

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 05/22/2024
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>41471</p> <p>Based on review of clinical records, facility policies and procedures, interviews with staff, it was determined that the facility failed to conduct a complete and thorough investigation of one alleged violation of unknown source of injury for one of 16 residents reviewed. (Resident R165).</p> <p>Findings include:</p> <p>Review of the facility policy titled, Abuse, Neglect & Exploitation - Prevention, Reporting and Investigation dated, May 4, 2016, revealed, The SNA/designee manages and directs the investigation of all abuse, neglect and/or exploitation.</p> <p>Review of facility investigation dated August 21, 2023, revealed that while providing care, a nurse aide transferred Resident R165, and her head hit the guard rail. This resulted in a hematoma on the right side of her forehead. Resident was sent to the hospital for further assessment.</p> <p>Further review of the investigation revealed a statement by Employee E13, nurse aide revealed that she provided care to resident including transfer with the help of other staff. She also provided care to resident in bed. Employee E13 indicated that there was no incident happened during her care or the resident did not complain of any pain or incident. Employee E13 indicated that the incident did not happen on her shift.</p> <p>Further review of the investigation revealed a hospital record dated August 21, 2023, which indicated that the resident stated she sustained the injury during a transfer by nurse aide.</p> <p>Continued review of the investigation revealed that facility did not obtain statements or conducted interviews with other staff who provided care to the resident prior to the injury.</p> <p>Interview with the Administrator on May 22, 2024, at 11:30 a.m. stated resident alleged that the injury was sustained during a transfer from previous shift. She stated the injury was reported by the employees of 7am-3pm shift.</p> <p>Administrator confirmed that the facility investigation was focused on Nurse aide, Employee E13 who allegedly transferred the resident. However, it was determined that there was no transfer occurred during the care. Administrator also confirmed that there was no other staff interviewed or obtained statements from staff who provided care to Resident R165.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 395801
		If continuation sheet Page 1 of 13

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 05/22/2024
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>28 Pa. Code 201.14(a) Responsibility of licensee.</p> <p>28 Pa. Code 201.18(e)(1) Management.</p> <p>28 Pa. Code 211.12(d)(1) Nursing services.</p>		

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 05/22/2024
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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>47973</p> <p>Based on the review of clinical records and interview with staff, it was determined that the facility failed to notify the resident and the resident's representative(s) of the transfer to the hospital and the reasons for the transfer to the hospital in a timely manner, in writing and in a language and manner they understood for one of 16 residents reviewed. (Resident R52)</p> <p>Findings Include:</p> <p>Review of nursing note for Resident R52, dated May 8, 2024, revealed that the resident was febrile (having or showing symptoms of a fever), and was discharged to the hospital.</p> <p>Further review revealed a nursing note for Resident R52, dated April 26, 2024, revealed that the resident was discharged to the hospital for systemic anemia.</p> <p>Another nursing note for Resident R52, dated March 11, 2024, revealed that the resident was admitted to the hospital with acute kidney injury.</p> <p>Review of clinical record revealed no evidence that Resident R52's representative was notified of the transfer to the hospital and the reasons for the transfer in writing, and in a language and manner they understood.</p> <p>Interview with the Nursing Home Administrator, Director of Nursing, and Social Worker, Employee E3, on May 22, 2024, at 11:49 a.m. confirmed that the Resident R52's representative was not notified of the hospital transfers and the reasons for the transfers in writing, and in a language and manner they understood. Further interview confirmed that there was no system in place in regard to notifying the residents representatives, in writing, including the reasons, prior to resident transfer or discharge.</p> <p>28 Pa. Code 201.14(a) Responsibility of license</p> <p>28 Pa. Code 201.29(a) Resident rights</p>		

