

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to LAFAYETTE MANOR, INC. LMI
LEGAL ENTITY

To operate BEECHWOOD COURT AT LAFAYETTE MANOR
NAME OF FACILITY OR AGENCY

Located at 145 LAFAYETTE MANOR ROAD, UNIONTOWN, PA 15401
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 64
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 23

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from December 31, 2010 until December 31, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 409610

Robert E. Robinson
ISSUING OFFICER

Kevin T. Casey
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

JAN 13 2011

PHONE: (717) 783-3670
FAX: (717) 783-5662

Ms. Cynthia S. Trimmer, Administrator
Lafayette Manor, Inc. LMI
Beechwood Court at Lafayette Manor
145 Lafayette Manor Road
Uniontown, Pennsylvania 15401

Dear Ms. Trimmer:

As a result of the Department of Public Welfare's licensing inspection on October 27, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey
Deputy Secretary

Enclosures
License
Violation Report


VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME BEECHWOOD COURT AT LAFAYETTE MANOR, 145 LAFAYETTE MANOR ROAD UNIONTOWN, PA 15401		CURRENT LICENSE NUMBER 409610	
INSPECTION DATES (Include all dates of the inspection) 10/27/2010		REGIONAL REPRESENTATIVE M. Stepanovich, A. Linhart	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Cynthia S. Trimmer, Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Cynthia S. Trimmer</i>	DATE 12-8-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 12/10/10

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
101j7 Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on/off at bedside.	The beds in private bedrooms 108 and 117 do not have a source of light that can be turned on/off from bedside. The lamp at the bed near the door in bedroom 115 is inoperable.	11-2-10	<i>New Bulbs were placed in the Lamps of Room 108, 117, & 115 Bed 1. The Housekeeper will check the Bedside lights every Friday in all rooms and document on Form. Documentation will be checked Monthly by the Administrator. All direct care staff were made aware of the Lighting Requirement and</i>	Steps have been taken to correct violation; full compliance is not verifiable <i>12/10/10 [Signature]</i> Date Initials (DPW)
103f Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers shall be required in refrigerators and freezers.	The temperature in the refrigerator in the secure dementia unit was 48 degrees F at 4:20 PM. Western Region DEC 2010 Adult Residential Licensing	12-6-10	<i>do random checks, Light Bulbs are available Both Floors. The Temperature Control on the refrigerator was adjusted. A temperature Log was posted on the refrigerator Reminding staff to monitor the temperature throughout the day & record the Temperature daily at 5AM.</i>	Steps have been taken to correct violation; full compliance is not verifiable <i>12/10/10 [Signature]</i> Date Initials (DPW)

— See Page 1a —

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SIGNATURE OF LEGAL ENTITY	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE
			12/30/10

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
101j7 Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on/off at bedside.	The beds in private bedrooms 108 and 117 do not have a source of light that can be turned on/off from bedside. The lamp at the bed near the door in bedroom 115 is inoperable.	12/30/10	Sweet care staff, daily during the course of regular duties will monitor bedrooms for operable bedside lighting. Inoperable lighting will be replaced immediately.	

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SIGNATURE OF LEGAL ENTITY <i>Cynthia S. Hummer</i>	DATE 12-8-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JM</i>	DATE 12/10/10

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
123b Copies of the emergency procedures 107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.	A copy of the municipality's emergency procedures is not posted in a conspicuous and public place in the home. <p style="text-align: center;">Western Region</p> <p style="text-align: center;">DEC 2010</p> <p style="text-align: center;">Adult Residential Licensing</p>	12-1-10	A Copy of South Union Township Emergency Disaster Plan was received on 12-1-10. It was posted in the Main Lobby with the Regulations, Violation Report & Beechwood Court's Emergency Preparedness plan. A copy was also placed in both policy manuals & also in the main copy of the Beechwood Court's Emergency Preparedness plan	<i>JM</i> 12/10/10

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SIGNATURE OF LEGAL ENTITY <i>Cynthia J. Lumme</i>	DATE 12-8-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>ML</i>	DATE 12/10/10

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
144c1 If smoking is permitted, the designated smoking room or area outside the home shall have fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, fire resistant furniture and fire extinguishers.	There was a washcloth next to an ashtray full of cigarette butts on the table in the home's designated smoking area outside. <p style="text-align: center; font-size: 1.2em;">Western Region</p> <p style="text-align: center;">DEC 2010</p> <p style="text-align: center;">Adult Residential Licensing</p>	12-7-10	The wash cloth was removed from the smoking area. Signs were posted advising staff to take everything with them upon leaving the smoking area. Including all Cigarette Butts. Signs are posted in the smoking area and on the staff Bulletin Boards. IF this situation cannot be resolved with the signs, smoking will be prohibited anywhere on the property.	<i>ML</i> 12/10/10

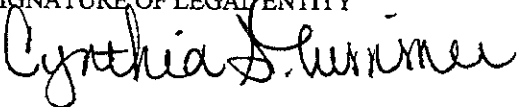

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187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special	The medication administration record for resident #1 does not include a diagnosis for Coumadin 5 mg and Coumadin 2.5 mg. The medication administration record for resident #2 does not include a diagnosis for Coumadin 5 mg and Coumadin 2.5 mg. The medication administration record for resident #3 does not include a diagnosis for Coumadin 5 mg and Coumadin 2 mg. <p style="text-align: center; font-size: 1.2em;">Western Region</p> <p style="text-align: center;">DEC 2010</p> <p style="text-align: center;">Adult Residential Licensing</p>	11-1-10	The Diagnosis is included on the MAR when it is received from pharmacy. When orders such as Coumadin are changed during the month the staff rewrites the order. Because the purpose of diagnosis was on the MAR for the original order, staff did not realize that it had to be rewritten. The diagnosis was added to the October MARs & has consistently been present on the Nov & Dec MARs. A sign was posted in the front of each MAR for each hall reminding staff of the diagnosis / purpose requirement.	Steps have been taken to correct violation; full compliance is not verifiable <u>12/10/10</u> Date Initials (DPW)

OCT-NOV-DEC MAR Enclosed
For Resident 1-2-3

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precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.	Western Region DEC 2010 Adult Residential Licensing			

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224a A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.	<p>The preadmission screening form for resident #4, dated 6/28/10, was not signed by the staff person completing the form.</p> <p>The preadmission screening form for resident #5, dated 5/14/10, was not signed by the administrator.</p> <p style="text-align: center; font-size: 1.2em;">Western Region</p> <p style="text-align: center;">DEC 2010</p> <p style="text-align: center;">Adult Residential Licensing</p>	12-7-10	<p>The preadmission screen for Resident # 4 + #5 were signed on the date of the inspection.</p> <p>All preadmission screens were checked for signatures on 12-6-10.</p> <p>In the future a Medical Record check List Form will be completed by the Administrator prior to filing new records</p> <p>Copy of Form Attached</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: center;">12/10/10 <i>[Signature]</i></p> <p style="text-align: center;">Date Initials (DPW)</p>