

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395801	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/12/2025
NAME OF PROVIDER OR SUPPLIER Quadrangle		STREET ADDRESS, CITY, STATE, ZIP CODE 3300 Darby Road Haverford, PA 19041	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>Based on review of facility policy, observation, and interviews with residents and staff, it was determined that the facility failed to ensure that residents and/or their representatives could file a grievance/concern anonymously by failing to ensure that grievance boxes were in place for residents or their representatives to anonymously drop their grievances/complaints for two of two units reviewed. (First floor and Second floor)</p> <p>Findings:</p> <p>Review of facility admission packet provided to residents and/or resident family upon admission revealed Resident Grievance Procedure included in the admission packet.</p> <p>Review of the Resident Grievance Procedure revealed that under section PROCEDURE: #1. Complete a Grievance form. Forms are in the Lobby, Activities room, Bistro, and Family Room. Resident /Family members can anonymously deliver their grievance for in the out-going box outside of the Activities Room on the second floor. The form will be addressed by the Grievance Coordinator.</p> <p>Observation of the first-floor lobby area in front of the elevator, and observation of all the public areas of the first floor conducted on June 12, 2025, at 10:45 AM revealed no grievance boxes.</p> <p>Observation of the second-floor lounge area in front of the elevator, and observation of all the public areas of the second floor conducted on June 12, 2025, at 10:52 AM revealed no grievance boxes.</p> <p>Interview with Facility Administrator Employee E1 conducted on June 12, 2025, at 10:58m AM revealed that the grievance box was located outside of the social worker's office.</p> <p>Observation of the social worker's office conducted on June 12, 2025, at 11:04 AM together with facility administrator Employee E1 and Social Worker Employee E3 revealed that an out-going wall basket outside the social worker's office. Further, the out-going wall basket was mounted at chest level of a standing person. Further, the basket was not accessible to a person sitting in the wheelchair. Further, the basket did not have any label.</p> <p>Interview with the social worker Employee E3 conducted at the time of the observation revealed that she usually takes all complaints and grievances and writes the form for the residents. The forms are then addressed accordingly. Further Employee E3 also revealed that if the resident wants to file the grievance on their own, they can fill out the grievance form and drop it in the out-box located outside the social worker's office.</p> <p>(continued on next page)</p>		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation of the Activities Room on the second floor conducted on June 12, 2025, at 11:50AM revealed that there was no out-going box anywhere outside of the activities room or within the vicinity of the activities room.</p> <p>Interview with Employee E4 conducted at the time of the observation confirmed that there was no out-going box outside of the activities room. Further, Employee E4 revealed that there is an out-going box outside the social worker's office on the first floor where residents can submit their grievances.</p> <p>Interviews on June 12, 2025, with five randomly selected resident revealed that four of the five residents interviewed (Resident R1, R2, R3, and R4) did not know where the grievance box was located. One resident revealed that the location was in the papers provided to her upon admission.</p> <p>28 Pa. Code 201.14(a)Responsibility of licensee</p> <p>28 Pa. Code 201.18(b)(3) Management</p> <p>28 Pa. Code 201.18(e)(1) Management</p> <p>28 Pa. Code 201.29(a)Resident rights</p>		