

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

March 20, 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 02/12/2026 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**

Type: *1 2* Date: *10/27/2010* Issued By: *Haverford Township*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *151* Waking Staff: *113*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Incident* Exit Conference Date: *02/12/2026*

**Inspection Dates and Department Representative**

02/12/2026 On Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *143* Residents Served: *102*

Secured Dementia Care Unit  
 In Home: *Yes* Area: *Reminiscence* Capacity: *25* Residents Served: *19*

Hospice  
 Current Residents: *7*

Number of Residents Who:  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *102*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *49* Have Physical Disability: *0*

**Inspections / Reviews**

02/12/2026 - Partial  
 Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow Up Date: *03/07/2026*

Inspections / Reviews *(continued)*

03/09/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/20/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/20/2026

03/20/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/20/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

42o - Associate/Communicate

1. Requirements

2600.

42.o. A resident has the right to freely associate, organize and communicate with others privately.

Description of Violation

On [redacted] at approximately 9:30 PM, resident [redacted] and [redacted] were observed in resident [redacted] room by staff during rounds. Resident [redacted] was asked to leave resident's [redacted] room by staff member A. Later, at approximately 11:30 PM, resident [redacted] was again observed in resident [redacted]'s room and asked to leave by staff member B. When interviewed, staff member B stated staff member C, the Administrator, had instructed staff member B to keep residents [redacted] and [redacted] separated.

Plan of Correction

Accept [redacted] - 03/09/2026)

The resident who was asked to leave the room was reassessed to ensure there was no emotional distress as a result of the intervention. Both residents involved were evaluated to determine: cognitive status, ability to consent to intimate activity, presence of coercion, fear or distress. Both residents were seen by the neuropsychologist. The residents both being diagnosed by the neuro psych evaluation as having a dx of moderate dementia. The IDT reviewed the situation to ensure residents rights, dignity and safety were preserved. Private meetings were conducted as appropriate and permitted with responsible parties to inform them of the assessment. Staff training for administration and direct care staff will be held regarding resident rights, dementia and capacity to consent, residents'right to sexual expression.

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: 03/20/2026

Implemented [redacted] - 03/20/2026)

227g -Support Plan Signatures

2. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident [redacted] participated in the development of their support plans on [redacted] and [redacted]. However, the resident did not sign the support plans.

Repeat Violation: [redacted] et. al.

Plan of Correction

Accept [redacted] - 03/09/2026)

Residents support plan had been reviewed with resident [redacted] and signature obtained. See attached signature page. Resident did participate in the support plan meeting of 9/19 and 11/19.

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] - 03/20/2026)