



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUL 15 2016

Mr. Michael B. Laign, President/CEO
Holy Redeemer Health System
667 Welsh Road
Huntingdon, Pennsylvania 19006

RE: The Lafayette
8580 Verree Road, 2nd & 3rd Floors
Philadelphia, Pennsylvania 19111
License #: 101920

Dear Mr. Laign:

As a result of the Department of Human Services' annual licensing inspection on April 20, 2016 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Jay Bausch".

Jay Bausch
Deputy Secretary

Enclosure
License Inspection Summary

Violation Report: 10192 - 04/20/2016 - Kazimer, Lauren
 PCH Name: THE LAFAYETTE

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

- On 4/16 and 4/18/2016 at 6am, resident #1's blood glucose levels were taken with resident #2's glucometer.
- On 4/19/2016 at 7:30am, resident #3's blood glucose level was taken with resident #1's glucometer.
- On 4/20/2016 at 6:30am, resident #2's blood glucose level was taken with resident #1's glucometer.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

On 4-20-16 The Nurse Manager ordered new glucometers for all residents to have their own.

By 4-28-16 The Nurse Manager completed education regarding glucometer use for each resident, specifying that glucometers can only be use by resident assigned.

The Nurse Manager or Designee with the over site of the Administrator will make sure random audits are being conducted to make sure that glucumeters are only being used by resident assigned and not be used by other residents.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page) *David McDonald*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) David McDonald Administrator	Date 6/10/2016
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The above plan of correction is approved as of *6/10/16*
 (Date)

The above plan of correction was approved by *DM*
 (Initials)

Plan of correction implementation status as of *6/10/16*
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 10192 - 04/20/2016 - Kazimer, Lauren
 PCH Name: THE LAFAYETTE

1. REGULATION 55 Pa.Code §2600
 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

- Resident #4's glucometer was not set to the correct date and time.
- Resident #4's PRN Optivar eye drops were not available in the medication cart.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

On 4-20-16 The Nurse Manager checked each glucometer and made sure each one was set to the correct date and time.

By 4-28-16 The Nurse Manager completed education regarding glucometer use for each resident including the steps to ensure that the proper date and time is always accurate.

If at anytime a glucometer is not calibrated correctly or not showing the correct date and or time, that device will not be used and a new glucometer will be used.

The Nurse Manager or designee with the over site of the Administrator will complete random audits to ensure each glucometer is set to the correct date and time.

On 4-20-16 - The Nurse Manager contacted resident #4's Primary Physician regarding Optivar eye drops, Physician discontinued PRN order immediately. The Nurse Manager reviewed the rest of PRN medications for all residents in the home to ensure their medication is present at the home.

By 4-28-16 The Nurse Manager completed education regarding PRN medication and the fact that it needs to be available at the home for all residents that have PRN orders.

The Nurse Manager or designee with the over site of the Administrator will complete random audits to ensure that PRN medication is readily available at the home.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *David McDonald*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) David McDonald Administrator

Date 6/10/2016

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u><i>6/10/16</i></u> (Date)	Plan of correction implementation status as of <u><i>6/10/16</i></u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented