoken or used by the resident.
5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.
6. The name, address and telephone number of the resident's physician or source of health care.
7. The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms.
8. A list of prescribed medications, OTC medications and CAM.
9. Dietary restrictions.
10. A record of incident reports for the individual resident.
11. A list of allergies.
12. The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies.
13. The preadmission screening, initial intake assessment and the most current version of the annual assessment.
14. A support plan.
15. Applicable court order, if any.
16. The resident's medical insurance information.
17. The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity.
18. An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.
19. An inventory of the resident's property entrusted to the administrator for safekeeping.
20. The financial records of residents receiving assistance with financial management.
21. The reason for termination of services or transfer of the resident, the date of transfer and the destination.
22. Copies of transfer and discharge summaries from hospitals, if available.
23. If the resident dies in the home, a copy of the official death certificate.
24. Signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 2600.41 (relating to notification of rights and complaint procedures).
25. A copy of the resident-home contract.
26. A termination notice, if any.

**Description of Violation***Resident [REDACTED] record does not include a death certificate.***Plan of Correction**

Accepted [REDACTED] - 03/03/2026)

*See attached. Resident [REDACTED] expired on 12/23 death certificate is attached. The executive director had made several attempts to obtain the death certificate. Family of the deceased emailed the attached death certificate and it is now stored with the closed record.*

**252 - Record Content (continued)**

*Executive Director is responsible for confirming the implementation and compliance of this POC and addressing and resolving any variations that may occur*

**Licensee's Proposed Overall Completion Date:** 02/26/2026

**Implemented** [REDACTED] - 03/03/2026)