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 05/22/2024
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 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>47973</p> <p>Based on clinical record review and staff interview, it was determined that the facility failed to ensure that the resident and resident representative receive written notice of the facility bed-hold policy at the time of a facility-initiated transfer to a hospital for one of 16 residents reviewed. (Resident R52)</p> <p>Findings include:</p> <p>Review of nursing note for Resident R52, dated May 8, 2024, revealed that the resident was febrile (having or showing symptoms of a fever), and was discharged to the hospital.</p> <p>Further review revealed a nursing note for Resident R52, dated April 26, 2024, revealed that the resident was discharged to the hospital for systemic anemia.</p> <p>Another nursing note for Resident R52, dated March 11, 2024, revealed that the resident was admitted to the hospital with acute kidney injury.</p> <p>Further review of Resident R52's clinical record revealed that there was no documented evidence that the resident and his representative were provided with a written notice of the facility bed-hold policy at the time of Resident R52's facility-initiated transfer to the hospital.</p> <p>Interview with the Nursing Home Administrator, Employee E1; Director of Nursing, Employee E2; and Social Worker, Employee E3, on May 22, 2024, at 11:49 a.m. confirmed that the Resident R52 and his representative were not provided with the bed hold policy, that included information explaining the duration of the bed-hold, bed hold reserve payment and permitting return to a bed at the facility. Further interview confirmed that there was no system in place to ensure that the resident and resident representative receive written notice of the facility bed-hold policy at the time of a facility-initiated transfer to a hospital.</p> <p>28 Pa Code 201.14(a) Responsibility of licensee</p> <p>28 PA Code 201.29(f) Resident rights</p>		

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 05/22/2024
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47973</p> <p>Based on review of facility policy, review of clinical records, and staff interview, it was determined that the facility failed to monitor and modify interventions consistent with the resident's needs to maintain acceptable parameters of nutritional status for two of three residents reviewed for nutritional status (Resident R44 and R55).</p> <p>Findings Include:</p> <p>Review of facility policy titled, Nutritional Intervention Pathways for Weight Loss undated, revealed that oral supplements must be obtained from the physician and documented.</p> <p>Review of facility policy titled, Fortified Foods revised June 7, 2016, revealed that fortified foods will meet the increased nutritional needs of residents who are underweight, have significant weight loss, pressure ulcers or poor intake. Once the physician approves the fortified food, a diet order written as Fortified food will appear in the resident's medical records. Recipes, amount to be served and frequency must be kept on file. Further review revealed that acceptance of the Fortified foods should be assessed regularly.</p> <p>Review of Resident R44's comprehensive Minimum Data Set (MDS - federally mandated resident assessment and care screening) dated February 21, 2024, revealed the resident was admitted to the facility on [DATE], with diagnoses including fracture and muscle weakness.</p> <p>Review of Resident R44's weight history revealed resident experienced continual weight loss. Weights were discontinued per resident preference, with the last weight registered 83.6 pounds on March 26, 2024.</p> <p>Review of nutrition notes for Resident R44, dated April 4, 2024, and April 11, 2024, revealed that the resident had mixed intakes. The Dietitian, Employee E4 made a recommendation for Boost Breeze 240cc in the morning. Nursing to provide and record percent intake.</p> <p>Review of Physician order dated, April 11, 2024, revealed an order for Boost Breeze clear 240cc in the morning. Nursing provide and record consumption.</p> <p>Review of Resident R44's clinical record failed to reveal documented supplement intakes for nutrition monitoring.</p> <p>Interview with the Registered Dietitian, Employee E4, on May 22, 2024, at 2:21 p.m. confirmed that there is no documentation of Resident R44's supplement percent intakes for nutrition monitoring.</p> <p>Review of Resident R55's comprehensive Minimum Data Set (MDS - federally mandated resident assessment and care screening) dated April 21, 2024, revealed the resident was most recently admitted to the facility on [DATE], with diagnoses including partial intestinal obstruction, prediabetes, muscle weakness, and obstructive pulmonary disease.</p> <p>(continued on next page)</p>		

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 05/22/2024
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of nutrition notes for Resident R55 revealed that the resident has a history of Crohn's disease (chronic inflammation of the digestive tract that leads to abdominal pain, weight loss) and malnutrition. Further review revealed that the resident was eating approximately 50% of his meals.</p> <p>Review of physician orders for Resident R55 revealed an order dated, April 18, 2024, fortified food program: fortified pudding at lunch. Further review failed to indicate the amount, per facility policy, Fortified Foods.</p> <p>Review of Resident R55's clinical records failed to reveal documented evidence of the Fortified Pudding consumption for resident.</p> <p>Interview with the Registered Dietitian, Employee E4, on May 22, 2024, at 2:21 p.m. confirmed that there is no documentation of the fortified pudding consumption to evaluate Resident R55's acceptance of the Fortified Food and overall nutrition intervention.</p> <p>28 Pa. Code 211.10 (c) Resident care policies</p> <p>28 Pa. Code 211.12 (d)(3) Nursing services</p>		

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 05/22/2024
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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>41471</p> <p>Based on the review of clinical records, facility documentation, observations, interview with staff, it was determined that the facility failed to ensure that nursing staff possessed the appropriate competencies and skill sets related to the care of residents with intravenous line and medication administration for two of two employee records reviewed. (Employee E14 and E15).</p> <p>Findings Include:</p> <p>Review of facility reported incident dated December 14, 2024, revealed that Resident R164 was involved in a medication error. Nurse accidentally administered Sertraline (Antidepressant) 100 milligrams (mg) tablet and Lisinopril (Blood Pressure medication) 10 mg. Resident's family requested evaluation from nurse practitioner in-house. They were not available and therefore resident was sent to the hospital for further evaluation.</p> <p>Review of clinical record revealed that the medication was administered by Licensed nurse, Employee E15.</p> <p>A request for medication administration competency prior to the medication error was requested to the Director of Nursing n May 21, 2024.</p> <p>Facility did not provide evidence that Employee E15 had the competency of medication administration.</p> <p>Review of physician order for Resident R38 on March 1, 2024, revealed a physician order for normal saline 0.9 % 2 liters intravenously for one time a day, first liter at 80 ml/hour and the second bag at 60 ml /hr.</p> <p>Review of facility documentation revealed that on March 3, 2024, revealed that the nurse administered 8 normal saline flushes (one flush of 10 ml) a total of 80 ml within minutes. This medication was administered by Licensed nurse, Employee E14.</p> <p>Interview with Director of Nursing on May 21, 2024, stated nurse should have administered intravenous fluid bag via intravenous set at a rate set by the physician.</p> <p>A request for intravenous medication administration competency for Licensed nurse, Employee E14 was requested to the Director of Nursing on May 21, 2024.</p> <p>Facility did not provide evidence that Licensed nurse, Employee E15 had the competency of intravenous medication administration.</p> <p>28 Pa Code 211.10 (c) Resident care policies</p> <p>28 Pa. Code: 211.12 (d)(1) Nursing services</p> <p>(continued on next page)</p>		

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 05/22/2024
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)
F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	28 Pa. Code: 211.12(d)(5) Nursing services

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 05/22/2024
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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>41471</p> <p>Based on review of the clinical records, review of facility policies and interviews with staff, it was determined that the facility failed to ensure that a resident was free of significant medication error for two of five residents reviewed for medication administration (Resident R164 and Resident R167).</p> <p>Findings include:</p> <p>Review of facility reported incident dated December 14, 2024, revealed that Resident R164 was involved in a medication error. Nurse accidentally administered sertraline (Antidepressant) 100 mg tablet and lisinopril (Blood Pressure medication) 10 milligrams (mg). Resident's family requested evaluation from nurse practitioner in-house. They were not available and therefore resident was sent to the hospital for further evaluation.</p> <p>Review of physician orders for Resident R164 on December 14, 2023, revealed that there was no physician orders for sertraline and lisinopril.</p> <p>Interview with Director of Nursing on May 21, 2024, stated nurse did not follow appropriate practice of medication administration. The nurse who administered medication to Resident R64 was unable to provide a reason for administering wrong medication to Resident R164.</p> <p>Review of physician order for Resident R167 on January 3, 2024, revealed a physician order for Carvedilol 6.25 mg tablet twice daily. Hold for systolic blood pressure less than 95 or heart rate less than 55.</p> <p>Review of facility documentation revealed that on January 3, 2024, Resident R167 was given with blood pressure of 93/57. Further review of the documentation revealed that the medication was administered by Employee E14, Licensed Practical Nurse.</p> <p>Review of physician order for Resident R38 on March 1, 2024, revealed a physician order for normal saline 0.9 % 2 liters intravenously for one time a day, first liter at 80 ml/hour and the second bag at 60 ml /hr.</p> <p>Review of facility documentation revealed that on March 3, 2024, revealed that the nurse administered 8 normal saline flushes (one flush of 10 ml) a total of 80 ml within minutes. This medication was also administered by Employee E14.</p> <p>Interview with Director of Nursing (DON) on May 21, 2024, at 11:00 a.m. DON stated Employee E14 made two significant medication error. DON stated the nurse should have administered intravenous fluid bag via intravenous set at a rate set by the physician.</p> <p>28 Pa. Code 211.12(d)(1) Nursing services</p> <p>28 Pa. Code 211.12(d)(3) Nursing services</p> <p>(continued on next page)</p>

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 05/22/2024
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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>28 Pa. Code 211.12(d)(5) Nursing services</p>		

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 05/22/2024
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>47973</p> <p>Based on observations, interviews with staff, and a review of facility policies and documentation, it was determined that the facility did not ensure that food was stored, prepared, distributed, and served in accordance with professional standards for food service safety.</p> <p>Findings include:</p> <p>Review of facility policy titled, Food Storage, Preparation and Service revised April 11, 2022, revealed that cutting boards are color coded and used according to food type. The red cutting board is to be utilized for raw meat and processed (not raw) items are to be handled on a white cutting board. Further review revealed that all food items are labeled, dated and rotated to maintain a system of First In First Out (FIFO).</p> <p>An initial tour of the Food Service Department was conducted on May 20, 2024, at 10:14 a.m. with the Food Service Director (FSD), Employee E5, and the Dietary Manager (DM), Employee E6.</p> <p>Observations revealed the following:</p> <p>Employee E11, the Cook, was observed cutting vegetables on the white cutting board. Further observation revealed Employee E11 proceeded to handle raw ground beef on the same white cutting board, soon after finishing cutting the vegetables.</p> <p>Employee E12, Dietary Aid, was scooping raw crab cakes on the sheet tray without wearing disposable gloves.</p> <p>Observations in the pantry and the main refrigerator revealed that opened food items (including cheeses, cut pineapple, pineapple, and pulled raw meat) contained a single date.</p> <p>Interview with the FSD during the tour confirmed that items in the pantry and refrigerator contained only one date and acknowledged that all items should have a use by date. Further electronic communication with the FSD, on May 22, 2024, at 4:03 p.m. confirmed that all items should receive a date upon delivery . If the product is open, it should be wrapped, labeled, and dated after use and fixed with an open date and an expiration date and placed in proper FIFO rotation . All prepared food should be wrapped, labeled, and dated with an expiration date of 72 hours after preparation.</p> <p>28 PA Code: 201.14(a) Responsibility of licensee.</p> <p>28 Pa. Code 201.18(b)(3) Management</p>		

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 05/22/2024
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 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Dispose of garbage and refuse properly.</p> <p>47973</p> <p>Based on observations and interviews with staff, it was determined that the facility failed to ensure that garbage was dispose of properly.</p> <p>Findings include:</p> <p>Observation in the receiving area revealed five dumpsters with the lid open revealing contents; dirty plastics were observed around the dumpsters. The ground all around the loading dock was littered with hundreds of cigarette butts.</p> <p>Interview with Food Service Director at 9:45 a.m. on May 14, 2024, 10:40 a.m. confirmed the above findings.</p>

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 05/22/2024
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 0868</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>41471</p> <p>Have the Quality Assessment and Assurance group have the required members and meet at least quarterly</p> <p>Based on review of facility documents and staff interviews, it was determined that the facility failed to ensure that the Medical Director or designee was in attendance at monthly Quality Assurance Process Improvement (QAPI) Committee meetings for three of three months reviewed. (January 2024 through April 2024)</p> <p>Findings include:</p> <p>A review of QAPI Committee meeting sign-in sheets for the period of January 2024 through April 2024, revealed no documented evidence that the Medical Director or other physician was in attendance, virtually or in-person, at the QA meetings held from January 2024 through April 2024.</p> <p>Interview with the administrator on May 22, 2024, at 12:00 PM confirmed that the facility documentation did not show evidence that the medical director was in attendance, virtually or in-person, at the QA meetings held from January 2024 through April 2024.</p> <p>28 Pa. Code 211.2(d)(5)(6)(7)(8)(10) Medical director</p> <p>28 Pa. Code 201.18 (e)(2)(3)(4) Management.</p>		